			** PUBLIC DISCLOSURE COPY			OMB No. 1545-0047
Form	" 9	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			0004
Deres		- (III - T	Do not enter social security numbers on this form as it r	nay b	e made public.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the I			Inspection
AF	or th	e 2021 calend	ar year, or tax year beginning $ { m JUL}1$, 2021 and endir	g J	<u>UN 30, 2022</u>	
	beck if pplicab	le: C Name of	organization		D Employer identifica	ntion number
	Addre	ess Aspi	re, Inc.			
	Name Chang	ge Doing b	usiness as		46-028158	5
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room N 4th St	/suite	E Telephone number 605-229-0	263
	⊥returr termi ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,030,066.
	Amer	nded Abor	deen, SD 57401		H(a) Is this a group retu	
			nd address of principal officer: Jennifer Gray		for subordinates?	
	pend		as C above		H(b) Are all subordinates inclu	····· = =
11	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527		st. See instructions
			aspiresd.org		H(c) Group exemption	
ΚF	orm o	f organization:	X Corporation ∏ Trust ∏ Association ∏ Other ► L	. Year	of formation: 1965 M	State of legal domicile: SD
	art I					
	1	Briefly describ	e the organization's mission or most significant activities: Provide	se	rvices to peo	ople with
Governance		develop	mental disabilities.			
rna	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of	more	than 25% of its net asse	ts.
Nel	3	Number of vot	ing members of the governing body (Part VI, line 1a)		3	9
ğ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	9
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)			157
/itie	6		of volunteers (estimate if necessary)			9
Çţ	7 a		d business revenue from Part VIII, column (C), line 12			0.
<	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
					Prior Year	Current Year
¢)	8	Contributions	and grants (Part VIII, line 1h)		2,542,113.	283,040.
nu	9	Program servi	ce revenue (Part VIII, line 2g)		6,406,032.	7,738,672.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		10,148.	8,354.
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,958,293.	8,030,066.
	13	Grants and sir	nilar 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.
Ś	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		5,262,849.	6,590,576.
nse	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)			
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,191,834.	955,745.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,454,683.	7,546,321.
	19	Revenue less	expenses. Subtract line 18 from line 12		2,503,610.	483,745.
Ces Sec				Be	ginning of Current Year	End of Year
Net Assets or - und Balances	20	Total assets (F	Part X, line 16)		6,522,541.	9,447,713.
tAs	21	Total liabilities	(Part X, line 26)		802,798.	3,244,225.
_			fund balances. Subtract line 21 from line 20		5,719,743.	6,203,488.
	art II	•				
			I declare that I have examined this return, including accompanying schedules and s			nowledge and belief, it is
true,	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.	

Sign	Signature of officer		Date					
Here	Jennifer Gray, Executi	ve Director						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	Lisa Chaffee, CPA	Lisa Chaffee, CPA	04/11/23 self-employed P00193453					
Preparer	Firm's name 🕨 Eide Bailly LLP		Firm's EIN ▶ 45-0250958					
Use Only	Firm's address 🕨 1730 Burnt Boat	Loop, Ste. 100						
	Bismarck, ND 585	03-0886	Phone no. 701 - 255 - 1091					
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		No				
			= 000 (co.					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	Aspire, Inc. 46-0281585	Page 2
Pa	rt III Statement of Program Service Accomplishments	r age –
	Check if Schedule O contains a response or note to any line in this Part III	
_		
1	Briefly describe the organization's mission:	_
	We empower adults with disabilities to lead fulfilling lives. We are	
	committed to creating a community where all people are valued and	
	accepted.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		s 🛛 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?	s I 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	S.
	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		,672.)
	Aspire is dedicated to providing quality services to adults with	·
	developmental disabilities. An interdisciplinary team process is use	ed
	to support our participants to discover their unique goals. Independ	
	decision-making and self-advocacy are encouraged to every extent	
	possible. We structure services to help each individual to live a	
	meaningful life, as they personally define it. This may include care	or
	exploration, supports to obtain and maintain employment, or assistant	
	to attend and participate in day activities in the community, at	100
	Aspire, or the participant's home. Aspire offers various levels or	
	residential supports including group, supervised, and monitored.	
	Nursing case management is offered, along with transportation option	15
	for most services, including medical transportation.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		/
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 6,650,750.	

	<u>990 (2021)</u> Aspire, Inc. 46-0281	585	Р	age 3
Par	t 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form	990	(2021)	
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Form 990 (2021) Aspire, 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		v
24	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	24		x
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	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	-		

