			EXTENDED TO MAY 15, 2	2023					
	Ω	00	Return of Organization Exempt F	rom I	ncome Tax	OMB No. 1545-0047			
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	cept private foundatio				
Depa	rtment	of the Treasury	Do not enter social security numbers on this form a	-		Open to Public			
Interr	al Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and			Inspection			
A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022									
<b>B</b> c a	heck if pplicab	ole: C Name of	organization		D Employer identified	cation number			
	Addre		IRE, INC.						
	Name Chang		usiness as		46-13148	48			
	Initial			Room/suite					
	Final	31 M		00	617-778-				
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	13,454,450.			
	Amer	DOPT	ON, MA 02109		H(a) Is this a group re				
	Appli tion pend	ing F Name a	nd address of principal officer: JACLYN PINERO		for subordinates				
	-	SAME	AS C ABOVE		H(b) Are all subordinates in				
		empt status:		r 🛄 527		list. See instructions			
			UASPIRE.ORG		H(c) Group exemptio				
	orm o Irt I	f organization: Summary	X Corporation Trust Association Other ►	L Year		State of legal domicile: MA			
ГС	1		e the organization's mission or most significant activities: $[] UASPI ]$	BE WO	RKS TO REMO	VE			
JCe	'	FTNANCT	AL BARRIERS TO A POSTSECONDARY DEG	REE		V L			
Activities & Governance	2								
ver	3			3	29				
Ğ	4			29					
ŝ	5		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2021 (Part V, line 2a)			87			
/itie	6		of volunteers (estimate if necessary)			38			
ctiv	7a		d business revenue from Part VIII, column (C), line 12			0.			
4			business taxable income from Form 990-T, Part I, line 11			0.			
					Prior Year	Current Year			
e	8	Contributions	and grants (Part VIII, line 1h)		8,097,048.	9,327,389.			
enu	9	Program servi	ce revenue (Part VIII, line 2g)		775,986.	1,435,971.			
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		56,503.	238,275.			
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,929,537.	11,001,635.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		505,276.	199,534.			
	14	-	to or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		6,039,286.	5,994,246.			
ens	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	····· –	0.	0.			
Expenses	b	Total fundrais	ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 1,723,01		1,315,823.	1,489,415.			
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		7,860,385.	7,683,195.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,069,152.	3,318,440.			
SS	19	nevenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		8,161,176.	9,973,087.			
Assu Bal	20		(Part X, line 26)		1,717,942.	717,706.			
Net.	22		fund balances. Subtract line 21 from line 20		6,443,234.	9,255,381.			
Pa	rt II				.,,				
			I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			
			. Declaration of preparer (other than officer) is based on all information of whi						

		,	5							
Sign Here	Signature of officer JACLYN PINERO, CHIEF E Type or print name and title	XECUTIVE OFFICER	Date							
Paid	Print/Type preparer's name TAMAR PLOTZKER	Preparer's signature Date	Check PTIN if self-employed P02047230							
Preparer	Firm's name 🕨 MAZARS USA LLP		Firm's EIN 13-1459550							
Use Only	Firm's address 1330 BOYLSTON ST									
	CHESTNUT HILL, MA 02467-2111 Phone no.(617)731-1222									
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	09-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form <b>990</b> (2021)							

orm	1990 (2021) UASPIRE, INC. 46-1314	4848	Pa
Par	rt III Statement of Program Service Accomplishments		1
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	UASPIRE'S MISSION IS TO IMPROVE THE ECONOMIC MOBILITY OF UNDERREPRESENTED STUDENTS BY CREATING FINANCIAL SOLUTIONS TO D		
		LVERS	Ľ
	POSTSECONDARY PATHWAYS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.	100	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	evnenses	
T	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex		
	revenue, if any, for each program service reported.	vpenses, i	anu
10		,075,	71
та	WORKING IN COORDINATION WITH GUIDANCE COUNSELORS, UASPIRE PROV.		/ _
	IN-SCHOOL COLLEGE FINANCIAL AID ADVISING TO THOUSANDS OF HIGH		т.
	SENIORS IN BOSTON, CAMBRIDGE, SOMERVILLE, MALDEN, AND FALL RIVI		
	MASSACHUSETTS AND SAN FRANCISCO AND OAKLAND, CALIFORNIA AND NEW		v
	NEW YORK. STUDENTS ALSO RECEIVE ONGOING COUNSELING THROUGH THE		<u>.,</u>
	TRANSITION TO AND THROUGHOUT THE FIRST TWO YEARS OF THEIR	-11	
	POST-SECONDARY EDUCATION TO HELP SUPPORT MATRICULATION AND PERS		NC
	FOST-SECONDART EDUCATION TO HELF SOFFORT MATRICOLATION AND FER,		IIC.
1b	(Code:) (Expenses \$1, 229, 789. including grants of \$) (Revenue \$)	360,	26
	UASPIRE PARTNERS WITH SCHOOL DISTRICTS, CHARTER MANAGEMENT		
	ORGANIZATIONS, AND YOUTH SERVING ORGANIZATIONS ACROSS THE COUNT		0
	PROVIDE THEM WITH THE KNOWLEDGE AND TOOLS NECESSARY TO ENSURE 1		
	STUDENTS THEY SERVE ARE ABLE TO FIND AN AFFORDABLE PATH TO AND	THRO	UG
	A POST SECONDARY DEGREE PROGRAM.		
łc	(Code: ) (Expenses \$ 614,895. including grants of \$ ) (Revenue \$		
TC	BY LEVERAGING FINANCIAL AID EXPERTISE, UASPIRE WORKS TO TRANSFO	ORM	
	FINANCIAL AID AND HIGHER EDUCATION SYSTEMS SO THAT THEY HELP RA		
	THAN HINDER THE ATTAINMENT OF AN AFFORDABLE COLLEGE DEGREEE.	11111	
1d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 236,498. including grants of \$ 199,534.) (Revenue \$	)	
1e	Total program service expenses ► 4,729,959.		
		Form <b>9</b>	<b>90</b> (
2002	2 12-09-21		
	3		
50	510 758004 50010 2021.05080 UASPIRE, INC.	5001	L 0

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гош	990	(2021)

Form 990 (2021) UASPIRE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	л	
f	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			<u> </u>
1Lu	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		Х
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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	0000	X
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4 2021.05080 UASPIRE, INC.

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 Form 990 (2021)
 UASPIRE, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ A
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				
20	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,	20		
	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?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			v
	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			x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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<sup>5</sup> 2021.05080 UASPIRE, INC.

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	87			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returned for the second se	L		2b	x	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financia		•	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).			
Ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
	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					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		-	6b		
,	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	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 v					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file I			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
				8		
)	Sponsoring organizations maintaining donor advised funds.					
а	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:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forr		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1				
	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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	n anv				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
2005	6			Form	1 <b>990</b>	(2021
	510 758004 50010 2021.05080 UASPIRE, INC.				010_	

UASPIRE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2021)

_	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					-
		і I	2.0		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with an	y other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was f	iled?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		
6	Did the organization have members or stockholders?			6		Γ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					T
	more members of the governing body?			7a		L
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					t
~	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		t
			•	8a	х	Ē
a 6	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	ł
9				on	- 23	ł
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real superior time and addresses			9		l
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		T
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenue C	ode.)		Vee	т
<b>^</b> -				10-	Yes	╀
	Did the organization have local chapters, branches, or affiliates?			10a		╀
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	• •				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	╀
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before	filing the form?	11a	Х	╁
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	ł
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	∔
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		╞
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					l
	on Schedule O how this was done			12c		ļ
13	Did the organization have a written whistleblower policy?			13	Х	
4	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 approv	al by inde	pendent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				L
а	The organization's CEO, Executive Director, or top management official			15a	Х	Ι
	Other officers or key employees of the organization			15b	Х	t
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					t
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with	a			L
	taxable entity during the year?			16a		T
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					t
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	-	-			l
	exempt status with respect to such arrangements?			16b		Ī
	tion C. Disclosure					Ŧ
7	List the states with which a copy of this Form 990 is required to be filed $\mathbf{MA}$ , CA, PA, NY					-
		nd 000 T	(a a a tion E 0 1 (a))(2)			_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	and 990-1	(Section 501(C)(S	)s only	) avai	d
	for public inspection. Indicate how you made these available. Check all that apply.	0.1				
	Own website Another's website Upon request Other (explain		,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of i	nterest policy, ar	nd tinar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and I	records			
	JACLYN PINERO - 617-778-7195					
	31 MILK STREET #900, BOSTON, MA 02109					_
32006	5 12-09-21			Form	990	(;
_	7			_		
50	510 758004 50010 2021.05080 UASPIRE, INC.			500	)10_	
0					-	•

UASPIRE, INC.

