**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public
Inspection

<u>A F</u>	or the	e 2022 calendar year, or tax year beginning 001 1, 2022	and	enaing U	UN 30, 2023				
<b>B</b> c	Check if pplicabl	C Name of organization			D Employer identifi	cation number			
X	Addre chang Name	SS UASPIRE, INC.							
	chang	e Doing business as		46-13148	48				
	Initial return Final	6 T.TBERTY COLLARE DMB #085/19	Room/suite	E Telephone numbe (857) 34					
_	⊥return. termir ated		anda	1	G Gross receipts \$	18,367,111.			
	□Amen	ded BOCHON MA 02100	code						
	return □Applic	,			H(a) Is this a group re				
	tion pendi	F Name and address of principal officer: JACLYN PINERO			for subordinates	—			
		SAME AS C ABOVE			<b>H(b)</b> Are all subordinates in				
			4947(a)(1)	or 527	1	list. See instructions			
	<u>Nebsi</u>				H(c) Group exemption				
	orm of	forganization: X Corporation Trust Association Othe	er	<b>L</b> Year	of formation: 2012  N	M State of legal domicile: MA			
ГС		<u> </u>	TTACD	TDE MO	DEG TO DEMO	777			
9		Briefly describe the organization's mission or most significant activities: FINANCIAL BARRIERS TO A POSTSECONDAR			RKS TO REMO	V E			
Activities & Governance	l	Check this box if the organization discontinued its operation			than 25% of its not ass	eate			
er.	l	<del>-</del>	-		ı	25			
်	I .					25			
∞		Number of independent voting members of the governing body (Part VI				86			
ies		Total number of individuals employed in calendar year 2022 (Part V, line				26			
₹		Total number of volunteers (estimate if necessary)				0.			
ĄĊ	ı					0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11							
					Prior Year	Current Year			
ē	ı	Contributions and grants (Part VIII, line 1h)			9,327,389.	11,024,591.			
Revenue	9	Program service revenue (Part VIII, line 2g)			1,435,971.	1,101,816.			
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			238,275.	133,498.			
<b>E</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	87,219.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),	, line 12)		11,001,635.	12,347,124.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			199,534.	301,489.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), li	nes 5-10)		5,994,246.	7,074,058.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 1,	946,8	63.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,489,415.	1,741,240.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25			7,683,195.	9,116,787.			
	I .	Revenue less expenses. Subtract line 18 from line 12			3,318,440.	3,230,337.			
or es					ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)			9,973,087.	13,772,012.			
Ass	21	Total liabilities (Part X, line 26)		····	717,706.	1,087,280.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20			9,255,381.	12,684,732.			
	art II	Signature Block			- / /				
		ulties of perjury, I declare that I have examined this return, including accompanyin	na schedule	s and statem	ents, and to the hest of my	knowledge and helief it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all inform	-			, momoago ana sonon, icio			
ti do,	, 001100	and complete. Becaute of the property (care than emotify to become of an imore	nation of w	mon propuror	Thus arry knowledge.				
Sigi	_	Signature of officer			Date				
Her		JACLYN PINERO, CHIEF EXECUTIVE OFFIC	TER						
пer	е	Type or print name and title	7111						
Date Date									
Do:-	ı	Print/Type preparer's name  TAMAR PLOTZKER  Preparer's signature			if L				
Paid					self-employ				
	arer	Firm's name MAZARS USA LLP			Firm's EIN 1	3-1459550			
use	Only	Firm's address 1330 BOYLSTON STREET				17\ 721 1000			
_		CHESTNUT HILL, MA 02467			Phone no. (6				
May	the II	RS discuss this return with the preparer shown above? See instructions				X Yes No			
0000		IIIA Fay Day away and Daylortian Act Notice and the compute				Farm 990 (2022)			