1c

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Ves No 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, If a least one is reported on line 2a, did the organization file al frauluid (cetral employment tax returns? 2a X 3a Did the organization have unrelated biasings gross income of \$1,000 or more during the scale X 2a X 3b Did the organization have unrelated biasings gross income of \$1,000 or more during the scale X 2a X 3b Did the organization have unrelated biasings gross income of \$1,000 or more during the scale X 2a X 3b Did the organization have unrelated biasings gross income of \$1,000 or more during the scale X 2a X 3c Note: file have and the folge grouters is the file organization have an interest in, or a signature or other inducital account(? 2a X 3c Via the organization have and the dorgan caurity be an organization have an induce organization have an account as any the a prohibed to tas shaller transaction at any the a prohibed tas shaller transaction at any the a prohibed tas shaller transaction at any the a contributions englise 4a X 3c Via the organization induce with every solicitation an express statement that such contributions englis 5a X	Form	990 (2021) Aspire, Inc.		46-0281	585	P	_{age} 5
2a Enset the number of employees reported on Form W.3. Transmittal of Wege and Tax Statements. 2a 1.57 b If at least one is reported on line 2a, diff the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$10,000 or more during the year? 3a 3a X 4a At any time during the summative business gross income of \$10,000 or more during the year? 3a X 4a At any time during the calendar year. dd the organization have an interest in, or a Signature or other autoholy over, a financial account in a foring requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a 5a X 5b W Tex.** intert the name of the foreign country between the attract that any time during the say an? 5a X 6a X 5b Tex.** 5a X 6a X 5b Tex.** 5a X 6a X 5b Tex.** 5a X 6b X 5b Tex.** 5a X 7 Cas.** 5a X 5a X 8	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Test exists of a reported on the 2 a, dith enganzitation fie all regulard foreign enganzitation. 2 a 1.57 Mote If the sum of lines 1 and 2 a is greater than 250, you may be required to <i>e</i> , <i>de</i> . See instructions. 3 a A Date If the great control the sum of lines 1 and 2 a is greater than 250, you may be required to <i>e</i> , <i>de</i> . See instructions. 3 a A At any time during the calendar year. Mote to regularize the year? 3 a Yea, 'enter the name of the foreign country [such as a bank account, securits account of other financial accounts (FBAR). 5 a See instructions to filling requencies to file. (CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a See instructions to filling requencies to file. (CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a See instructions to filling requencies to file. (CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a D D d any taxabus and greas receipts that are normally greater than \$100,000, and did the organization solid any comparisation in the area or services provided to the anyar? 5 a D If ''ess', indite on granization in the area constitutions are great settement that such contributions or gifts were not tax deductible? 7 a X D If ''ess', indite organization the area organization that are constitution and party for pools and services provided to the party? 7 a X D If ''ess', indite organization the area						Yes	No
b If a least one is responded on line 2a, did the organization file all required for <i>a</i> - <i>ib</i> . See instructions. 26 X 3a Did the organization have unrelated basiness gross income of \$1,000 or more during the year? 3a X 3b Thes: Thes if fled 7 form 500 Tior this year, did the organization have an interest in, or a significance or other authority over, a financial account? 3a X 1b Thes: Thes if fled 7 form 500 Finc The Year, or the 14 set of the responder to the authority over, a financial account? 4a X 1b Thes: Thes are the name of the forgen count? 4a X 1b The Series and Year and Year and Year organization file form 586 f.7 Geo Secien to organization for m886 f.7 Geo Secien organization for m886 f.7 Geo Secien organization nave to realization controluctions for the organization for forms 886 f.7 Geo Secien organization for and year organization for and year and the geost or services provided? 6a X 1b They: "did the organization for a significant mate significant mode a significant mode as grower and tack douctible or antibule on the significant mode as grower and tack douctible and parabella scattable contributions? 6a X 1b They: "did the organization fold were yable as the and of material scattable contributions or ange and the arganization material scattable arganization scattable arganization scattable arganif scattable arganization scattable arganization scatta	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater Than 250, you may be required to a sign state of the sum of lines 1, and 2a is greater busines grows income of \$1,000 or more during the year? Sole X 3a Diff the organization have version of the organization have an interest in, or a signature or other authority over, a fait annoted account in a toring in outry (such as a bank account, securities account, or other financial accounts (EBAR). Sole X 3b If "Yes," has it field a Form 900-T for this year? (If 'No' to line 30, provide an explanation on Schedule O. Sole X 3b If "Yes," that if the organization that was or is a priv to a growthole ta schedule or thermandia accounts (EBAR). Sole X 3b Did any taxable party notify the organization that if was or is a priv to a prohibited tax sheller transaction or 30 to a prohibited tax sheller transaction? Sole X 3c Does the organization have annual grows receipts that are normally greater than \$100,000, and did the organization scient and y contributions or gifts Sole X 3c Did the organization noties and y fire doubt and services provided? Sole X 3c Did the organization noties and y fire doubt and services provided? To Ta X 3c Did the organization noties any fire doubt with every any premitin the aconin the services provided? To		filed for the calendar year ending with or within the year covered by this return	2a	157			
ab bit the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit the set file at Form 0900 for thit year? (Wo' to fine 30, 2000 concer during the year?) 4a A concernent in a foreign country (buch as a bank account, securities account, or other authority over, a financial account)? to a prohibed tax what account, securities account, or other authority over, a financial account in a foreign country b 5a X bit "Yes," cutor the name of the foreign country b 5a X 5a X constructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X constructions for the organization in the organization from 886-77. 5a X 5a X constructions full the organization include with every solicitation an express statement that such contributions or gits were not tax deductibles contributions nucle section 710(c). 5a X ab Dit the organization include with every solicitation an express statement that such contributions or gits were not tax deductibles contributions nucle section 710(c). 7a X bit Tyes," indicate the number of Forms 82827. 7a X 7a X file form 82827. 7a X 7a X 7a X fif tyes, indicate the number of Forms 82827.	b				2b	Х	
b If "Yes," has It filed a form 90-T for this year? // Yeo' to fine 3b, provide an explanation on Schedule 0 3b 4 At any time during the calendar year, did the organization have an interest II, or a signature or other autonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 4a X b If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization have many traves or is a party to a prohibited tax shellser transaction? 5a X 5a Did any taxable party notify the organization that was or is a party to a prohibited tax shellser transaction? 5a X c If Yes," to the organization have non unal gross neepings statement that such contributions or gifts were not tax deductible? 5a X 7 Organization have a payment in excess of S7b made party as a contribution and party for goods and services provided? 7a X 7 Organization sective advactible contributions under section 170c/. 7a X 7a X 7 Organization sective agyment in excess of S7b made party as a contribution of again that section 170c/. 7a X 7a X 7 Tyes," did the organization neity the donor of the value of the goods or aervice			s				37
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accounts (control financial accounts)? 4a X b If 'Yes,' enter the name of the foreign country > > 3a X 5a Was the organization apprive a prohibited tax inflater transaction at any time during the tax year? 5a X 5b If 'Yes,' enter the name of the foreign country > > Sa X 5b If 'Yes,' enter the anne of the organization for the organization is a party to a prohibited tax inflater transaction? 5a X 6c Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidt any contributions that were nor tax deductibles carbately contributions? 6a X 7 Organization networks a payment in excess of \$75 math party as a contribution are express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 7a X 7 Organization networks a payment in excess of \$75 math party as a contribution organization networks a payment winds, directly to pay premiums on a personal benefit contract? 7a X 7 U'Yes,'' did the organization networks pay premiums on a personal benefit contract? 7a X Y 7 U'Yes,'' nicitate the number of Forms 3822 field during the year? 7a X Y Y X Y							X
In investion account in a foreign country is used to be approximate the analysis of the approximation of the approximation in the approxim					3b		
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amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," co			110				
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c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	b	Enter the amount of reserves the organization is required to maintain by the states in which the					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		organization is licensed to issue qualified health plans	13b				
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 	С		·				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17					14a		X
 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 	b				14b		
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	15						
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 					15		X
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				0			v
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16	-	t incor	ne?	16		A
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47						
	17		-		47		
		If "Yes," complete Form 6069.					