Form 990 (2021)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

46-1314848 Page 6

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(D) (E)		
Name and title	Average	(do not check more				one	Reportable	Reportable	Estimated	
	hours per	r box, unle		ox, unless person is both a fficer and a director/trustee		h an	compensation	compensation	amount of	
	week					(00)	from	from related	other	
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co o yee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) JACLYN PINERO	50.00									
CHIEF EXECUTIVE OFFICER				Х				224,044.	0.	28,903.
(2) JERMAINE MYRIE	45.00									
CHIEF EXTERNAL AFFAIRS OFFICER					Х			180,623.	0.	9,986.
(3) DAVID DORE	40.00									
CHIEF FINANCIAL & OPERATING OFFICER				X				161,172.	0.	27,022.
(4) HOLLY MORROW	40.00									
CHIEF KNOWLEDGE OFFICER					Х			156,498.	0.	24,687.
(5) AYEESHA LANE	40.00									
CHIEF PEOPLE OFFICER					Х			153,940.	0.	24,085.
(6) JANEIRA FORTE	40.00									
CHIEF IMPACT OFFICER					Х			162,690.	0.	13,791.
(7) LAURA KEANE	50.00									
CHIEF POLICY OFFICER						Х		155,724.	0.	4,195.
(8) SAGE RUTH	40.00									
SENIOR VP OF FINANCE & OPERATIONS						Х		111,166.	0.	22,679.
(9) LEAH MCLEAN	40.00									
SENIOR VP OF DEVELOPMENT						Х		110,501.	0.	12,519.
(10) CARRIE FETHE	40.00							100 015	•	
VP OF MARKETING & COMMUNICATIONS						X		100,047.	0.	5,963.
(11) MARY JO MEISNER	1.00								0	•
DIRECTOR	1 00	X						0.	0.	0.
(12) EJ LANDRY	1.00							0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(13) BILL MCCLEMENTS	1.00	37		37				0	0	0
BOARD CHAIR	1 00	X		X				0.	0.	0.
(14) HO NAM	1.00							0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(15) SCOTT ALDSWORTH	1.00							0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(16) CYNTHIA RIVERA WEISSBLUM	1.00	37		<b>.</b> ,					~	
SECRETARY	1 00	Х	<u> </u>	X				0.	0.	0.
(17) PETER NOVEMBER	1.00	v							~	<u>م</u>
DIRECTOR		Х						0.	0.	0.
132007 12-09-21 Form <b>990</b>										

Form 990 (2021) UASPIRE ,									46-1314	848	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st (	Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		l than	one	Reportable	Reportable	E	stimate	ed
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an		compensation	ar	nount	of
	week (list any					1		from	from related		other	
	hours for	irecto						the organization	organizations (W-2/1099-MISC/		npensa rom th	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)		janizat	
	organizations	truste	al trus		yee	mper		1099-NEC)		-	d relat	
	below	Individual trustee or director	Institutional trustee	er	ƙey employee	Highest compensated employee	ler	,		org	anizati	ons
	line)	Indiv	Instit	Officer	Key e	High empl	Former					
(18) BOB SHIREMAN	1.00								_			
DIRECTOR		Х						0.	0.			0.
(19) JOEL STEINHAUS	1.00											-
DIRECTOR		х						0.	0.			0.
(20) MICHAEL BOYLE	1.00											-
TREASURER		х		Х				0.	0.			0.
(21) LUIS ECHEVERRI	1.00								_			_
DIRECTOR		х						0.	0.			0.
(22) AMIT PATEL	1.00											-
DIRECTOR		х						0.	0.			0.
(23) NADINE DUPLESSY KEARNS	1.00											-
DIRECTOR		х						0.	0.			0.
(24) MARK ALPER	1.00											-
DIRECTOR		х						0.	0.			0.
(25) SYDNEY ATKINS	1.00											-
DIRECTOR		х						0.	0.			0.
(26) MAY BUMAR	1.00											-
DIRECTOR		Х						0.	0.			0.
1b Subtotal								1,516,405.	0.	17	3,8	
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								1,516,405.	0.	17	3,8	30.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportable			10
compensation from the organization												10
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,												v
line 1a? If "Yes," complete Schedule J for si										3		X
4 For any individual listed on line 1a, is the su											v	
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a					-			-		_		v
rendered to the organization? If "Yes," com	olete Schedul	e J f	or si	uch	pers	son .				5		Х
Section B. Independent Contractors		-1						414	\$100.000 of common		<i>.</i>	
1 Complete this table for your five highest co	-	-								sation	from	
the organization. Report compensation for t	ne calendar y	ear	enai	ng v	vitri	or w	ntnii I		year.		~	
(A) Name and business	address							(B) Description of s	ervices		<b>C)</b> ensatio	n
POSITIVELY PARTNERS, 6218		ГΔ	Δ٦	/E	NI	NT.	_	HUMAN RESOUR				
#5072, WASHINGTON, DC 200			11		111			SERVICES		11	0,8	70.
	/						_				0,0	
							_					
2 Total number of independent contractors (ii	ncludina but n	ot li	mite	d to	tho	se li	ster	d above) who received m	ore than			
\$100,000 of compensation from the organiz	-			. 2		1		,				
SEE PART VII, SECTION		r I I	NUZ	AT ]	101	N S	SH	EETS		Form	<b>990</b> (	2021)
132008 12-09-21											,	,

Form 990 UASPIRE,									46-131	4848			
							est	Compensated Employees (continued)					
(A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average			Pos				Reportable	Reportable	Estimated			
	hours	(c	heck	k all i	that	app	ly)	compensation	compensation	amount of			
	per week					e		from the	from related organizations	other compensation			
	(list any	tor				ploy6		organization	(W-2/1099-MISC)	from the			
	hours for	r direc				ed en		(W-2/1099-MISC)	( / /	organization			
	related	stee o	'ustee			en sat				and related			
	organizations	al trus	onal tr		loyee	comp				organizations			
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
		Ē	Ë	đ	Å	王	ß						
(27) JONATHAN COX	1.00	x						0.	0.	0			
DIRECTOR (28) VALDUVINO GONCALVES	1.00	^						0.	0.	0.			
	1.00	x						0.	0.	0.			
DIRECTOR (29) SIMONE HILL	1.00	<u> </u>						0.	0.	0.			
DIRECTOR	1.00	x						0.	0.	0.			
(30) JOHN HUDSON	1.00	^						0.	0.	0.			
DIRECTOR	1.00	x						0.	0.	0.			
(31) JOIE JAGER HYMAN (THRU 9/2021)	1.00							0.	0.	0.			
DIRECTOR	1.00	x						0.	0.	0.			
(32) KERRY ANN JAMES	1.00												
VICE CHAIR		x		x				0.	0.	0.			
(33) JOHN LEHNER (THRU 4/2022)	1.00							•••	•••	•••			
DIRECTOR		x						0.	0.	0.			
(34) BILL MANDELL	1.00												
DIRECTOR		x						0.	Ο.	0.			
(35) BOB O'SULLIVAN	1.00												
DIRECTOR		Х						0.	0.	0.			
(36) SHARAM PAVRI	1.00												
DIRECTOR		Х						0.	0.	0.			
(37) KATHRYN SCHOX	1.00												
DIRECTOR		X						0.	0.	0.			
(38) CHARLES SHIRLEY	1.00								0	0			
DIRECTOR	1 00	X						0.	0.	0.			
(39) JENN STREDLER	1.00	.,							0	0			
DIRECTOR	1 00	X						0.	0.	0.			
(40) LAURIE THOMSEN	1.00	x						0.	0.	0.			
DIRECTOR (41) ELLYN CHARTERS ZARRACINA	1.00	<u>^</u>						0.	0.	0.			
DIRECTOR	1.00	x						0.	0.	0.			
DIRECTOR								•	•	• •			
		1											
		1											

							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue exclud
								function revenue	business revenue	from tax unde sections 512 - 5
2	1 2	Federated campaigns		1a						
		Membership dues								
		Fundraising events				154,348.				
		Related organizations								
		Government grants (contr				1,109,915.				
		All other contributions, gifts,								
	•	similar amounts not included				8,063,126.				
	a	Noncash contributions included in				120,833.				
	-	Total. Add lines 1a-1f					9,327,389.			
						Business Code				
	2 a	COLLEGE AFFORDABILI	TY A	ADVISING		611710	1,075,711.	1,075,711.		
	b	TRAINING & TECHNICA				611710	360,260.	360,260.		
	c						,	,		
	d									
	e									
		All other program service	reve	nue						
		Total. Add lines 2a-2f				<b></b>	1,435,971.			
T	3	Investment income (includ								
	other similar amounts)						107,745.			107,7
	4	Income from investment of								, , , , , , , , , , , , , , , , , , ,
	5	Royalties				í F				
		-		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
		Net rental income or (loss)	)							
		Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	2,583,3	45.					
	b	Less: cost or other basis								
		and sales expenses	7b	2,452,8	15.					
	с		7c	130,5	30.					
	d	Net gain or (loss)				►	130,530.			130,5
		Gross income from fundraising								
		including \$	154,	,348. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	0.				
	b	Less: direct expenses			8b	0.				
	с	Net income or (loss) from	fund	raising ever	its	►	0.			
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activities	<u> </u>	►				
1	10 a	Gross sales of inventory, I								
		and allowances			10a					
		Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of inventor	у	►				
						Business Code				
1	11 a					ļ ļ				
	b					ļ ļ				
	С									
1		All other revenue								
	е	Total. Add lines 11a-11d								
-	12	Total revenue. See instruction	ns				11,001,635.	1,435,971.	0.	238,2