Pai	t III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	UASPIRE'S MISSION IS TO IMPROVE THE ECONOMIC MOBILITY OF
	UNDERREPRESENTED STUDENTS BY CREATING FINANCIAL SOLUTIONS TO DIVERSE
	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?
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,117,071. including grants of \$174,725. ) (Revenue \$\$
	UASPIRE GUIDES STUDENTS, FAMILIES, AND COMMUNITIES TO NAVIGATE COMPLEX
	FINANCIAL AID SYSTEMS IN PURSUIT OF EQUITABLE ACCESS TO AFFORDABLE
	POSTSECONDARY PATHWAYS THROUGH IN-PERSON AND VIRTUAL ADVISING. UASPIRE
	PROVIDES POSTSECONDARY FINANCIAL AID ADVISING TO 10,000 STUDENTS IN
	LOCATIONS ACROSS MASSACHUSETTS (BOSTON, CAMBRIDGE, SOMERVILLE, MALDEN,
	AND FALL RIVER) AND THE SAN FRANCISCO BAY AREA (SAN FRANCISCO, OAKLAND,
	AND HAYWARD) AND NEW YORK, NEW YORK. UASPIRE'S HIGH SCHOOL ADVISING
	PROGRAM, AFFORD, DELIVERS ROBUST, INDIVIDUALIZED SUPPORT IN THEIR HIGH
	SCHOOLS AND OVER TEXT MESSAGING TO APPLY FOR FINANCIAL AID, MAKE
	FINANCIALLY INFORMED COLLEGE DECISIONS, AND SUCCESSFULLY ENROLL.
	UASPIRE'S POSTSECONDARY ADVISING PROGRAM, SUCCEED, SUPPORTS STUDENTS TO
	MAINTAIN/SECURE FINANCIAL AID AND MANAGE COLLEGE COSTS TO PERSIST AND
4b	(Code:) (Expenses \$1,447,211. including grants of \$) (Revenue \$275,454. TRAINS SCHOOL COUNSELORS AND PROGRAM STAFF TO SUPPORT THE
	STUDENTS THEY WORK WITH THROUGH THE FINANCIAL AID PROCESS. TAILORED TO
	STAFF'S EXPERIENCE AND STATE CONTEXT, OUR ONLINE AND IN-PERSON COURSES
	OFFER BEST-IN-CLASS INSTRUCTION, ACTION PLANNING, AND TOOLS TO USE WITH
	STUDENTS AND FAMILIES. WE ALSO OFFER PRACTITIONERS UNLIMITED ONLINE
	ACCESS TO UASPIRE'S RESOURCES, TECHNICAL ASSISTANCE, AND FINANCIAL AID
	EXPERTISE THROUGH OUR PARTNER PORTAL. THROUGH THE PORTAL, MEMBERS CAN
	REQUEST SUPPORT OR ASK A QUESTION TO GET THE BEST SOLUTION FOR THEIR
	STUDENTS, FIND HOW-TO VIDEOS AND TOOLS TO SHARE WITH STUDENTS AND
	FAMILIES, AND STAY CURRENT WITH COLLEGE AFFORDABILITY NEWS.
	T00 606
4c	(Code:) (Expenses \$
	BY LEVERAGING OUR OWN AND OUR STUDENTS' FINANCIAL AID EXPERTISE, UASPIRE ADVOCATES FOR INSTITUTIONAL, STATE, AND FEDERAL POLICY CHANGE
	TO TRANSFORM FINANCIAL AID AND HIGHER EDUCATION SYSTEMS. WE ALSO RUN A
	PAID POLICY FELLOWSHIP, WHERE COLLEGE STUDENTS BUILD ADVOCACY SKILLS
	AND INFLUENCE POLICYMAKERS TO MAKE HIGHER EDUCATION MORE AFFORDABLE AND
	EQUITABLE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 232,303. including grants of \$ 126,764.) (Revenue \$ 87,219.)
40	Total program convice expenses 5 520 191.

## Form 990 (2022) 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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	5:10	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		<del></del>
D	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	170		<del></del>
13	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	13		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		122
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
	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			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	(2022)

Form 990 (2022) 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		<u> X</u>
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			\ <b>.</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			₩.
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		25
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<b>~</b>		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O	30	21	
	Check if Schodula O contains a reconcise or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16		.03	.,,5
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_ `	(gambling) winnings to prize winners?	1c	Х	
232004	\$ 12-13-22			(2022)

Form 990 (2022) UASPIRE, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 86								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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 Ad	ccounts (FBAR).								
			<u>5a</u>		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				- T					
	•		6a		X					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the distribution of the state of the									
7	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	70		Х					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ne roquirod	10							
C	to file Form 8282?		7c		Х					
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	***************************************	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g							
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:	1 1								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4							
11	Section 501(c)(12) organizations. Enter:	l I								
	Gross income from members or shareholders	11a	4							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b	1							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		120							
а	Note: See the instructions for additional information the organization must report on Schedule O.		13a							
h	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								
c	Enter the amount of reserves on hand	13c	1							
		[ 100 ]	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?		15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