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th			"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
800	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management				V.	
10	Enter the number of veting members of the governing body at the and of the tax year	1a	9		Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year			-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	و			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	·	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					v
	more members of the governing body?			7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stepersons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					- 23
	The governing body?	-	-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	л	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangem					
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			104		
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990	-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	2 000		· · · y/		
	X Own website Another's website X Upon request Other (explain	on Sr	hedule (0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	Beth Day - 605-229-0263					
	607 N 4th St, Aberdeen, SD 57401					

Form 990 (2				Page 7	
Part VII	Compensation of Officers,	Directors, Trustees	Key Employees, Highest Compensated		
	Employees, and Independe	ent Contractors			
	Check if Schedule O contains a res	ponse or note to any line i	this Part VII		
Section A.	Officers, Directors, Trustees, Ke	y Employees, and Highes	t Compensated Employees		
1a Comple	te this table for all persons required	to be listed. Report compe	nsation for the calendar year ending with or within the organization's tax	x year.	

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10		Pos	ition) than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar T	nd a d I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		n ploye	t com		1099-NEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Jennifer Gray	40.00				-					
Executive Director				х				98,676.	0.	14,256.
(2) Beth Day	40.00									
Business Manager				Х				67,165.	0.	11,657.
(3) Ryan Schimke	0.50									
President		Х		Х				0.	0.	0.
(4) Laura Millett	0.50									
Vice President		Х		Х				0.	0.	0.
(5) Jay Gellhaus	0.50									
Secretary		Х		X				0.	0.	0.
(6) Doris Stusiak	0.50									
Director		Х						0.	0.	0.
(7) Krissy Epp	0.50									-
Director		Х						0.	0.	0.
(8) Lisa German	0.50									_
Director		Х						0.	0.	0.
(9) Cate Diede	0.50									
Director		Х						0.	0.	0.
(10) Robyn Ewalt	0.50									_
Director		х						0.	0.	0.
(11) Jody Zueger	0.50									
Director		Х						0.	0.	0.
			<u> </u>							
		-								
		1								
	1	1	1	L	l	L	I	1		

Form 990 (2021) Aspire,	Inc.								46-02	281	585	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average hours per		not c		more	than o		Reportable	Reportable			timate	
	week					s both r/trus		compensation from	compensatio from related			nount (other	TC
	(list any	tor						the	organization			pensa	tion
	hours for	r direc				ed		organization	(W-2/1099-MIS			om the	
	related	stee o	rustee			bensat		(W-2/1099-MISC/	1099-NEC)		•	anizati	
	organizations below	ual tru	ional t		ployee	t com		1099-NEC)				d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	3115
		-	<u> </u>	0	¥	Ξω	ш						
1b Subtotal								165,841.		0.	2	5,93	13.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								165,841.		0.	2	5,91	13.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			
compensation from the organization													0
										ſ		Yes	No
3 Did the organization list any former officer,				•	•			, , ,					
line 1a? If "Yes," complete Schedule J for s											3	_	X
4 For any individual listed on line 1a, is the su											-		37
and related organizations greater than \$150											4	_	X
5 Did any person listed on line 1a receive or a											-		х
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	plete Schedule	e J fe	or sl	ich r	bers	on .					5		- 22
1 Complete this table for your five highest co	mnensated inc	lene	nder	nt co	ontra	actor	's th	nat received more than \$	100 000 of comr	hensat	ion fro	m	
the organization. Report compensation for										/onload			
(A)								(B)			(0	;)	
Name and business	address	NC	ONE	2				Description of s	ervices	С		nsatior	า
							_						
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	tot	thos	se lis	ted	above) who received mo	ore than				
\$100 000 of compensation from the organi	•				C								