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Form 990 (2021) UASPIRE
Part VIII Statement of Revenue UASPIRE, INC. UASPIRE, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	100 504	100 504		
	individuals. See Part IV, line 22	199,534.	199,534.		
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,	1 241 210		100 674	204 001
_	trustees, and key employees	1,241,310.	756,635.	190,674.	294,001
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,851,070.	2 222 707	596,924.	920,349
7	Other salaries and wages	3,031,070.	2,333,797.	590,924.	940,349
8	Pension plan accruals and contributions (include	126,743.	81,065.	17,972.	27,706
~	section 401(k) and 403(b) employer contributions)	393,990.	252,014.	55,852.	86,124
9	Other employee benefits	393,990.	217,868.	64,231.	99,034
10	Payroll taxes	301,133.	217,000.	04,231.	99,034
11	Fees for services (nonemployees):				
		47,400.		47,400.	
	Accounting	47,400.		47,400.	
	Lobbying Professional fundraising services. See Part IV, line 17				
		7,290.		7,290.	
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	7,250.		7,250.	
g	column (A), amount, list line 11g expenses on Sch 0.)	473,658.	338,831.	38,575.	96 252
12	Advertising and promotion	16,734.	6,479.	1,103.	96,252 9,152
13	Office expenses	81,838.	31,834.	26,841.	23,163
13 14	Information technology	257,751.	192,121.	21,114.	44,516
15	Royalties	20777021			
16	Occupancy	387,769.	234,992.	60,105.	92,672.
17	Travel	26,896.	22,691.	3,868.	337
18	Payments of travel or entertainment expenses		, ~, ~ _ ~		•••
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,540.	6,362.	1,084.	94.
20	Interest	, •	,	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,549.		7,549.	
23	Insurance	14,097.	14,097.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PENALTIES	79,250.		79,250.	
b	STAFF DEVELOPMENT	53,522.	32,376.	8,319.	12,827.
с	EVENTS	18,659.	3,529.		15,130.
d	EQUIPMENT RENTAL & MAIN	9,462.	5,734.	1,467.	2,261.
-	All other expenses	-	-		
е			4,729,959.	1,229,618.	1,723,618
е 25	Total functional expenses. Add lines 1 through 24e	7,683,195.	4,/49,909•	1,229,010•	
	· · · · · · · · · · · · · · · · · · ·	7,683,195.	4,729,939.	1,229,010.	
25	Total functional expenses. Add lines 1 through 24e	7,683,195.	4,129,939.	1,229,010.	
25	Total functional expenses. Add lines 1 through 24e           Joint costs. Complete this line only if the organization	7,683,195.	4,723,333.	1,229,010.	

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					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,799,086.	1	3,910,392.
	2	Savings and temporary cash investments			46,583.	2	45,454.
	3	Pledges and grants receivable, net			769,011.	3	692,892.
	4	Accounts receivable, net			321,508.	4	271,494.
	5	Loans and other receivables from any current of			•	-	
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
	ľ	under section 4958(f)(1)), and persons describe	-			6	
۵	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges			117,881.	9	108,318
				·····	117,001.	9	100,310
	10a	Land, buildings, and equipment: cost or other	100	60,562.			
		basis. Complete Part VI of Schedule D		53,839.	14,272.	10c	6 7 2 3
		Less: accumulated depreciation		-	5,081,460.		6,723 4,928,114
	11	Investments - publicly traded securities			5,001,400.		=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		F		13	
	14	Intangible assets		11,375.	14	9,700	
	15	Other assets. See Part IV, line 11			8,161,176.	15	9,973,087
	16	Total assets. Add lines 1 through 15 (must equ				16	544,214
	17	Accounts payable and accrued expenses			427,022.	17	544,214
	18	Grants payable			8,000.	18	1,600
	19	Deferred revenue			8,000.	19	1,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			21		
ies	22	Loans and other payables to any current or form					
jiit		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			22		
-	23	Secured mortgages and notes payable to unrela			23		
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	1 000 000		171 000
		of Schedule D		F	1,282,920.		171,892
	26	Total liabilities. Add lines 17 through 25			1,717,942.	26	717,706
es		Organizations that follow FASB ASC 958, che	ck here				
nce		and complete lines 27, 28, 32, and 33.					F 401 100
Net Assets or Fund Balanc	27	Net assets without donor restrictions			3,585,941.	27	5,401,139
ä	28	Net assets with donor restrictions			2,857,293.	28	3,854,242
nn		Organizations that do not follow FASB ASC 9	58, chec	khere 🕨 🗌			
r T		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Ĭ	31	Retained earnings, endowment, accumulated in				31	
Se	32	Total net assets or fund balances			6,443,234.	32	9,255,381
	33	Total liabilities and net assets/fund balances	8,161,176.	33	9,973,087		

End of year

(A)

Beginning of year

Form 990 (2021) Part X Balance Sheet

UASPIRE, INC.

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

(B)

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Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VII, column (A), line 12)         2       Total expenses (must equal Part X, column (A), line 25)         3       3 18, 440.         4       6, 443, 234.         5       Total expenses (must equal Part X, line 32, column (A))         4       6, 443, 234.         5       Net unrealized gains (losses) on investments         6       0         7       6         7       7         8       0         9       0.         10       y.255, 381.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         9       0.         11       Accounting method used to prepare the Form 990:       Cash         2       Check if Schedule O contains a response or note to any line in this Part XII         9       y.255, 381.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash< X Accrual       <	Form	990 (2021) UASPIRE, INC.	46-3	1314848	Pa	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1       1       0.01, 6.35.         2       Total expenses (must equal Part IX, column (A), line 25)       2       7, 6.83, 1.95.         3       Revenue less expenses. Subtract line 2 from line 1       3       3, 3.18, 4.40.         4       Ket assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6, 4.43, 2.34.         5       Donated services and use of facilities       6       7       7         7       Investment expenses       6       7       7         8       0       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9, 255, 381.         Part XII       Financial Statements and Reporting       7       7         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       H* Yees, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain on Schedule O.         2a	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       7, 683, 195.         3       Revenue less expenses. Subtract line 2 from line 1       3       3, 318, 440.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6, 443, 234.         5       Net unrealized gains (losses) on investments       6       -5006, 293.         6       Donated services and use of facilities       7         7       8       -5006, 293.         8       9       0ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       9, 2555, 381.         Part XII       Financial Statements and Reporting		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       7, 683, 195.         3       Revenue less expenses. Subtract line 2 from line 1       3       3, 318, 440.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6, 443, 234.         5       Net unrealized gains (losses) on investments       6       -5006, 293.         6       Donated services and use of facilities       7         7       8       -5006, 293.         8       9       0ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       9, 2555, 381.         Part XII       Financial Statements and Reporting						
3       Revenue less expenses. Subtract line 2 from line 1       3       3, 318, 440.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6, 443, 234.         5       Net unrealized gains (losses) on investments       5       -506, 293.         6       7       7       7         7       8       7       7         8       9       0.       9       0.         10       9, 255, 381.       9       9, 255, 381.         Part XII Financial Statements and Reporting         Check if Schedule 0 contains a response or note to any line in this Part XII         Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the form 90:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the form 90:       Cash	1		1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6,443,234.         5       Net unrealized gains (losses) on investments       5       -5006,293.         6       0       7       8         7       8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9, 255, 381.         Part XII       Financial Statements and Reporting       10       9, 255, 381.         Part XII       Financial statements compiled or reviewed by an independent accountant?       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1f       free organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         1f       Yes       No       2a       X       2a       X         1f       Yes onsolidated basis, or both:       Separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         1f       Yes', theck a box below to indicate whether the f	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments   6   7   6   7   8   9   9   0ther changes in net assets or fund balances (explain on Schedule O)   9   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10   9   20ther changes in net assets or fund balances (explain on Schedule O)   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   11   12   13   14   15   16   16   17   17   18   19   10   10   10   10   11   12   14   15   15   16   17   17   18   19   10   10   10   10   11   12   12   13   14   15   15   16   16   17   17   18   19   19   10   10   10   10   11   12   12    13   14    15   15	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       9 , 255 , 381.       9       9       0.         Part XII       Financial Statements and Reporting       10       9 , 255 , 381.         Part XII       Financial Statements and Reporting       10       9 , 255 , 381.         Check if Schedule O contains a response or note to any line in this Part XII       1       10         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization s'financial statements compiled or reviewed by an independent accountant?       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       12b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or bo	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII 9   Check if Schedule C contains a response or note to any line in this Part XII 10   9 2.255, 3.81.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis b Were the organization 's financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization neares or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits, as set forth in the Single Audit Act and OMB Circular A:133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	5	Net unrealized gains (losses) on investments	5	-50	6,2	93.
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9, 255, 381.         Part XIII       Financial Statements and Reporting       9       0.         Check if Schedule O contains a response or note to any line in this Part XII       9, 255, 381.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X </th <th>6</th> <th>Donated services and use of facilities</th> <th>6</th> <th></th> <th></th> <th></th>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 9, 255, 381.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: X If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required audit or audits? If the organization undergo the required audit or audits? If the organization undergo the required audit or audits? If the organization why on Schedule O and describe any steps taken to undergo such audits. 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9, 255, 381.         Part XII       Financial Statements and Reporting	8	Prior period adjustments	8			
column (B)       10       9,255,381.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the t	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checket "Other," explain on Schedule O.       2a       X         2a       X       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements and selection ore onsplaiting the	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the construction of the construction construction of the construction construction of the construction construction of the construction of the construction construction of the construction of the construction of the construction of the construction constresist constresist constructin construction construction		Check if Schedule O contains a response or note to any line in this Part XII				
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2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
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:       Image: Consolidated basis						
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       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:       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       Image: State S	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X       Image: Consolidated basis, or both:       Image: Consolidated basis       Image: Consolid						
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:       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:       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:       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:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," check a box below to indicate whether the financial statements and separate basis       If "Yes," check a box below to indicate whether the financial statements and selection of an independent accountant?       If "Yes," and the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If "Yes," and OMB Circular A-133?       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       If "Yes," "If "Yes," audit the organization and the second term is a steps taken to undergo such audits       If "Yes," "If "Yes," "If "Yes," audit term is a steps taken to undergo such audits       If "Yes," "If "Yes," "If "Yes," "If "Yes," "If "Yes," "If "Yes," "If "Yes,"						
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b						
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3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b					X	
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b						
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	e of t	he organization						Employer	identification number		
			IRE, INC.						6-1314848		
Pai	tl	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	See instruction	ıs.			
The c	rgan	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	1)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (	unit descrik	bed in		
		section 170(b)(1)(A)(iv). (C	• •								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or		
		university:									
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributic	ons, members	hip fees, ar	nd gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment		
		income and unrelated busir		(less section 511 tax) fro	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusion	ively to test for public sa	afety. See	section 50	)9(a)(4).				
12		An organization organized a		•				-			
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. You must c	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting orga	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,		
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information			(iv) Is the orga	nization listed					
	(	<ul> <li>Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No					
Tota											