Form **990** (2022)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 25 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 25 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA, CA, PA, NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request \_\_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JACLYN PINERO - (857) 344-0770

Form **990** (2022)

LIBERTY SQUARE PMB #98549, BOSTON,

Form 990 (2022) UASPIRE, INC. 46-1314848 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Estimated		
	hours per	box, unless		ss pe	rson i	s bot	n an	compensation	compensation	amount of
	week		Cer ai	luau	Tecto	Trus	ice)	from	from related	other
	(list any	director						the	organizations (W-2/1099-MISC/	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1099-1120)	and related
	below	Individual trustee or	Institutional trustee	<u></u>	Key employee	Highest compensated employee	- La			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) JACLYN PINERO	50.00									
CHIEF EXECUTIVE OFFICER				Х				222,804.	0.	38,983.
(2) HOLLY MORROW	40.00									
CHIEF KNOWLEDGE OFFICER					Х			172,761.	0.	32,405.
(3) DAVID DORE	40.00									
CHIEF FINANCIAL & OPERATING OFFICER				Х				168,853.	0.	35,226.
(4) AYEESHA LANE	40.00									_
CHIEF PEOPLE AND OPERATIONS OFFICER					Х			164,730.	0.	32,263.
(5) JERMAINE MYRIE	40.00									
CHIEF EXTERNAL AFFAIRS OFFICER					Х			185,840.	0.	10,690.
(6) JANEIRA FORTE	40.00									
CHIEF IMPACT OFFICER					Х			181,817.	0.	10,476.
(7) SAGE RUTH	40.00									
SENIOR VP OF FINANCE & OPERATIONS						X		117,903.	0.	34,929.
(8) LEAH MCLEAN	40.00									
VP OF EXTERNAL ENGAGEMENT						X		116,666.	0.	17,106.
(9) ANIKA VAN EATON	50.00									
VICE PRESIDENT OF POLICY						X		115,543.	0.	15,655.
(10) KIMBERLY NIDAH	40.00									
VP OF DEVELOPMENT, MA						X		112,573.	0.	11,495.
(11) CARRIE FETHE	40.00								_	
VP OF MARKETING & COMMUNICATIONS						X		108,643.	0.	6,674.
(12) KERRY ANN JAMES	1.00	1								
BOARD CHAIR		Х		Х				0.	0.	0.
(13) BILL MCCLEMENTS	1.00	1								_
VICE CHAIR		Х		Х				0.	0.	0.
(14) MICHAEL BOYLE	1.00	1								_
TREASURER		Х		Х				0.	0.	0.
(15) CYNTHIA RIVERA WEISSBLUM	1.00	1								_
SECRETARY		Х		Х				0.	0.	0.
(16) HO NAM	1.00									_
DIRECTOR	1	Х	_	_			<u> </u>	0.	0.	0.
(17) PETER NOVEMBER	1.00	<u></u>								_
DIRECTOR		X						0.	0.	0 • Form <b>990</b> (2022)
232007 12-13-22										Form <b>99U</b> (2022)

232007 12-13-22 Form **990** (2022)

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Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(D)	(E)	(F)									
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(18) BOB SHIREMAN	1.00											
DIRECTOR (THRU 12/2022)		Х						0.	0.	0.		
(19) JOEL STEINHAUS DIRECTOR (THRU 6/30/23)	1.00	Х						0.	0.	0.		
(20) LUIS ECHEVERRI	1.00											
DIRECTOR (THRU 6/30/23)		Х						0.	0.	0.		
(21) AMIT PATEL	1.00											
DIRECTOR		Х						0.	0.	0.		
(22) NADINE DUPLESSY KEARNS DIRECTOR	1.00	Х						0.	0.	0.		
(23) MARK ALPER	1.00											
DIRECTOR (THRU 6/30/23)		Х						0.	0.	0.		
(24) SYDNEY ATKINS	1.00							_	_			
DIRECTOR		Х						0.	0.	0.		
(25) MAY BUMAR	1.00							_	_	_		
DIRECTOR		Х						0.	0.	0.		
(26) JONATHAN COX	1.00											
DIRECTOR		X						0.	0.	0.		
1b Subtotal								1,668,133.	0.	245,902.		
	c Total from continuation sheets to Part VII, Section A							0.	0.	0.		
d Total (add lines 1b and 1c)								1,668,133.	0.	245,902.		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
	HUMAN RESOURCES SERVICES	108,846.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