	<u>990 (</u> t VII	2021) Asr Statement of Re			•				46-0281	585 Paç
		Check if Schedule O			onse	or note to any li	ne in this Part VIII			Г
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						
n							-			
ũ		Fundraising events					-			
ar A										
miļ	е	Government grants (conti				278,593	,			
ŝ		All other contributions, gifts,				-				
the		similar amounts not included	d abov	e 1f		4,447	,			
Ò	g	Noncash contributions included in	lines 1	a-1f 1g	\$					
and Other Similar Amounts	h	Total. Add lines 1a-1f				►	283,040.			
						Business Code				
		Fees				624120	6,828,352.	6,828,352.		
θ		Room and Boar	d			624120	356,182.			
nue		Production				624120	335,065.			
Revenue		Rental Income	2			624120	127,303.			
Щ		<u>Client Pay</u>				624120	48,015.			
	f	All other program service	rever	nue		900099	43,755.	43,755.		
	g	Total. Add lines 2a-2f				►	7,738,672.			
	3	Investment income (inclue	•							
		other similar amounts) \dots					8,354.			8,35
	4	Income from investment of		•		roceeds				
	5	Royalties								
				(i) Rea		(ii) Personal	-			
		Gross rents	6a				-			
		Less: rental expenses \dots	6b				-			
		Rental income or (loss)	6c							
		Net rental income or (loss	s)	(i) Coordination						
	7 a	Gross amount from sales of		(i) Securi	lies	(ii) Other	-			
		assets other than inventory	7a				-			
,	D	Less: cost or other basis	71.							
		and sales expenses					-			
		Gain or (loss) Net gain or (loss)								
5		Gross income from fundraisi			······					
	0 4	including \$	-							
1		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b		-			
		Net income or (loss) from				►				
		Gross income from gamir		•						
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s	►				
		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold								
	с	Net income or (loss) from	sales	of invento	ry	►				
						Business Code				
Revenue	11 a									
enu	b									
ev	С									L
Щ		All other revenue								
		Total. Add lines 11a-11d				🕨				

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	228,668.		228,668.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	39,503.		39,503.	
7	Other salaries and wages	4,947,449.	4,608,550.	338,899.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	120,764.	105,450.	15,314.	
9	Other employee benefits	863,050.	794,403.	68,647.	
10	Payroll taxes	391,142.	350,042.	41,100.	
11	Fees for services (nonemployees):				
а	Management	9,062.	9,062.		
	Legal	110.		110.	
	Accounting	31,766.	10,424.	21,342.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	42,564.	27,553.	15,011.	
12	Advertising and promotion	352.	222.	130.	
13	Office expenses	41,830.	36,913.	4,917.	
14	Information technology	47,473.	26,310.	21,163.	
15	Royalties				
16	Occupancy	341,747.	298,494.	43,253.	
17	Travel	45,610.	37,615.	7,995.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,296.	1,296.		
21	Payments to affiliates			10	
22	Depreciation, depletion, and amortization	156,353.	145,554.	10,799.	
23	Insurance	63,673.	51,462.	12,211.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Food	82,749.	82,749.		
	Equipment	37,525.	31,669.	5,856.	
	Medical Supplies	28,369.	28,369.		
d	Dues/Membership/Subscri	12,575.	,,	12,575.	
	All other expenses	12,691.	4,613.	8,078.	
25	Total functional expenses. Add lines 1 through 24e	7,546,321.	6,650,750.	895,571.	C
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 (2021) Aspire, Inc. Part IX Statement of Functional Expenses

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

Aspire,	Inc.	