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UASPIRE, INC.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5616143.	7892435.	10950535.	6954691.	9327389.	40741193.
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	5616143.	7892435.	10950535.	6954691.	9327389.	40741193.
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)						12779268.
6	Public support. Subtract line 5 from line 4.						27961925.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	5616143.	7892435	10950535.	6954691.	9327389	40741193.
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	50,207.	52,160.	40,774.	56,503.	107,745.	307,389.
•		50,207.	52,100.		50,505.	107,743.	507,505.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						41048582.
	Total support. Add lines 7 through 10					40 5	,043,292.
	Gross receipts from related activities,		/				,045,292.
13	First 5 years. If the Form 990 is for th						
80	organization, check this box and stor						
	ction C. Computation of Publ					44	68.12 %
	Public support percentage for 2021 (		•			14	
	Public support percentage from 2020					15	, -
168	<b>33 1/3% support test - 2021.</b> If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		-	-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	eck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ		•				▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructior	ns ►
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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.)

Section A. Public Support						-
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for th	e organization's f	rst, second. third.	fourth, or fifth tax	vyear as a section	501(c)(3) organiza	ation,
	8		,	·····	0	
Section C. Computation of Publi	ic Support Pe	rcentage				ŕ
15 Public support percentage for 2021 (I	ine 8, column (f), (	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Invest					• •	
17 Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by I	ine 13, column (f)	)	17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2020. If the						, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
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			17			. ,

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011	D T	<b>T</b> T ( T	,	THO	•

1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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

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

#### Section E. Type III Functionally Integrated Supporting Organizations

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

c 🗌	The organization supported a	oovernmental entitv	. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	------------------------------	---------------------	---------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

За

Yes No

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_	rt V   Type III Non-Functionally Integrated 509(a)(3) Support			10-1314040 Page
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See Instruction
Sect	All other Type III non-functionally integrated supporting organizations mu ion A - Adjusted Net Income	st complete	(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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-function	ally integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Pa	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	ns <b>3</b>		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in <b>Part VI</b> )	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 t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

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UASPIRE, INC.

Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and P (See instructions.)	<b>1.</b> Provide the explanations required by Part II, line 10; Part II, line ac, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V dditional information.
/		
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	22	

SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047			
(Form 990)			s Exempt From Income Tax Under section 501(c) and section 527					
	-	if the organization is describe						
Department of the Treasury Internal Revenue Service	-	to to www.irs.gov/Form990 for			Copen to Public			
		Form 990, Part IV, line 3, or Fo			•			
-		plete Parts I-A and B. Do not co		inie 40 (Political Campaigi	r Activities), then			
		01(c)(3)) organizations: Complete	-	w Do not complete Part I-B				
<ul> <li>Section 527 organiz</li> </ul>				W. Do not complete r art r D	•			
0	•	Form 990, Part IV, line 4, or Fo	orm 990-EZ. Part VI.	line 47 (Lobbving Activitie	s), then			
-		have filed Form 5768 (election u						
	-	have NOT filed Form 5768 (elect		•	•			
If the organization ans	wered "Yes," on	Form 990, Part IV, line 5 (Prox	xy Tax) (See separate	e instructions) or Form 990	)-EZ, Part V, line 35c (Proxy			
Tax) (See separate inst	ructions), then							
	), or (6) organizat	tions: Complete Part III.						
Name of organization				Emp	loyer identification number			
	UASPIRE				46-1314848			
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c	) or is a section 527 (	organization.			
		ation's direct and indirect politic						
		ures			\$			
<b>3</b> Volunteer hours for	political campai	gn activities						
Part I-B Comple	ete if the oro	anization is exempt und	er section 501(c	)(3)				
•	-	incurred by the organization unc			\$			
		incurred by organization manage		• • • • • • • • • • • • • • • • • • • •				
		n 4955 tax, did it file Form 4720						
<b>b</b> If "Yes," describe in								
		anization is exempt und	er section 501(c	), except section 501	(c)(3).			
1 Enter the amount d	irectly expended	by the filing organization for se	ction 527 exempt fun	ction activities >	\$			
2 Enter the amount o	f the filing organ	ization's funds contributed to ot	her organizations for s	section 527				
exempt function ac	tivities			►	\$			
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-PO	L,				
		1120-POL for this year?						
		nployer identification number (El	<i>,</i> .	•				
· •	-	tion listed, enter the amount paid			-			
		omptly and directly delivered to a additional space is needed, prov			ate segregated fund of a			
<b>(a)</b> Name	2	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and			
				funds. If none, enter -0-	promptly and directly			
					delivered to a separate political organization.			
					If none, enter -0			
			_					
For Dapartuart Deduct	ion Act Nation	see the Instructions for Form (			Schedule C (Form 990) 2021			

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

Schedule C (Form 990) 2021

132041 11-03-21

					314848 Page 2
janizatio	n is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
tion belond	is to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e. address. EIN.
				3	-,,,,
	, ,	. ,	visions apply.		
ts on Lobb	ying Exper	nditures		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
Jence publ	ic opinion (	grassroots lobbying)			
-				6,692.	
		• • • •		6,692.	
				7,676,503.	
s (add line	s 1c and 1d	I)			
er the amou	unt from the	e following table in bot	h columns.	534,160.	
or (b) is:	The lob	bying nontaxable am	ount is:		
	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.					
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000 \$1,000,000.					
iter 25% of	line 1f)				
				υ.	
				Г	
•				L	Yes No
hat made a	a section 5	01(h) election do not	have to complete all	of the five columns b	elow.
Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period		
(a) 2	018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
572	L,655.	562,889.	543,019.	534,160.	2,211,723.
					3,317,585.
12	2,312.	9,669.	12,011.	6,692.	40,684.
142	2,914.	140,722.	135,755.	133,540.	552,931.
					829,397.
	tion belong re of excess tion checke ts on Lobb ditures" mu uence publicence a leg nes 1a ancess s (add lines er the amou on (b) is: 0,000 00,000 00,000000	tion belongs to an affi re of excess lobbying of tion checked box A ar ts on Lobbying Exper ditures" means amou uence public opinion ( uence a legislative boo nes 1a and 1b) es s (add lines 1c and 1c er the amount from the r (b) is: The lob 20% of 2,000 \$100,00 00,000 \$175,00 000,000 \$100,00 000,000 \$175,00 000,000 \$100,00 000,000 \$175,00 000,000 \$100,00 000,000 \$100,00 00,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000	tion belongs to an affiliated group (and list in re of excess lobbying expenditures). tion checked box A and "limited control" pro- ts on Lobbying Expenditures ditures" means amounts paid or incurred. Juence public opinion (grassroots lobbying) uence a legislative body (direct lobbying) nes 1a and 1b) es (add lines 1c and 1d) er the amount from the following table in bot or (b) is: The lobbying nontaxable am 20% of the amount on line 1e. 2000 \$100,000 plus 15% of the exce 000,000 \$175,000 plus 10% of the exce \$1,000,000. ther 25% of line 1f) o or less, enter -0- o or less, enter -0- o or less, enter -0- o or less, enter -0- o or less, enter -0- to on either line 1h or line 1i, did the organizi- year? 4-Year Averaging Period Under that made a section 501(h) election do not See the separate instructions for lin Lobbying Expenditures During 4-Yea (a) 2018 (b) 2019 571, 655. 562, 889. 122, 312. 9, 669. 142, 914. 140, 722.	anization is exempt under section 501(c)(3) and fil         tion belongs to an affiliated group (and list in Part IV each affiliated         re of excess lobbying expenditures).         tion checked box A and "limited control" provisions apply.         ts on Lobbying Expenditures         ditures" means amounts paid or incurred.)         uence public opinion (grassroots lobbying)         uence a legislative body (direct lobbying)         ness 1a and 1b)         ass         s (add lines 1c and 1d)         er the amount from the following table in both columns.         ir (b) is:         The lobbying nontaxable amount is:         20% of the amount on line 1e.         0,000         \$100,000 plus 15% of the excess over \$500,000.         000,000         \$225,000 plus 5% of the excess over \$1,000,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100,000.         \$100 or less, enter -0.	anization is exempt under section 501(c)(3) and filed Form 5768 (el         tion belongs to an affiliated group (and list in Part IV each affiliated group member's name of excess lobbying expenditures).         tion checked box A and "limited control" provisions apply.         ts on Lobbying Expenditures         ditures" means amounts paid or incurred.)         uence public opinion (grassroots lobbying)         uence a legislative body (direct lobbying)         ss         x (add lines 1c and 10)         er the amount from the following table in both columns.         if (b) is:         The lobbying nontaxable amount is:         20% of the amount on line 1e.         0,000         \$10,000,000         \$17,5000 plus 15% of the excess over \$1,500,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,000.         \$1,000,