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Form 990 UASPIRE, INC. 46-1314848

Form 990 UASPIRE	E, INC.								46-131	4848
Part VII   Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				em pl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l trus		ee,	u beu				and related organizations
	below	Individual trustee	Institutional trustee	_	Key employee	stcol	70			organizations
	line)	Indivi	Institu	Officer	Кеу е	Highest compensated employee	Former			
(27) VALDUVINO GONCALVES	1.00									
DIRECTOR		Х						0.	0.	0.
(28) SIMONE HILL	1.00									
DIRECTOR		Х						0.	0.	0.
(29) JOHN HUDSON	1.00									
DIRECTOR		Х						0.	0.	0.
(30) BILL MANDELL	1.00									
DIRECTOR		Х						0.	0.	0.
(31) BOB O'SULLIVAN	1.00									
DIRECTOR		Х						0.	0.	0.
(32) SHARAM PAVRI	1.00									
DIRECTOR		Х						0.	0.	0.
(33) KATHRYN SCHOX	1.00									
DIRECTOR		Х						0.	0.	0.
(34) CHARLES SHIRLEY	1.00									_
DIRECTOR		Х						0.	0.	0.
(35) JENN STREDLER	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(36) LAURIE THOMSEN	1.00	٠,							0	_
DIRECTOR (THRU 6/30/23)  (37) ELLYN CHARTERS ZARRACINA	1.00	Х						0.	0.	0.
DIRECTOR (THRU 6/30/23)	1.00	Х						0.	0.	0.
DIRECTOR (TIRO 0/30/23)		Λ	$\vdash$					0.	0.	<u></u>
			<u> </u>							
Total to Part VII, Section A, line 1c										

Form 990 (2022) UASPIRE, INC.
Part VIII Statement of Revenue

		Check if Schedule O c	ontains	a response	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
9		Fundraising events							
fts,		Related organizations							
ig ig									
Sir.		Government grants (contri							
utio	T	All other contributions, gifts,			11 024 501				
ë		similar amounts not included			11,024,591.				
o d	_	Noncash contributions included in I	ines 1a-1f	1g  \$	120,032.	11,024,591.			
O a	<u>n</u>	Total. Add lines 1a-1f			Business Code	11,024,331.			
		COLLEGE ARRONDANTITE	137 3 D37T	CINC		926 262	926 362		
<u>ice</u>	2 a				611710	826,362.	· · · · · · · · · · · · · · · · · · ·		
er <	b	TRAINING & TECHNICAL	ASSIS	TANCE	611710	275,454.	275,454.		
n S	С								
ran 3ev	d								
Program Service Revenue	е								
۵	f	All other program service r							
$\longrightarrow$	g	Total. Add lines 2a-2f				1,101,816.			
	3	Investment income (includ	ing divid	dends, intere	st, and				
		other similar amounts)				190,831.			190,831.
	4	Income from investment of	f tax-exe	empt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	<b>7a</b> 5	,962,654.					
	b	Less: cost or other basis							
e		and sales expenses	<b>7b</b> 6	,019,987.					
Revenue	С	Gain or (loss)	7c	-57,333.					
Bè	d	Net gain or (loss)		<u>.</u>		-57,333.			-57,333.
her		Gross income from fundraisin							
₹		including \$		of					
		contributions reported on	line 1c).	See					
		Part IV, line 18		8a					
	b	Less: direct expenses							
		Net income or (loss) from f							
		Gross income from gamine							
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from g							
		Gross sales of inventory, le							
		and allowances							
	b	Less: cost of goods sold							
		Net income or (loss) from s							
					Business Code				
snc	11 a	MISC. REVENUE			900099	87,219.	87,219.		
ne Due	b			_					
Miscellaneous Revenue	c			_					
SS B		All other revenue							
Σ		Total. Add lines 11a-11d				87,219.			
	12	Total revenue. See instructio				12,347,124.	1,189,035.	0.	133,498.

Form **990** (2022) 232009 12-13-22

## Form 990 (2022) UASPIRE, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organization	s must complete all columns	All other organizations must o	complete column (A)
00011011001(0)(0) and 001(0)(1) organization	o made dompided an dolamilo.	. 7 III Ottior organizatione made c	ompiete column (i i).