Beginning of year End 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 4,740,617. 2 7,7 3 Pledges and grants receivable, net 3 3 3 4 Accounts receivable, net 554,651. 4 55 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 7 7 8 1 1 1 9 Prepaid expenses and deferred charges 15,249. 9 9 1 1 1 1 1 1 10a 3,707,397. 10b 2,579,247. 1,028,431. 10c 1,1 1 11 Investments - publicly traded securities 11 11 1 1 1	
Beginning of year End 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 4,740,617. 2 7,7 3 Pledges and grants receivable, net 3 3 3 4 Accounts receivable, net 554,651. 4 55 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 7 7 8 1 1 1 9 Prepaid expenses and deferred charges 15,249. 9 9 1 1 1 1 1 1 10a 3,707,397. 10b 2,579,247. 1,028,431. 10c 1,1 1 11 Investments - publicly traded securities 11 11 1 1 1	·····
2 Savings and temporary cash investments 4,740,617.2 7,7 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 5 54,651.4 5 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 7 6 9 Prepaid expenses and deferred charges 15,249.9 9 10a 1,707,397. 8 8 9 9 Prepaid expenses and deferred charges 10b 2,579,247.1 1,028,431.10c 1,1 11 Investments - publicly traded securities 11 12 13 14 11 Investments - program-related. See Part IV, line 11 13 14 14 12 Other assets. See Part IV, line 11 183,593.15 15 16 14 Total assets. Add lines 1 through 15 (must equal line 33)	(B) of year
2 Savings and temporary cash investments 4,740,617.2 7,7 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 554,651.4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 15,249.9 10a 3,707,397. 8 b Less: accumulated depreciation 10a 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 18 14 17 Accounts payable and accrued expenses 765, 818.17 <	
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 554,651.4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 15, 249.9 10a 3, 707, 397. 8 b Less: accumulated depreciation 10a 3, 707, 397. b Less: accumulated depreciation 10b 2, 579, 247. 1, 028, 431. 10c 1, 1 11 Investments - publicly traded securities 11 12 13 14 11 Integrated. See Part IV, line 11 13 14 14 15 15 Total assets Accounts payable and accrued expenses 765, 818. 17 9 18 Grants payable 18 18 18	18,117.
4 Accounts receivable, net 554,651.4 5 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 15, 249.9 10a 3, 707, 397. 8 10a 3, 707, 397. 1, 028, 431. 11 Investments - publicly traded securities 11 11 Investments - publicly traded securities 11 12 Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 183, 593. 16 Total assets. Add lines 1 through 15 (must equal line 33) 6, 522, 541. 16 9, 4 17 Accounts payable and accrued expenses 765, 81	
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state 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 15,249.9 10a 3,707,397. 8 b Less: accumulated depreciation 10a 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 183,593. 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541. 16 9,4 17 Accounts payable and accrued expenses 765,818. 17 9 18 Grants payable 18 18 18	
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6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 15,249.9 10a 3,707,397. 9 b Less: accumulated depreciation 10b 2,579,247. 1,028,431. 10c 1,1 11 Investments - publicly traded securities 11 12 13 14 14 15 Other assets. See Part IV, line 11 183,593. 15 16 765,818. 17 9 18 Grants payable 18 18 17 9	
Investments - publicly traded securities 10 3,707,397. 11 11 Investments - program-related. See Part IV, line 11 12 11 13 Investments - program-related. See Part IV, line 11 13 14 Intagible assets. See Part IV, line 11 13 15 Other assets. See Part IV, line 11 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 6, 522, 541. 16 9, 4 17 Accounts payable 18 18 18 18	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 15,249.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,707,397. b Less: accumulated depreciation 10b 2,579,247. 1,028,431. 10c 1,1 11 Investments - publicly traded securities 11 12 11 12 12 Investments - other securities. See Part IV, line 11 12 13 14 13 14 14 Intangible assets 14 13 14 14 16 9,4 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541. 16 9,4 17 Accounts payable and accrued expenses 765,818. 17 9 18 Grants payable 18 18 18	
8Inventories for sale or use89Prepaid expenses and deferred charges15,249.910aLand, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a3,707,397.bLess: accumulated depreciation10b2,579,247.1,028,431.10c1,111Investments - publicly traded securities1112121312Investments - other securities. See Part IV, line 111213141414Intangible assets1414150ther assets. See Part IV, line 11183,593.1516Total assets. Add lines 1 through 15 (must equal line 33)6,522,541.169,417Accounts payable and accrued expenses765,818.17918Grants payable181814	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,707,397. b Less: accumulated depreciation 10b 2,579,247. 1,028,431. 10c 1,1 11 Investments - publicly traded securities 11 12 11 12 Investments - other securities. See Part IV, line 11 12 13 14 Intangible assets 14 14 15 Other assets. See Part IV, line 11 183,593. 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541. 16 9,4 17 Accounts payable and accrued expenses 765,818. 17 9 18 Grants payable 18 18 18	
10aLand, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a3,707,397.bLess: accumulated depreciation10b2,579,247.1,028,431.10c1,111Investments - publicly traded securities11121112Investments - other securities. See Part IV, line 11121313Investments - program-related. See Part IV, line 11131414Intangible assets1415Other assets. See Part IV, line 11183,593.1516Total assets. Add lines 1 through 15 (must equal line 33)6,522,541.169,417Accounts payable and accrued expenses765,818.17918Grants payable181818	24,449.
basis. Complete Part VI of Schedule D 10a 3,707,397. b Less: accumulated depreciation 10b 2,579,247. 1,028,431. 10c 1,1 11 Investments - publicly traded securities 11 11 11 11 12 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 14 14 15 Other assets. See Part IV, line 11 183,593. 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541. 16 9,4 17 Accounts payable and accrued expenses 765,818. 17 9 18 Grants payable 18 18	
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 183,593.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541.16 9,4 17 Accounts payable and accrued expenses 765,818.17 9 18 Grants payable 18 18	
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 183,593.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541.16 9,4 17 Accounts payable and accrued expenses 765,818.17 9 18 Grants payable 18 18	28,150.
12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 183, 593. 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6, 522, 541. 16 9, 4 17 Accounts payable and accrued expenses 765, 818. 17 9 18 Grants payable 18 18	
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 183,593.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541.16 9,4 17 Accounts payable and accrued expenses 765,818.17 9 18 Grants payable 18 18	
14 Intangible assets 14 15 Other assets. See Part IV, line 11 183,593.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541.16 17 Accounts payable and accrued expenses 765,818.17 18 Grants payable 18	
15 Other assets. See Part IV, line 11 183,593.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541.16 17 Accounts payable and accrued expenses 765,818.17 18 Grants payable 18	
16 Total assets. Add lines 1 through 15 (must equal line 33) 6,522,541. 16 9,4 17 Accounts payable and accrued expenses 765,818. 17 9 18 Grants payable 18 18 18	0.
17 Accounts payable and accrued expenses765,818.17918 Grants payable18	47,713.
18 Grants payable 18	05,118.
19 Deferred revenue 19	
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
20 Loope and other psychles to any surrent or fermer officer, director	
Image: Second method with payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Image: Second method with payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22	
controlled entity or family member of any of these persons 22	
23 Secured mortgages and notes payable to unrelated third parties 36,980. 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
	39,107.
	44,225.
Organizations that follow FASB ASC 958, check here 🕨 🔀	, i i i i i i i i i i i i i i i i i i i
27 Net assets without donor restrictions 5,719,743. 27 6,2	03,488.
28 Net assets with donor restrictions 28	
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
b g 29 Capital stock or trust principal, or current funds	
g Jo Control of the philologia, of current rando g 30 Paid-in or capital surplus, or land, building, or equipment fund 30 30	
31 Retained earnings, endowment, accumulated income, or other funds 31	
	03,488.
2 33 Total liabilities and net assets/fund balances 6,522,541.33 9,4	47,713.