Schedule C (Form 990) 2021

132042 11-03-21

UASPIRE, INC.

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5),	or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	Jai			
-	expenses for which the section 527(f) tax was paid).		0-		
	Current year		2a		
	Carryover from last year		2b		
-	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
~	expenditure next year?		4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions           t IV         Supplemental Information		5		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-A (affiliated group	list). Dort II A	ince 1	and 2 (Sac	
1.1001	de the descriptions required for Fart PA, line T, Fart PD, line 4, Fart PO, line J, Fart IPA (alfiliated yroup	, 1131), Fait 11-A, 1	1 62 1 6		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDUL	ΕD
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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.



UASPIRE, INC.	Employer identification number 46-1314848					
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or						
organization answered "Yes" on Form 990, Part IV, line 6.	Accounts.complete il the					
(a) Donor advised funds	(b) Funds and other accounts					
1 Total number at end of year						
Aggregate value of contributions to (during year)						
Aggregate value of grants from (during year)						
4 Aggregate value at end of year						
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised t						
are the organization's property, subject to the organization's exclusive legal control?						
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	•					
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con						
impermissible private benefit?						
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply).						
	storically important land area					
	ertified historic structure					
Preservation of open space						
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a						
day of the tax year.	Held at the End of the Tax Year					
a Total number of conservation easements						
<b>b</b> Total acreage restricted by conservation easements						
c Number of conservation easements on a certified historic structure included in (a)	. 2c					
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure						
listed in the National Register	2d					
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	ganization during the tax					
year 🕨						
4 Number of states where property subject to conservation easement is located ▶						
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
violations, and enforcement of the conservation easements it holds?						
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserv	ation easements during the year					
▶						
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year					
►\$						
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	ł)(B)(i)					
<ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statistical section 170(h)(4) (B)(ii)?</li> </ul>						
and section 170(h)(4)(B)(ii)?	tement and					
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense state balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements organization's accounting for conservation easements.</li> </ul>	tement and that describes the					
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense state balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other</li> </ul>	tement and that describes the					
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense state balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements organization's accounting for conservation easements.</li> </ul>	tement and that describes the					
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<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense state balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and of art, historical treasures, or other similar assets held for public exhibition, education, or research in further service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> </ul>	Yes No tement and					
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2021.05080	UASPIRE,	INC.