Do no	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	301,489.	301,489.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	1,212,813.	733,267.	194,535.	285,011
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,673,565.	2,825,721.	749,578.	1,098,266
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	183,750.	111,096.	29,473.	43,181 135,908
9	Other employee benefits	578,344.	349,679.	92,757.	135,908
	Payroll taxes	425,586.	257,316.	68,259.	100,011
	Fees for services (nonemployees):				
а	Management				
	Legal				
C	Accounting	32,500.		32,500.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17 $oxedsymbol{igl$				
f	Investment management fees	42,561.		42,561.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	531,863.	199,568.	289,586.	42,709
12	Advertising and promotion	32,676.	26,141.		6,535
13	Office expenses	98,816.	54,995.	16,034.	27,787
14	Information technology	209,546.	176,382.	9,136.	24,028
15	Royalties				
16	Occupancy	394,329.	238,618.	63,243.	92,468
17	Travel	112,626.	79,934.	19,480.	13,212
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	47,442.	33,670.	8,207.	5,565
	Interest				
	Payments to affiliates	F 505	2 244	206	1 000
	Depreciation, depletion, and amortization	5,525.	3,341.	886.	1,298
	Insurance	13,641.	8,247.	2,188.	3,206
	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.)				
	STAFF DEVELOPMENT	187,096.	113,121.	30,008.	43,967
	EVENTS	24,500.	2,697.	,	21,803
	EQUIPMENT RENTAL & MAIN	8,119.	4,909.	1,302.	1,908
d					
	All other expenses		_		
	Total functional expenses. Add lines 1 through 24e	9,116,787.	5,520,191.	1,649,733.	1,946,863
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

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### Form 990 (2022) Part X Balance Sheet

Par	t A	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,910,392.	1	3,063,990
	2	Savings and temporary cash investments			45,454.	2	83,175
	3	Pledges and grants receivable, net			692,892.	3	3,874,252
	4	Accounts receivable, net			271,494.	4	244,609
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			108,318.	9	136,325
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		60,562.			
	b	Less: accumulated depreciation		59,364.	6,723.	10c	1,198 6,195,608
	11	Investments - publicly traded securities			4,928,114.	11	6,195,608
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	0.000	14	450 055		
	15	Other assets. See Part IV, line 11		ı	9,700.	15	172,855
_	16	Total assets. Add lines 1 through 15 (must equ			9,973,087.	16	13,772,012
	17	Accounts payable and accrued expenses			544,214.	17	802,167
	18	Grants payable			1 (00	18	
	19	Deferred revenue			1,600.	19	
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
┋ │		trustee, key employee, creator or founder, subs				00	
Liabilities	00	controlled entity or family member of any of the	-	· · · · · · · · · · · · · · · · · · ·		22	
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate				23 24	
	2 <del>4</del> 25	Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on line	-				
		of Schedule D	•	·	171,892.	25	285,113
	26	Total liabilities. Add lines 17 through 25			717,706.		1,087,280
T		Organizations that follow FASB ASC 958, che			, , , , , ,		
es		and complete lines 27, 28, 32, and 33.					
<u>ا</u> ۾	27				5,401,139.	27	7,525,070
ga (	28	Net assets with donor restrictions			3,854,242.	28	5,159,662
<u> </u>		Organizations that do not follow FASB ASC 9					
로		and complete lines 29 through 33.	ŕ	_			
ğ	29	Capital stock or trust principal, or current funds	;			29	
Sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,255,381.	32	12,684,732
_	33				9,973,087.	33	13,772,012

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Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,1		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,2	30,3	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,2	55,3	81.
5	Net unrealized gains (losses) on investments	5	1	99,0	14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,6	34,7	32.
Pa	rt XII Financial Statements and Reporting	•	-		
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t	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 Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		38		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3k		
			For	ո <b>990</b>	(2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Open to Public