Form **990** (2021)

Part X Balance Sheet

Form 990 (2021

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	<u>1990 (</u> 2021) Aspire, Inc.	46-02	81585	Pag	_{ge} 12		
Pa	rt 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	8,030				
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,546		<u>21.</u> 45.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,719) <u>, 7</u>	<u>43.</u>		
5	Net unrealized gains (losses) on investments	5					
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	6,203	3,48	88.		
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		Х		
	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?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			-		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						
				000			

Form **990** (2021)

(Form 990)

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

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047	
2021	

Department of the Treasury Internal Revenue Service					Attach to Form 990 or F //Form990 for instruction			oformation		Open to Public Inspection
Nan	ne of t	the organizati	-					normation	Employer	identification number
			Aspi	re, Inc.						6-0281585
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior		0 0201303
The	organ	•			For lines 1 through 12, cl					
1			•	•	on of churches described			1)(A)(i).		
2	H				Attach Schedule E (Form			·//·//·		
3	F				anization described in se)(b)(1)(A)(i	ii).		
4	\square	•	•		njunction with a hospital)(iii). Enter	the hospital's name,
		city, and state:								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	he general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10		-		•	than 33 1/3% of its supp				-	•
					t to certain exceptions; a	. ,			• •	•
					(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	fter June 30, 1975.
				mplete Part III.)	and the stand for a shift of the			20(-)(4)		
11	H				ively to test for public sat					
12		-	-	-	ively for the benefit of, to d in section 509(a)(1) o	-			-	
				-	f supporting organization					Heck the box off
а		-	-	• •	upervised, or controlled		-		•	nivina
				-	gularly appoint or elect a	•	-			
			•	complete Part IV, Se						
b		¬ ~		-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ing
		control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,
		its supporte	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppo	rted organiz	ation(s)
		that is not f	functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	d an attentiv	reness
		requiremen	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .		
е			•		written determination from			Туре I, Туре	II, Type III	
					nally integrated supporting	ng organiz	ation.			
		er the number	••	•						
g		(i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount c	f monetary	(vi) Amount of other
	``	organization		(-) =	(described on lines 1-10	in your governi Yes	ng document?	support (see i	2	support (see instructions)
					above (see instructions))					
_										

0.1	A (Fauna 200) 2001	aniro In	a			46-028	1585 Page 2
	edule A (Form 990) 2021 A Int II Support Schedule for (spire, Ind Organizations	C. Described in §	Sections 170((1)(A)(iv) and	40-020 170(b)(1)(A)(vi	1505 Page 2)
	(Complete only if you checked	-		•			•
	fails to qualify under the tests			-			e.gamzanen
See	ction A. Public Support		-				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	66,015.	63,268.	41,170.	2542113.	283,040.	2995606.
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	66 01E	62 269	41 170	0540110	202 040	2995606.
4	Total. Add lines 1 through 3	66,015.	63,268.	41,170.	2542113.	283,040.	2995000.
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2995606.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	66,015.	63,268.	41,170.	2542113.	283,040.	2995606.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4.0 5.04					
	and income from similar sources \dots	10,701.	30,617.	27,667.	13,898.	8,354.	91,237.
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						
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10						3086843.
12	Gross receipts from related activities,	etc (see instructio	lins)			12 32	,075,621.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y			/0/0/0220
	organization, check this box and stor	-					
See	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.04 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	97.09 %
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •		7	
b	10% -facts-and-circumstances test						10% Of
	more, and if the organization meets th	ie lauis-anu-circum	istances test, chec	K UIIS DOX AND ST	op nere. ⊏xpiaiñ li	n Fait vi now the	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2021

85 Page 2

%

%

Schedule A (F	orm 990) 202
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(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10;	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	Le organization's fi	rst. second, third it	fourth, or fifth tax v	vear as a section 5	01(c)(3) organ	nization.
		·····					
Se	ction C. Computation of Publi						
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, c	olumn (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19;	a 33 1/3% support tests - 2021. If the						
I	more than 33 1/3%, check this box ar 3 3 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Aspire, Inc.

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	(Form 990) 2021	Aspire,	
Part IV	Supporting Org	anizations (conti	nued)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	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	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervisea	. Or controlled the supporting organization.	
Section C. Ty	pe II Supporting Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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

Section D.	All Type	III Supporting	Organizations				

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions).
-		<i>far (</i> eeeeee

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

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction <u>s).</u>
2	Activities Test. Answer lines 2a and 2b below.	Yes

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

No

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mi			
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	nort-term capital gain	1		
2 Recov	reries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add li	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collec	tion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instrue	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Avera	ge monthly cash balances	1b		
c Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
	in in detail in Part VI):			
	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see in	structions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by 0.035.	6		
7 Recov	reries of prior-year distributions	7		
	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	e tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to			
	jency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting oraa	nization (see

Aspire, Inc.

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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 b
 Excess from 2018

 c
 Excess from 2019

 d
 Excess from 2020

	(Form 990) 2			
Part V	Type III N	Ion-Functionally Integra	ted 509(a)(3) Supporting Organizations	(continued)

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				

e Excess from 2021

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 A	spire, Inc.	46-0281585 Page 8
Part VI	line 1; Part IV, Section A, lines 1, 2, 3	tion. Provide the explanations required by Part II, line 1 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part 5 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; nd Part V, Section E, lines 2, 5, and 6. Also complete this	Part V, line 1; Part V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

202⁻

Employer identification number

	Acrimo Tra	46-0281585
	Aspire, Inc.	40-0201505
Organization type	(check one):	
Filers of:	Section:	

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page
Name of o	organization		Emplo	over identification number
Aspir	e, Inc.		46	5-0281585
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
1		\$10	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
2			<u>,993.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4		(c) Total contribu	tions	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

ame of or	ganization	Empl	oyer identification num
spire	e, Inc.	4	6-0281585
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

Name of or	rganization		Employer identification number
Aspire	e, Inc.		46-0281585
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	through (e) and the following line e charitable, etc., contributions of \$1,000	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
-	Transferee's name, address, ar	Id ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	gift Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	gift
-	Transferee's name, address, ar	Id ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, ar		Relationship of transferor to transferee