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued)         3       Using the organization accession, and other records, check any of the following that make significant use of its collection items (check all that apply): <ul> <li>a</li> <li>Debite scholation</li> <li>Collection items (check all that apply):</li> <li>a</li> <li>Debite scholation</li> <li>Collection items (check all that apply):</li> <li>a</li> <li>Debite scholation</li> <li>Collection items (check all that apply):</li> <li>a</li> <li>Debite scholation</li> <li>Collection items (check all that apply):</li> <li>a</li> <li>Debite scholation</li> <li>Collection items (check all that apply):</li> <li>a</li> <li>Debite scholation</li> <li>Collection items (check all that apply):</li> <li>a</li> <li>Debite scholation</li> <li>Provide acception of the organization accelection?</li> <li>Yee</li> <li>Ne</li> <li>Part V</li> <li>Endowner the maximum accelection in the organization accelection?</li> <li>Yes;</li> <li>Ne</li> <li>If the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?</li> <li>Yes;</li> <li>Ne</li> <li>If the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?</li> <li>Yes;</li> <li>Ne organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?</li> <li>Yes;</li> <li>Ne organization include an amount on Form 990, Part X, line 21, for</li></ul>		dule D (Form 990) 2021 UASPIRE						14848		ige <b>2</b>
collection time (check all that apply):       a       Dubic exhibition       d       Loan or exchange program         b       Scholarly research       e       Other	Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	ner Simila	r Asse	<b>ts</b> (contin	ued)	
a       Public exhibition       d       □ can or exchange program         b       Scholary research       e       Other         c       Preservation for future generations       e       Other         c       Preservation for future generations       e       Other         c       During the year, did the organization's collection?       Image: Scholar	3		on, and other record	s, check any of the	following that make	significant ι	use of its			
b       Scholary research       e       Other				<b>—</b> ].						
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they futher the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 590, Part IV, line 90, Part X, line 21.         1a       Is the organization an agent, trustee, custocial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       The second curve of the organization agent, trustee, custocial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, lor escrew or custocial account lability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Other Kneer if the explanation has been provided on Part XIII       Chein of the organization adving the year       Id         c       Ending balance       (a) Current year       (b) Prov year       (c) Four year balance       No         d       Additions of any the year.       (a) Curve year (b) Prov year       (b) Prov year balance       No         d       Dation consultation include an amount on Form 990, Part X, line 21, for escrew or custocial account lability?       Ves       No         d       Dations of faith explanation include an amount on Form 990, Part X, line 21, for escrew ore custocial account lability?       No	а		d							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 15 If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 16 didditions during the year 17 Early and the year 16 didditions during the year 17 Early Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21. for escrow or custodial account tability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization nature (0) Prior year (a) Prior year (b) Prior year balak (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Grant or scholarships. 18 Beginning of year balance 597, 909, 557, 909, 557, 909, 557, 909, 605, 033, 601, 556, 050, 033, 601, 556, 050, 033, 601, 556, 050, 033, 601, 556, 050, 033, 601, 556, 050, 033, 601, 556, 050, 033, 601, 556, 050, 033, 601, 556, 050, 053, 033, 601, 556, 050, 053, 033, 601, 557, 909, 5	b		е	Other						
5       During the year, did the organization solicit or needve donations of art, historical treasures, or other similar assets       Ves       No         Part IV       Escrow and Oustodial Arrangements. Complete if the organization's collection?       Ves       n Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21.         1a       Is the organization angement. Instee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21.       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       1         c       Beginning balance       1d       1d       1d         d       Additions during the year       1d       1d       1d       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ves       No         b       If Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ves       No         b       If Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         a Beginning of year balance       130, 226       24, 498, 139, 648, 41, 395, 47, 124.	С	-								
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, Inne 9, or reported an amount on Form 990, Part X. Ine 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X.         No.           b         If 'Yes,'' explain the arrangement in Part XIII and complete the following table:         Amount         Amount           c         Beginning balance         Ic         Amount         Id         Id           d         Additions during the year         Id         Id         Id         Id           d         Distributions during the year         Id         Id         Id         Id           d         Distributions during the year         If         Id         Id         Id         Id           d         Distributions during the year         Id	4						se in Par	t XIII.		
Part V       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (2000).       Ves       No         b If "Yes," explain the arrangement in Part XII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account itability?       No         b If "Yes," explain the arrangement in Part XII. Check here if the explanation baseber provided on Part XIII       Image: Complete intermediary in the year       Image: Complete intermediary inter	5			,	,			-		1
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       Ic       Id       Id       Id       Id         d       Additions during the year       Ie       It       Id       <										No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       16       Amount       16         d       Additions during the year       14       14       14         e       Distributions during the year       11       14       16       17         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X in the arrangement in Part XIII. Check here if the explanation answered "Yes' on Form 990, Part X, line 10.       Part X       Endowment Funds. Complete the organization answered "Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back for a scholarships       (a) Current year on Part Y in the scholarships       (b) Four years in Part XIII.         1a       Beginning of year balance       (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back for the organization scholarships       (c) Two years back (e) Four years back (e) Four years back (e) Four years back for a scholarsh	Par		-	ete if the organizatio	n answered "Yes" o	n Form 990	, Part IV,	line 9, or		
on Form 990, Part X7										
b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Ic         d       Additions during the year       Ic         e       Distributions during the year       Ic         f       Ending balance       It         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Provide the submatch is the set of the explanation has been provided on Part XIII       Provide the part X is the set of the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part IV. line 10.       Image: Start Sta	1a							7		1
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       Id         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10.         ta       Beginning of year balance       Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10.         ta       Check in westment earnings, gains, and losses       -30, 226.       24, 498.       19, 648.       41, 395.       47, 124.         d       Grants or scholarships       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 %       -00.00 % <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>L</th> <th>⊥ Yes</th> <th></th> <th>No</th>							L	⊥ Yes		No
c       Beginning balance       ic       id         d       Additions during the year       id       id         e       Distributions during the year       id       id         f       Ending balance       it       it       id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes' verplain the arrangement in Part XIII Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       is 0.0, 226.       24, 498.       (1) fore years back (e) Four years back (e) Four years back for a consolvanting.         a       Grants or scholarships       -30, 226.       24, 498.       19, 648.       41, 395.       47, 124.         d       Grants or scholarships       -30, 226.       24, 498.       19, 648.       88, 519.       43, 647.         g End of year balance       557, 909.       557, 909.       557, 909.       557, 909.       557, 909.       557, 909.       557, 909.       557, 909.       557, 909.       557, 909.       557, 909.       557, 909.       605, 033.         g En	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:				Amount		
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         Part V       Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part X, line 10.       Ine 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       605, 033, 601, 556.         b Contributions       30, 226, 24, 498, 19, 648, 41, 395, 47, 124, 407, 124, 407, 124, 408, 19, 648, 41, 395, 47, 124, 407, 124, 408, 19, 648, 88, 519, 43, 647.       1         g Grants or scholarships       24, 498, 19, 648, 88, 519, 43, 647.       1         g End of year balance       557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 605, 033.       605, 033.         g Forvide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       1       1         g End of year balance       0000 %       557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 605, 033.       1         g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       1       1         a Board designated or quasi-endowment        0000 %       557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909, 557, 909,								Amount		
e       Distributions during the year       Ie         f       Ending balance       If         2D       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (c) Three years back is the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       557, 909, 557, 909, 557, 909, 605, 033, 601, 556, 000, 014, 556, 000, 014, 014, 014, 014, 014, 014, 014										
f       Ending balance										
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       557, 909.       557, 909.       557, 909.       605, 033.       601, 556.         b       Contributions       30, 226.       -       -       -       -         c       No thin vestment earnings, gains, and losses       -30, 226.       24, 498.       19, 648.       41, 395.       47, 124.         d       Grants or scholarships       -30, 226.       -44, 498.       19, 648.       88, 519.       43, 647.         e       Other expenditures for facilities       24, 498.       19, 648.       88, 519.       43, 647.         g       End of year balance       557, 909.       557, 909.       557, 909.       557, 909.       605, 033.         2       Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as:       a Board designated or quasi-endowment        .0000       %         b       Permanent endowment        .00000       %       %       %	е									
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years       (b) Prior years       (c) Throe years back       (e) Four years back         1a       Beginning of year balance       (b) Prior years       (c) Throe years back       (e) Four years back         1a       Beginning of year balance       (b) Prior years       (c) Throe years back       (e) Four years back         1a       Grants or scholarships       30, 226,       24, 498,       19, 648,       41, 395,       47, 124.         a drants or scholarships       24, 498,       19, 648,       88, 519,       43, 647.         c       Administrative expenses       557, 909,       557, 909,       557, 909,       605, 033.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasiendowment b       .0000       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment to in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       (ii) Related organizations       (iii) Related organizations <th>t</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	t									
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       557,903, 557,909, 557,909, 605,033, 601,556.         b Contributions       0,226,		-				• • • • • • • • • • • • • • • • • • • •	L			1 <b>NO</b>
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       557, 909.       557, 909.       557, 909.       557, 909.       605, 033.       601, 556.         b Contributions       30, 226.       24, 498.       19, 648.       41, 395.       47, 124.         c Grants or scholarships       -30, 226.       24, 498.       19, 648.       88, 519.       43, 647.         f Administrative expensions       -30, 226.       -90.       557, 909.       557, 909.       557, 909.       605, 033.         g End of year balance       -557, 909.       557, 909.       557, 909.       557, 909.       605, 033.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       .0000       %         b Permanent endowment ▶       100       %       .0000       %       3a(ii)       X         (i) Unrelated organizations       .0000       %       .0000       %       3a(ii)       X         (ii) Unrelated organizations       .0000       %       .0000       %       3a(ii)       X         (ii) Unrelated organizations       .0000       %       .0000       %       3a(ii										
1a       Beginning of year balance       557,909.       557,909.       605,033.       601,556.         b       Contributions       30,226.	Fai						are hack	(a) Four	veare	hack
b Contributions       30,226.       1       1       1         c Net investment earnings, gains, and losses       -30,226.       24,498.       19,648.       41,395.       47,124.         d Grants or scholarships	4.	De sinsis e eferense balances						. ,		
c       Net investment earnings, gains, and losses       -30,226, 24,498, 19,648, 41,395, 47,124.         d       Grants or scholarships			,	557,909.	557,909.				001,	550.
d Grants or scholarships			,	24 409	10 649		11 205		47	104
e       Other expenditures for facilities and programs       24,498       19,648       88,519       43,647.         f       Administrative expenses       557,909       557,909       557,909       557,909       605,033.         g       End of year balance       557,909       557,909       557,909       605,033.         2       Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as:       a       Board designated or quasi-endowment ▶       .0000       %         b       Permanent endowment ▶       .0000       %       %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       Unrelated organizations       3a(i)       X         (ii)       Unrelated organizations       Isted organizations       Sta(ii)       X         3a(ii)       Related organizations       Sta(iii)       X         3b       If Yes" on line 3a(ii), are the related organization's endowment funds.       3b       Image: Sta(iii)       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Image: Sta(iii)       X       3a(ii)       X         4       Description of property       (a) Cost		F	-30,220.	24,490.	19,040.	, <u> </u>	1,395.		4/,	124.
and programs       24,498.       19,648.       88,519.       43,647.         f Administrative expenses       557,909.       557,909.       557,909.       557,909.       605,033.         g End of year balance       0000       %       557,909.       557,909.       557,909.       605,033.         2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:       a Board designated or quasi-endowment        0000 %         b Permanent endowment       100       %       .0000 %       .       .         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)       X       3a(ii)       X         (ii) Unrelated organizations       3a(ii)       X       3a(ii)       X         (ii) Unrelated organizations       Sisted as required on Schedule R?       3b       4         Describe in Part XIII the intended uses of the organization's endowment funds.       9       Are there complexite if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Description of property       (a) Cost or other       (b) Cost or other		r								
f       Administrative expenses	е			24 409	10 649		0 510		4.2	617
g End of year balance       557,909.       557,909.       557,909.       557,909.       605,033.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       .0000 %         b Permanent endowment ▶       100       %         c Term endowment ▶       .0000 %         c Term endowment ▶       .0000 %         made status       .0000 %         c Term endowment ▶       .0000 %         made status       .0000 %         c Term endowment ▶       .0000 %         made status       .0000 %         c Term endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations         (i) Unrelated organizations		· · · · · · · · · · · · · · · · · · ·		24,490.	19,040.		50,519.		43,	04/.
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶       .0000 %         b       Permanent endowment ▶       100 %         c       Term endowment ▶       .0000 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(i)         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other         b       Buildings		E CONTRACTOR E C	EE7 000	EE7 000	EE7 000		7 000		605	022
a Board designated or quasi-endowment ▶       .0000 %         b Permanent endowment ▶       100 %         c Term endowment ▶       .0000 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-			,	,	. 53	57,909.		605,	033.
b       Permanent endowment ▶       100       %         c       Term endowment ▶       .0000 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations are of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other</li> <li>(c) Accumulated depenciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Cost or other</li> <li>(e) Ac</li></ul>		· · ·			a)) held as:					
c       Term endowment ▶       0000 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)         (i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         (iii)       Related organizations       3a(i)       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         b       Buildings       28,028.25,188.2,840.       2,840.         c       Leasehold improvements       32,534.28,651.3,883.       3,883.         e       Other       32,534.28,651.3,883.       3,883.		100		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Buildings</li> <li>(f) Book value</li> <li>(g) Cost or other</li> <li>(g) Cost 0, C</li></ul>										
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         b       Buildings       28,028,25,188,2,840.       2,840.         c       Leasehold improvements       32,534,28,651.3,883.       3,883.         e       Other       0       0       0	С	·								
by:       Yes       No         (i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if	0-		•		u al a alua ini ata un al fau	41				
i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         9       Part VI       Land, Buildings, and Equipment.       3b       3b       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value       3b aisis (investment)       3b aisis (other)       (d) Book value         1a       Land       28,028.       25,188.       2,840.         c       Leasehold improvements       32,534.       28,651.       3,883.         e       Other       0       32,534.       28,651.       3,883.	за		ssion of the organiza	ation that are held a	nd administered for	the organiza	ation	Г	Voc	No
(ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       1a       28,028.       25,188.       2,840.         c Leasehold improvements       32,534.       28,651.       3,883.       2,840.         e Other       0       0       0       0       0       0		•							Tes	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1       1       Land       1         b       Buildings       28,028.25,188.2,840.       2,840.         c       Leasehold improvements       32,534.28,651.3,883.       3,883.         e       Other       0       0       0										
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land		(II) Related organizations								<u>л</u>
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land								30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	_			wment tunas.						
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	1 0			) Part IV line 11a S	See Form 990 Part	( line 10				
basis (investment)     basis (other)     depreciation       1a Land									. volue	
b Buildings         28,028.         25,188.         2,840.           c Leasehold improvements         32,534.         28,651.         3,883.           e Other         6         6         6         6         6         6         6         6         6         6         7         6         7 <th7< th=""> <th7< th=""> <th7< th=""></th7<></th7<></th7<>		Description of property							value	;
b Buildings         28,028.         25,188.         2,840.           c Leasehold improvements         32,534.         28,651.         3,883.           e Other         6         6         6         6         6         6         6         6         6         6         7         6         7 <th7< th=""> <th7< th=""> <th7< th=""></th7<></th7<></th7<>	1a	Land								
c Leasehold improvements       28,028.       25,188.       2,840.         d Equipment       32,534.       28,651.       3,883.         e Other       6       6       6										
d Equipment         32,534.         28,651.         3,883.           e Other                           3,883. <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>										
e Other				3	2,534.	28,65	51.		3,88	83.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	0c.)			6	5,72	23.