**Employer identification number** 

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

Inspection

OMB No. 1545-0047

**UASPIRE** INC. 46-1314848 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7892435.	10950535.	6954691.	9327389.	11024591.	46149641.
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	7892435.	10950535.	6954691.	9327389.	11024591.	46149641.
	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)						14759603.
6	Public support. Subtract line 5 from line 4.						31390038.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		10950535.	6954691.		11024591.	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	52,160.	40,774.	56,503.	107,745.	190,831.	448,013.
9	Net income from unrelated business			•	•	•	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					87,219.	87,219.
11	<b>Total support.</b> Add lines 7 through 10						46684873.
	Gross receipts from related activities,	etc. (see instruction	ns)				,691,948.
	First 5 years. If the Form 990 is for the						
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	67.24 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	68.12 <u>%</u>
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
							(Farm 000) 2000

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2022

Pa	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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			
	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			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	0.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b		01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

#### **SCHEDULE C** (Form 990)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	UASPIRE	, INC.			46-1314848
Pa	rt I-A Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			S
Pa	rt I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
	Enter the amount of any excise tax				<u> </u>
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?		•		
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 501(c	e)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt functi	ion activities	S
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527	
	exempt function activities				S
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,		
	line 17b				
4	3 3				
5	Enter the names, addresses and en			-	
	made payments. For each organiza	·			•
	contributions received that were propolitical action committee (PAC). If	• •		•	e segregated fund or a
	. ,		1	1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
				Tarras. Il riorio, oritor o .	delivered to a separate
					political organization.  If none, enter -0
					il florie, effici -o

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022	UASPIRE, IN	C.		46-1	314848 Page 2
Part II-A Complete if the org	ganization is exer	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
A Check if the filing organization expenses, and share	are of excess lobbying	•		group member's name	e, address, EIN,
Lim	its on Lobbying Expe	nd "limited control" pro nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<ul><li>1a Total lobbying expenditures to inf</li><li>b Total lobbying expenditures to inf</li><li>c Total lobbying expenditures (add</li></ul>	luence a legislative boo	dy (direct lobbying)		578. 23,053. 23,631.	
<ul> <li>d Other exempt purpose expenditure</li> <li>e Total exempt purpose expenditure</li> <li>f Lobbying nontaxable amount. Ent</li> </ul>	res es (add lines 1c and 1d	l)		9,093,156. 9,116,787. 605,839.	
If the amount on line 1e, column (a) Not over \$500,000  Over \$500,000 but not over \$1,000  Over \$1,000,000 but not over \$1,500,000 but not over \$17	or (b) is: The lob 20% of 10,000 \$100,00 500,000 \$175,00 7,000,000 \$225,00	bbying nontaxable am the amount on line 1e. 20 plus 15% of the exce 20 plus 10% of the exce 20 plus 5% of the exce	ount is: ess over \$500,000. ess over \$1,000,000.	,,,,,,,	
g Grassroots nontaxable amount (et	,	000.		151,460.	
<ul> <li>h Subtract line 1g from line 1a. If ze</li> <li>i Subtract line 1f from line 1c. If zer</li> <li>j If there is an amount other than zer</li> <li>reporting section 4911 tax for this</li> </ul>	o or less, enter -0-	line 1i, did the organiza		0.	Yes No
(Some organizations	4-Year Ave that made a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	of the five columns be	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount     b Lobbying ceiling amount	562,889.	543,019.	534,160.	605,839.	2,245,907.
(150% of line 2a, column(e))					3,368,861.
c Total lobbying expenditures	9,669.	12,011.	6,692.	23,631.	52,003.
d Grassroots nontaxable amount	140,722.	135,755.	133,540.	151,460.	561,477.

Schedule C (Form 990) 2022

578.

842,216.

578.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

### 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)		(k	<b>)</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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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?				
	Other activities?				
	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				
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or sec	tion	
Fai	501(c)(6).	11 30 1 (0)(3)	, or sec	ZUOII	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			ılı-A, illie	J, 15
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		. 1		
2	expenses for which the section 527(f) tax was paid).	,aı			
a	Current year		2a		
	Carryover from last year				
	Total				
	4				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds t				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par				•	
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990) 2022

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** UASPIRE, INC.