Department of the Treasury Internal Revenue Service

(Form	990)
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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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

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

Name of the organization

	Aspire, Inc.			46-0281585
Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds of	or Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fur	ids and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds	
Ŭ	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
				Yes No
Pa				
			art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			Second states of second
	Preservation of land for public use (for example, recreat		-	important land area
	Protection of natural habitat	Preservation of	a certified hi	storic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form c	of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		<u>2</u> a	
b				
С	Number of conservation easements on a certified historic stru	ucture included in (a)	<u>2c</u>	
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structur	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	during the tax
	year 🕨			
4	Number of states where property subject to conservation eas	ement is located 🕨		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ease	ements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easemen	ts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	i)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that desc	cribes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sl	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of	public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items	6.	
b	If the organization elected, as permitted under FASB ASC 95			works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
			•	\$\$
2		asures, or other similar assets for financial		
2	If the organization received or held works of art, historical treat the following amounte required to be repeated under EASE A		yanı, provide	5
_	the following amounts required to be reported under FASB A	-	⊾	¢
a L	Revenue included on Form 990, Part VIII, line 1		•	\$
			····· P	\$ 0.1
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 Aspire,	Inc.						81585	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures, c	or Other	[.] Similaı	r Assets	continue	d)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any o	f the following tha	at make si	gnificant ι	use of its		
	collection items (check all that apply):								
а	Public exhibition	c	🖌 📃 Loan d	or exchange prog	ram				
b	Scholarly research	e	e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furt	her the organizati	ion's exen	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historica	l treasures, or oth	er similar	assets		_	
_	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		ete if the orgar	ization answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi								
	on Form 990, Part X?						X	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
t	Ending balance					1f			V
	Did the organization include an amount on F		-			ty?	L	Yes	X No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete								
1 41		(a) Current year	(b) Prior ye				ears hack	(e) Four ye	ars hack
4.0	Designing of year balance	(a) Ourrent year							
1a ⊾	Beginning of year balance								
U O	Contributions								
с d	Net investment earnings, gains, and losses Grants or scholarships								
u	Other expenditures for facilities								
e	-								
f	and programs Administrative expenses								
י מ									
2	End of year balance Provide the estimated percentage of the curr	rent vear end balanc	l e (line 1a, colu	mn (a)) held as:					
- a	Board designated or quasi-endowment		%	nn (a)) noid as.					
h	Permanent endowment	%							
c		%							
•	The percentages on lines 2a, 2b, and 2c sho	-							
3a	Are there endowment funds not in the posse		ation that are h	eld and administe	ered for th	e organiza	ation		
	by:	5				5		Ye	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 1	1a. See Form 99	0, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr		Cost or other casis (other)	1	ccumulate preciation	ed	(d) Book v	alue
1a	Land			160,758.				160,	758.
	Buildings		2	,854,349.)69,30	01.		048.
	Leasehold improvements								
	Equipment			657,727.	4	182,82	20.		907.
	Other			34,563.		27,12			437.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X, column (B),	line 10c.)				1,128,	150.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) Financial derivatives	
(2) Closely held equity interests	9L
(2) Closely held equity interests	9L
(A) (B) (B) (C) (C) (D) (E) (C) (F) (C) (G) (C) (H) (C) (H) (C) (A) (C) (A) (C) (A) (C) (B) (C) (C) (C) (C) (C) (A) (C) (A) (C) (A) (C) (A) (C) (B) (C) (A) (C) (B) (C) (A) (C) (B) (C) (C) (C) (A) (C) (A) (C) (B) (C) (B) (C) (B) (C) (B) (C) (C) (C) (D) (D) (C) (C) (D) (D) (B) (D) (B)	9L
(B) (C) (D) (D) (E) (C) (G)	
(C) (D) (E) (E) (F) (G) (G) (G) (H) (G) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► (C) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (c) Method of valuation: Cost or end-of-year market val (1) (a) (2) (b) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
(D) (E) (E) (F) (G) (G) (H) (G) (H) (G) (H) (G) (I) (G) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (c) Method of valuation: Cost or end-of-year market val (2) (a) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	9L
(E) (F) (G) (G) (H) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (C) Method of valuation: Cost or end-of-year market val (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (c) (c) Method of valuation: Cost or end-of-year market val (1) (c) (c) (c) (a) (c) (c) (c) (a) (c) (c) (c) (b) Book value (c) (c) (c) (b) Book value (c) (c) (c) (b) Book value (c) (c) (c) <	Je
(F) (G) (H) (F) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► (F) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (c) Method of valuation: Cost or end-of-year market val (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (c) Method of valuation: Cost or end-of-year market val (1) (c) Method of valuation: Cost or end-of-year market val (1) (c) Method of valuation: Cost or end-of-year market val (1) (c) Method of valuation: Cost or end-of-year market val (1) (c) Method of valuation: Cost or end-of-year market val (1) (c) Method of valuation: Cost or end-of-year market val (6) (c) (c) Method of valuation: Cost or end-of-year market val (7) (c) (c) (6) (c) (c) (7) <td>Je</td>	Je
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (2) (a) (b) Book value (3) (a) (b) Book (4) (b) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (c) Part IX Other Assets. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value	le
(H) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (c) Method of valuation: Cost or end-of-year market val (2) (a) (3) (b) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	9L
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Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market val (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (6) (7) Part IX Other Assets. (6) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value	ue
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(3) (4) (5) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (6) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
(4) (5) (5) (6) (7) (7) (8) (8) (9) (7) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
(5) (6) (7) (7) (8) (8) (9) (7) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (8) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
(6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (8) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
(7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value	
(a) Description (b) Book value	
(1)	e
(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.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Book value	е
(1) Federal income taxes	
	754.
(3) Refundable Advance 2,338,3	<u>353.</u>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Aspire, Inc.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

X

46-0281585 Page 3

Sche	edule D (Form 990) 2021 Aspire, Inc.		46-0281585	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1 8,030,	066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		з 8,030,	066.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 8,030,	066.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1 7,546,	321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		з 7,546,	<u>321.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			321.
Pa	rt XIII Supplemental Information.			