Schedule D (Form 990) 2021

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Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e <b>1</b> 5.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			67,847.
(3) SECURITY DEPOSITS			17,433.
(4) DONOR-DESIGNATED FUNDS			86,612.
			•
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7)			171,892.

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... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 UASPIRE, INC.			46-	1314848 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,533,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-506,293.		
b	Donated services and use of facilities	2b	45,575.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-460,718.
3	Subtract line 2e from line 1			3	10,994,345.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,290.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	7,290.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	11,001,635.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit 12a.		Retu	
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements Wit 12a.		Retu 1	ırn. 7,721,480.
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements Wit		Retu 1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements Wit		1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements Wit 12a. 2a		Retu 1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a           2b		1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a           2b           2c           2d	45,575.	1	7,721,480.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	45,575.	1 2e	7,721,480.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a           2b           2c           2d	45,575.	1	7,721,480.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	45,575.	1 2e	7,721,480.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	45,575.	1 2e	7,721,480.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	45,575.	1 2e	7,721,480. 45,575. 7,675,905.
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a           12a.           2b           2b           2c           2d	45,575.	1 2e 3 4c	7,721,480. 45,575. 7,675,905. 7,290.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a           2b           2c           2d           4a           4b	45,575.	1 2e 3	7,721,480. 45,575. 7,675,905.

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

#### PART V, LINE 4:

THE PERMANENT ENDOWMENT CONSISTS OF INVESTMENT ACCOUNTS. THE BOARD OF

DIRECTORS INTEND TO PRESERVE THE FAIR VALUE OF THE ORIGINAL GIFT AS

EXPLICITLY STIPULATED BY THE DONOR.

PART X, LINE 2:

THE FASB HAS ISSUED A STANDARD THAT CLARIFIES THE ACCOUNTING AND

RECOGNITION OF INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE

ORGANIZATIONFS INCOME TAX RETURNS. THE ORGANIZATION HAS ANALYZED TAX

POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") AND

ALL STATE JURISDICTIONS WHERE IT OPERATES.

THE ORGANIZATION BELIEVES THAT INCOME TAX POSITIONS WILL BE SUSTAINED UPON 132054 10-28-21 Schedule D (Form 990) 2021 35 12150510 758004 50010 2021.05080 UASPIRE, INC. 50010\_\_1

Part XIII Supplemental Information (continued)

EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS.

ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES OR RELATED

ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN TAX POSITIONS. IF THE

ORGANIZATION INCURS INTEREST OR PENALTIES AS A RESULT OF UNRECOGNIZED TAX

POSITIONS THE POLICY IS TO CLASSIFY INTEREST ACCRUED WITH INTEREST EXPENSE

AND PENALTIES THEREON WITH GENERAL AND ADMINISTRATIVE EXPENSES. THE

ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;

HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN RPROGRESS.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G		ntal Information Reg							DMB No. 1545-0047
(Form 990)	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.							, or if the	2021
Department of the Treasury Internal Revenue Service		Attach to l							Open to Public Inspection
Name of the organizatio		o to www.irs.gov/Form990	J for Instructi	ons	and	the latest informat	ion.		ntification number
	UASPIRE							46-1314	
	complete this part	<ul> <li>Complete if the organizat</li> <li>t.</li> </ul>	ion answered	"Ye	es" or	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
<ul> <li>a Mail solicitation</li> <li>b Internet and</li> <li>c Phone solicitation</li> <li>d In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees listication</li> <li>b If "Yes," list the 1000000000000000000000000000000000000</li></ul>	tions I email solicitations itations blicitations on have a written c ted in Form 990, P	g or oral agreement with any art VII) or entity in connect viduals or entities (fundrais	Solicitation Solicitation Special fund individual (inc	of n of g drais cludi essic	ion-g jover sing o ing o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	hav	iii) D Indrai ve cus contr tribut	stody	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Ye	es	No				
				_					
				+					
				_					
Total									
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed	to solicit cont	tribu	utions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions	for Form 990	or 9	990-l	EZ.		Schedule	e G (Form 990) 2021

132081 10-21-21

Sch	edule G (Form 990) 2021	UASPIRE,	INC.		46-	1314848 Page 2
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000						more than \$15,000
	of fundraising event c	ontributions and gros	ss income on Form 990	)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		म	IRST ONES -	STUDENT DEBT	NONE	(add col. (a) through
		N	IATIONAL	PANEL - NAT		col. (c)
Ð			(event type)	(event type)	(total number)	col. (c))
nue		Γ				
Revenue	1 Gross receipts		134,348.	20,000.		154,348.
Œ		Γ				
	2 Less: Contributions		134,348.	20,000.		154,348.

	2	Less: Contributions	134,340.	20,000.		
	3	Gross income (line 1 minus line 2)				
		Cash prizes				
6	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		<b>&gt;</b>	
	11	Net income summany Subtract line 10 from li	ne 3. column (d)			

 

 11 Net income summary. Subtract line 10 from line 3, column (d)

 Part III
 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

 \$15,000 on Form 990-EZ, line 6a.

Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls f	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		YesNo
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes No
		)-21-21				edule G (Form 990) 2021

Sch	edule G (Form 990) 2021	UASPIRE,	INC.	4	6-13148	48 Page 3
11	Does the organization conduct ga	aming activities with	nonmembers?		🗌 Ye	es 🗌 No
12	Is the organization a grantor, ben	eficiary or trustee o	a trust, or a member o	of a partnership or other entity formed		
	to administer charitable gaming?				📖 Ye	s 🛄 No
13	Indicate the percentage of gamin	g activity conducte	in:			
а	The organization's facility				13a	%
						%
14	Enter the name and address of th	ne person who prep	res the organization's	gaming/special events books and records	<i>;</i> :	
	Name 🕨					
	Address 🕨					
15a	Does the organization have a con	ntract with a third pa	ty from whom the org	anization receives gaming revenue?	Ye	es 🗌 No
b	If "Yes." enter the amount of gam	nina revenue receive	by the organization	► \$ and the amoun	ıt	
	of gaming revenue retained by th					
с	If "Yes," enter name and address					
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
		•				
	Gaming manager compensation	▶ \$				
	Description of services provided	►				
	Director/officer	Employee		ident contractor		
17	Mandatory distributions:					
	Is the organization required unde	r state law to make	haritable distributions	from the gaming proceeds to		
	we have the state of the second state of the s				Υε	es 🗌 No
b				to other exempt organizations or spent in		
	organization's own exempt activit			-		
Ра	rt IV Supplemental Infor	mation. Provide t	ne explanations requir	ed by Part I, line 2b, columns (iii) and (v); a	nd Part III, line	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also pi	ovide any additional in	formation. See instructions.		
1320	83 10-21-21				chedule G (Fo	rm 990) 2021
			:	39	-	

50010\_\_1

Schedule 0			
Part IV	Supple	mental Information (continue	ed)

132084 11-18-21		Schedule G (Form 990
150510 758004 50010	40 2021.05080 UASPIRE, INC.	500101

SCHEDU	HEDULE I Grants and Other Assistance to Organizations,						OMB No. 1545-0047		
(Form 990	Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of Internal Reve	of the Treasury nue Service	Comp	-	Attach to For				Open to Public Inspection	
Name of the organization UASPIRE, INC. Employer identified 46-									
Part I	General Information on Grants a								
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									No
	cribe in Part IV the organization's pr Grants and Other Assistance to						(		—
Part II	recipient that received more than	-				anization answered in	res <sup>®</sup> on Form 990, Par	rt IV, line 21, for any	
1 (a)⊺	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	( <b>h)</b> Purpose of grant or assistance	
2 Ente	er total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table			•	<b>&gt;</b>	_
	er total number of other organization								
LHA Fo	r Paperwork Reduction Act Notice	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) 202	21

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

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INANCIAL ASSISTANCE FOR HIGHER EDUCATION	122	161,583.	٥.	BOOK VALUE	
DIRECT STUDENT AID FUNDING	437	37,950.	0.	BOOK VALUE	