	UASPIRE, INC.			46-1314848
Par	t I Organizations Maintaining Donor Advised	I Funds or Other Simil	ar Funds or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised fun	ds (k	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	donor advised funds	 S
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on	Form 990, Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreat		servation of a histor	rically important land area
	Protection of natural habitat			ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution	in the form of a con	servation easement on the last
	day of the tax year.		ſ	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	- · · · · · · · · · · · · · · · · · · ·			2b
С	Number of conservation easements on a certified historic stru		Г	2c
d	Number of conservation easements included in (c) acquired at			
				2d
3	Number of conservation easements modified, transferred, rele			ation during the tax
	year		, ,	•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		nandling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcir	ng conservation ease	ements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of s	section 170(h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue a	nd expense stateme	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's finar	cial statements that	describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasu	res, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue	statement and balar	nce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or re	esearch in furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describe	s these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue stat	ement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or rese	arch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990 Part X			\$

Schedule D (Form 990) 2022

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

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				
<b>b</b> Buildings				
c Leasehold improvements		28,028.	27,623.	405.
<b>d</b> Equipment		32,534.	31,741.	793.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	1,198.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 UASPIRE, INC		46	-1314848 <sub>Page</sub> :
Part VII Investments - Other Securities.	- F 000 D-+ N/ E	44b Oca Farm 000 Back V Proc 40	
Complete if the organization answered "Yes" o			
(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)			
(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" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
··-	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	15 \		
Part X Other Liabilities.	13.)		
Complete if the organization answered "Yes" o	n 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) OTHER LIABILITIES			17,433
(3) DONOR-DESIGNATED FUNDS			83,517
(4) OPERATING LEASE LIABILITY			184,163
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		285,113
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote to	the organization's financial statements th	at reports the

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

#### SCHEDULE I (Form 990)

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

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

UASPIRE,							46-1314848
Part I General Information on Grants ar							
1 Does the organization maintain records to					-		X Yes No
criteria used to award the grants or assist  Describe in Part IV the organization's pro	codures for monit	toring the use of grapt	funds in the United	d States			X Yes No
Part II Grants and Other Assistance to D					anization answered "	Yes" on Form 990. Part IV	line 21, for any
recipient that received more than \$					a <u>-</u> a		, = 1, 13. 4,
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of costion 501/c\/0\ co	ad government ::	ganizations listed in th	lino 1 toble				
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations	-	~	ie iirie i tabie				

(a) Type of grant or assistance	(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
FINANCIAL ASSISTANCE FOR HIGHER EDUCATION	117	174,725.	0.	BOOK VALUE	
DIRECT STUDENT AID FUNDING	139	126,764.	0.	BOOK VALUE	
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION WORKS WITH FINANC	IAL AID C	FFICES AT	HIGHER EDU	CATION	
INSTITUTIONS TO PROVIDE SCHOLARSHI	P FUNDS F	OR STUDENT	S. SCHOLAR	SHIPS ARE	
PROVIDED DIRECTLY TO HIGHER EDUCAT	ION INSTI	TUTIONS TO	ENSURE FU	NDS ARE	
CREDITED DIRECTLY TO ENROLLED STUD	ENTS' OUT	STANDING T	UITION BIL	LS.	

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury
Internal Revenue Service
Name of the organization

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

46-1314848 UASPIRE, INC. Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,

3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	X Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations  X Approval by the board or compensation committee					
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 related organization:	4a				
	a Receive a severance payment or change-of-control payment?					
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?					
С	c Participate in or receive payment from an equity-based compensation arrangement?					
	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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
9	The organization?	5a		i		
				-		
a	Any related organization?	5b				
	If "Yes" on line 5a or 5b, describe in Part III.					

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

a The organization?

**b** Any related organization?

not described on lines 5 and 6? If "Yes," describe in Part III

trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

Schedule J (Form 990) 2022

6a

6b

7

8

6

contingent on the net earnings of:

Regulations section 53.4958-6(c)?

If "Yes" on line 6a or 6b, describe in Part III.

X

X

Х

Х

Schedule J (Form 990) 2022 UASPIRE, INC. 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	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(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)	222,744.	0.	60.	11,981.	27,002.	261,787.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HOLLY MORROW	(i)	172,701.	0.	60.	9,133.	23,272.	205,166.	0.
CHIEF KNOWLEDGE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID DORE	(i)	168,763.	0.	90.	9,123.	26,103.	204,079.	0.
CHIEF FINANCIAL & OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AYEESHA LANE	(i)	164,592.	0.	138.	8,856.	23,407.		0.
CHIEF PEOPLE AND OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JERMAINE MYRIE	(i)	185,750.	0.	90.	9,655.	1,035.	196,530.	0.
CHIEF EXTERNAL AFFAIRS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANEIRA FORTE	(i)	181,727.	0.	90.	9,447.	1,029.	192,293.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SAGE RUTH	(i)	117,849.	0.	54.	6,675.	28,254.	152,832.	0.
SENIOR VP OF FINANCE & OPERATIONS	(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)							

Page 2

chedule J (Form 990) 2022	UASPIRE, INC.	46-1314848	Page <b>3</b>
Part III Supplemental Information			
rovide the information, explanation	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	and 8, and for Part II. Also complete this part for any additional information	1.