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

Part IV, line 1b:

Aspire, Inc. may agree to become the representative payee for Supplemental							
Security Income (SSI) and Social Security (SS) benefits upon request of							
the person we support, the person's guardian/conservator or the Social							
Security Administration. Separate accounting of funds is kept for each							
participant. Each participant has their own account. The accounts are							
titled in a way that shows the beneficiary owns the account and the							
organization, the payee, has only a fiduciary interest. Aspire, Inc.							
receives payment from participants for room and board, co-pays, and							
protective payee fee charges from those accounts through an ACH.							

Based on separate bank accounts being maintained for each person, Aspire

 Based on separate bank accounts being maintained for each person, Aspire

 132054 10-28-21
 Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

has chosen not to report the balances on Schedule D.

Part X, Line 2:

Management believes that it has appropriate support for any tax positions

taken affecting its annual filing requirements and, as such, does not have

any uncertain tax positions that are material to the financial statements.

The Organization would recognize future accrued interest and penalties

related to unrecognized tax benefits and liabilities in income tax expense

if such interest and penalties are incurred.

SCHEDULE L (Form 990) Department of the Treasury Internal Revenue Service		Transactions With Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.							O	OMB No. 1545-0047						
Name of the organizati	he organization Aspire, Inc.									oyer identification number 0281585						
Part I Excess	Benefit	t Transa	ctio	ons (section 50)1(c)(3	8), secti	on 501(c)(4), and see	ctior	1 501(c)(29) orga				0.5		
Complete if the organizatio			answered "Yes" on Form 990, Part IV, line 25a or 25b, or For (b) Relationship between disqualified person and organization (c) Description					Form 990-EZ, Part V, line 40b. Scription of transaction (d) Co Yes						no		
 2 Enter the amount section 4958 3 Enter the amount 				-								► \$ ► \$				
Complete	e if the org	anization a	nsw		orm 9	990-EZ,	, Part V,	line 38a or F	orm	990, Part IV, lin	e 26; (or if th	e orga	nizatic	'n	
		b) Relationsl <i>v</i> ith organizat	onship (c) Purpose		(d) Loan to or			(e) Original incipal amount	(f) Balance due		(g) In default?		(h) Approved by board or committee? (i) W		ritten ment?	
					То	From					Yes	No	Yes	No	Yes	No
Total Part III Grants	or Assi	stance B	en	efiting Intere	ested	d Per	sons.	> \$						[
			n answered "Yes" on Form 990, Pa (b) Relationship between interested person and the organization				art IV, lin (c)						(e) Purpose of assistance			

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

Schedule L (Form 990) 2021

	e, Inc.		46-0281	585	Page 2
Part IV Business Transactions Involv	-				
	d "Yes" on Form 990, Part IV, line 28a, 28		1	(a) Sh	aring of
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of transaction	(e) Sharing of organization's	
	person and the organization	transaction	transaction		nues?
				Yes	No
Craig Millett	Spouse of Board Mem	39,503.	Compensatio		X
Part V Supplemental Information.					
Provide additional information for resp	oonses to questions on Schedule L (see in	nstructions).			
Gab I Death TH Deathern T		T	- Demonstra		
<u>Sch L, Part IV, Business T</u>	ransactions involvin	g intereste	a Persons:		
(a) Name of Domgon, Chaig	Millatt				
(a) Name of Person: Craig	MIIIell				
(b) Relationship Between I	ntoroated Borgon and	Organizati	on .		
(b) Keracronship Between i	inceresced Person and	Organizati	.011:		
Spouse of Board Member					
Spouse of Board Member					
(d) Description of Transac	tion: Compensation &	Other Bene	fite		
(a) Description of fransac	cion: compensacion a	Other Dene			

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	1					
Name of the organization	Aspire, Inc.	Employer identification num 46-0281585	ıber					
Form 990, Par	rt VI, Section A, line 1a:							
The Executive Committee consists of the officers of the Aspire Board and								
the executive director. This committee will meet as necessary to prepare								
issues to be presented to the full Board and/or to make emergency decisions								
on behalf of	the Board when it is not possible to assemble	a quorum of the	<u>} </u>					
Board. This committee will have no power other than emergency action or								
other powers as may be delegated to it by the full Aspire Board from time								
to time.								
Form 990, Par	rt VI, Section B, line 11b:							
<u>A draft copy</u>	of Form 990 was provided to all board members	for their revie	w					
prior to filing with the IRS.								
Form 990, Par	rt VI, Section B, Line 12c:							
Potential conflicts of interest may arise due to a board member having a								
product or service which could be purchased by the Organization or when a								
board member has a family member receiving support from the Organization.								
When a potential conflict of interests arises, all facts must be presented.								
The board member must abstain from voting. The minutes of the meeting								
reflect the abstention from voting for any board member who identifies a								
conflict of interest.								
Form 990, Part VI, Section B, Line 15:								
The process for determining compensation:								

The compensation process for top officials is determined and approved by

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Employer identification number $46 - 0281585$

salaries for similar organizations around the state, and these studies are

used to determine compensation levels.

Form 990, Part VI, Section C, Line 19:

The Organization's governing documents, conflict of interest policy, and

financial statements are made available upon request and approval by the

Executive Director.