**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:

THE ORGANIZATION WORKS WITH FINANCIAL AID OFFICES AT HIGHER EDUCATION

INSTITUTIONS TO PROVIDE SCHOLARSHIP FUNDS FOR STUDENTS. SCHOLARSHIPS ARE

PROVIDED DIRECTLY TO HIGHER EDUCATION INSTITUTIONS TO ENSURE FUNDS ARE

CREDITED DIRECTLY TO ENROLLED STUDENTS' OUTSTANDING TUITION BILLS.

sc	SCHEDULE J Compensation Information					)47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2021				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU		l		
Dena	tment of the Treasury	Attach to Form 990.		Open to				
	al Revenue Service		Inspection					
Nan	e of the organizatio			er identification numb				
		UASPIRE, INC.	46-1	L31484	8			
Ра	rt I Question	s Regarding Compensation						
_					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1990,					
	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							
		, i i i i i i i i i i i i i i i i i i i						
	Travel for com							
		ation and gross-up payments						
		spending account Personal services (such as maid, chauffer	Jr, chet)					
h	If any of the house	on line to are obsolved, did the exercitation follow a written policy recording powment or						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		46				
2	•			<b>1</b> b		<u> </u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization?	c					
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	·	compensation consultant Compensation survey or study						
	·	ther organizations X Approval by the board or compensation of	ommittee					
			ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a re							
а	•	e payment or change-of-control payment?		4a	х			
b		eive payment from a supplemental nonqualified retirement plan?				X		
с		eive payment from an equity-based compensation arrangement?				X		
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.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	The organization?			5a		X		
b	Any related organiz	ation?				X		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the r	net earnings of:						
а	The organization?			6a		X		
		ation?				X		
	If "Yes" on line 6a o	or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	the					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?	<u></u>	9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b>	) 2021		

#### 46-1314848

#### 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.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JACLYN PINERO	(i)	224,044.	0.	0.	10,619.	18,284.	252,947.	0.
	(ii)	0.	0.	0.	0.	0.		0.
(2) JERMAINE MYRIE	(i)	180,623.	0.	0.	9,000.	986.	190,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID DORE	(i)	161,172.	0.	0.	8,353.	18,669.	188,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HOLLY MORROW	(i)	156,498.	0.	0.	7,863.	16,824.	181,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AYEESHA LANE	(i)	153,940.	0.	0.	7,227.	16,858.	178,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANEIRA FORTE	(i)	162,690.	0.	0.	7,050.	6,741.	176,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAURA KEANE	(i)	91,990.	0.	63,734.	3,935.	260.	159,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

#### PART I, LINE 4A:

ONE INDIVIDUAL RECEIVED SEVERANCE PAYMENTS, THE AMOUNTS ARE REPORTED ON

SCHEDULE J ACCORDINGLY. DUE TO CONFIDENTIALITY CONCERNS, THE NAME OF THE

INDIVIDUAL IS NOT DISCLOSED. THE DETAILED INFORMATION IS AVAILABLE TO THE

#### IRS UPON REQUEST.

Schedule J (Form 990) 2021

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

T. /

Dort I

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

2021 Open to Public Inspection

Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	۱	

Employer identification number 46 - 1314848

### UASPIRE, INC.

га	L I	Types of Froperty							
			(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	-	s
1	Art -	Works of art							
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		and other vehicles							
7		ts and planes							
8		lectual property							
9		urities - Publicly traded	Х	3	120,833.	FAIR MARKET	VA	LUE	
10	Sec	urities - Closely held stock							
11		urities - Partnership, LLC, or t interests							
12		urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Hist	oric structures							
14	Qua	lified conservation contribution - Other							
15	Rea	estate - Residential							
16	Rea	estate - Commercial							
17	Rea	estate - Other							
18	Colle	ectibles							
19		d inventory							
20		s and medical supplies							
21	Taxi	dermy							
22	Hist	orical artifacts							
23	Scie	ntific specimens							
24	Arch	neological artifacts							
25	Othe	er 🕨 ()							
26	Othe	er 🕨 ()							
27	Othe	er 🕨 ()							
28	Othe	er 🕨 ( )							
29		ber of Forms 8283 received by the organiz							
	for v	which the organization completed Form 828	33, Part V, D	Donee Acknowledg	ement 29				
								Yes	No
30a		ng the year, did the organization receive by							
		t hold for at least three years from the date			•				
		npt purposes for the entire holding period?	?				30a		X
		es," describe the arrangement in Part II.							37
31		s the organization have a gift acceptance p				itions?	31		X
32a		s the organization hire or use third parties or in the organization hire or use third parties or its organization of the organ		0			32a		x
b	lf "Y	es," describe in Part II.							

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2021

132141 11-17-21

#### Schedule M (Form 990) 2021 UASPIRE, INC.

Part II

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

#### SCHEDULE M, PART I, COLUMN (B):

#### THE NUMBER OF CONTRIBUTIONS REPORTED REPRESENTS THE TOTAL NUMBER OF

#### DONORS OF PUBLICLY TRADED SECURITIES DURING THE YEAR.

Schedule M (Form 990) 2021

\_\_\_\_\_

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

UASPIRE, INC.

46-1314848

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

OTHER PROGRAM SERVICES CONSIST OF SCHOLARSHIP ADMINISTRATION INCLUSIVE

OF DIRECT DISTRIBUTIONS TO STUDENTS AS WELL AS PROGRAM QUALITY AND

EVALUATION.

EXPENSES \$ 236,498. INCLUDING GRANTS OF \$ 199,534. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL AND OPERATING OFFICER AND CHIEF EXECUTIVE OFFICER PRIOR TO FILING. IN ADDITION, IT IS REVIEWED BY AT LEAST ONE MEMBER OF THE BOARD OF DIRECTORS, WHO IS ALSO A MEMBER OF THE FINANCE COMMITTEE. THE FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS SHARED ANNUAL. ALL NEW BOARD MEMBERS COMPLETE THE CONFLICT OF INTEREST FORM. BOARD MEMBERS ARE REQUESTED ON AN ANNUAL BASIS TO PROVIDE AN UPDATED CONFLICT OF INTEREST FORM. THE EXISTENCE OF ANY ISSUES THAT COULD GIVE RISE TO CONFLICTS IS REVIEWED PERIODICALLY BY THE CHIEF FINANCIAL AND OPERATING OFFICER AND THE CHIEF EXECUTIVE OFFICER TO ASCERTAIN WHETHER ANY DIRECTOR, BOARD MEMBER OR EMPLOYEE MIGHT CONCEIVABLY HAVE AN INTEREST WHICH COULD GIVE RISE TO A CONFLICT. ALL MEMBERS OF THE ORGANIZATION ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO DISCUSS WITH THE CHIEF EXECUTIVE OFFICER OR DIRECTLY WITH THE BOARD, SHOULD THEY FEEL THERE ARE ANY CONFLICTS AS DEFINED BY THE POLICY.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization UASPIRE, INC.	Employer identification number $46-1314848$
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION ENGAGED THE SERVICES OF AN INDEPENDENT C	OMPENSATION
CONSULTING FIRM TO PERFORM A STUDY OF EXECUTIVE COMPENSAT	ION BASED ON
COMPARABLE ORGANIZATIONS AND SIMILAR SIZED COMPANIES, INC	LUDING
COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND OTHER CH	IEF LEVEL
EXECUTIVE LEADERS. SPECIFICALLY, FOR THE CHIEF EXECUTIVE	OFFICER, THEIR
SALARY WAS WITHIN THE RANGE SUGGESTED BY THE CONSULTING F	IRM AND WAS
APPROVED BY THE EXECUTIVE COMMITTEE OF THE ORGANIZATION,	WHICH REPORTED ITS
CONCLUSION AND PROCESS TO THE ENTIRE BOARD OF DIRECTORS.	A POLICY IS IN
PLACE TO ENGAGE IN SUBSEQUENT ANNUAL ADJUSTMENTS TO THE C	HIEF EXECUTIVE
OFFICER'S COMPENSATION LED BY THE BOARD OF DIRECTORS. THE	CHIEF EXECUTIVE
OFFICER DOES NOT PARTICIPATE IN THE PROCESS. FOR OTHER CH	IEF EXECUTIVE
COMPENSATION, THE CHIEF EXECUTIVE OFFICER RECOMMENDS ANNU	AL ADJUSTMENTS FOR
APPROVAL, BASED ON INDEPENDENT COMPENSATION DATA, TO THE	EXECUTIVE
COMMITTEE OF THE BOARD OF DIRECTORS. CHIEF EXECUTIVES DO	NOT PARTICIPATE IN
THIS PROCESS.	

FORM 990, PART VI, SECTION C, LINE 18: UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS, AND ITS CONFLICT OF INTEREST POLICY.

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

THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE ATTACHED TO THE FORM PC FILED WITH THE MASSACHUSETTS DIVISION OF PUBLIC CHARITIES AND ARE AVAILABLE FOR PUBLIC INSPECTION ON THE ATTORNEY GENERAL'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT POSTED TO SUCH WEBSITE, BUT ARE AVAILABLE FOR INSPECTION BY THE PUBLIC UPON REQUEST.

132212 11-11-21