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2022
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

UASPIRE, INC.

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

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

Inspection
Employer identification number

46-1314848

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	6
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	6	120.692.	SALES PRICE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••								
12								
13	Qualified conservation contribution -							
13								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles Earl inventory							
20	Food inventory  Drugs and medical supplies							
21								
22	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )	- 4:						
29	Number of Forms 8283 received by the organization appropriate of Forms 8283			1 1				
	for which the organization completed Form 828	3, Part V, L	onee Acknowledg	ement <b>29</b>			<b>V</b>	NI -
00-	During the control of the control of the	4. 11 41.		and a district Dental Property of House	l- 00 411 11		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the					00		v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.	- Para Marakana		- f	: <b>0</b>			v
31	Does the organization have a gift acceptance po				ions?	31		X
32a	Does the organization hire or use third parties or	r related or	ganizations to soli	cit, process, or sell noncash				37
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA

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

Schedule M (Form 990) 2022

232142 09-09-22

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

UASPIRE, INC.

Employer identification number 46-1314848

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ULTIMATELY COMPLETE THEIR DEGREES. UASPIRE ADVISORS SUPPLEMENT HIGH

SCHOOL COUNSELORS AND OTHER COMMUNITY-BASED ORGANIZATIONS WHO DEPEND ON

UASPIRE TO HELP WITH THE FINANCIAL ISSUES RELATED TO AFFRODABILITY,

MATRICULATION AND PERSISTENCE TO A CERTIFICATE OR DEGREE.

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

OTHER PROGRAM SERVICES CONSIST OF OUR: 1) CONSULTING PRACTICE WHERE WE

COLLABORATE WITH PARTNERS TO ASSESS THEIR NEEDS AND OFFER UNIQUELY

DESIGNED SOLUTIONS IN THE AREAS OF CONTENT DEVELOPMENT, PROGRAM

IMPROVEMENT AND SYSTEMS CHANGE, BY LEVERAGING OUR FINANCIAL AID

EXPERTISE, STUDENT-ADVISING EXPERIENCE, AND STUDENT-CENTERED RESEARCH;

AND 2) SCHOLARSHIP AND EMERGENCY AID SUPPORT WHICH IS INCLUSIVE OF THE

DISTRIBUTION AND ADMINISTRATION OF FUNDS AS WELL AS PROGRAM QUALITY AND

EVALUATION.

EXPENSES \$ 232,303. INCLUDING GRANTS OF \$ 126,764. REVENUE \$ 87,219.

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

THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND FINANCE

LEADERSHIP, INCLUDING THE BOARD TREASURER, PRIOR TO FILING. THE FORM 990 IS

THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS SHARED ANNUALLY. ALL NEW BOARD MEMBERS COMPLETE THE CONFLICT OF INTEREST FORM.

BOARD MEMBERS ARE REQUESTED ON AN ANNUAL BASIS TO PROVIDE AN UPDATED

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

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 Employer identification number 46-1314848

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.

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

THE ORGANIZATION ENGAGED THE SERVICES OF AN INDEPENDENT COMPENSATION

CONSULTING FIRM TO PERFORM A STUDY OF EXECUTIVE COMPENSATION BASED ON

COMPARABLE ORGANIZATIONS AND SIMILAR SIZED COMPANIES, INCLUDING

COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND OTHER CHIEF LEVEL

EXECUTIVE LEADERS. SPECIFICALLY, FOR THE CHIEF EXECUTIVE OFFICER, THEIR

SALARY WAS WITHIN THE RANGE SUGGESTED BY THE CONSULTING FIRM 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 CHIEF EXECUTIVE

OFFICER'S COMPENSATION LED BY THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE

COMPENSATION, THE CHIEF EXECUTIVE OFFICER RECOMMENDS ANNUAL 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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 46-1314848 UASPIRE, INC. 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.

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