

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Aspire, Inc.		D Employer identification number 46-0281585
	Doing business as		E Telephone number 605-229-0263
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,807,379.
	607 N 4th ST		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or province, country, and ZIP or foreign postal code Aberdeen, SD 57401		F Name and address of principal officer: Jennifer Gray same as C above	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: www.aspiresd.org		L Year of formation: 1965 M State of legal domicile: SD	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Provide services to people with developmental disabilities.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 9
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 9
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 219
	6	Total number of volunteers (estimate if necessary) 6 45
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 96,138. 147,069.	
	9 Program service revenue (Part VIII, line 2g) 5,266,464. 5,486,853.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,725. 4,829.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 146,248. 168,628.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,515,575. 5,807,379.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.	
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,392,976. 4,568,882.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,008,270. 965,088.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,401,246. 5,533,970.		
19 Revenue less expenses. Subtract line 18 from line 12 114,329. 273,409.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,614,996. 2,884,907.	
	21 Total liabilities (Part X, line 26) 802,350. 798,852.	
	22 Net assets or fund balances. Subtract line 21 from line 20 1,812,646. 2,086,055.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Jennifer Gray, Executive Director Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Melissa White, CPA	Preparer's signature Melissa White, CPA	Date 11/18/15	Check if self-employed <input type="checkbox"/>	PTIN P00851284
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958			
	Firm's address ▶ 24 2ND AVE SW; PO BOX 430 ABERDEEN, SD 57402-0430	Phone no. 605-225-8783			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:
Creating opportunities for people with disabilities to enhance the community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 4,939,876. Including grants of \$) (Revenue \$ 5,603,595.)
We provide services and support to 166 people with developmental disabilities. We provide the following services/support: vocational, residential, community support, service coordination, nursing, habilitation, education, retirement, self advocacy, recreation and leisure, restorative therapy, school to adult transitions, and alternatives to work activities.

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,939,876.