form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

|                                | 01 111         | IC 202   | La calendar year, or tax year begin            |                                     |                      | and en     | unig         | D Employer id                     | ontifica      | tion number        |                   |  |  |  |
|--------------------------------|----------------|--|--|-------------------------------------|----------------------|------------|--------------|-----------------------------------|---------------|--------------------|-------------------|--|--|--|
| В                              | Check if ap    | oplicable:   | C Name of organization                         |                                     |                      |            |              | D Employer to                     | munca         | uon number         |                   |  |  |  |
|                                | Addre          | ess  | UPLIFT SOLUTIONS INC.                          |                                     |                      |            |              | 04 04 0                           | 004           |                    |                   |  |  |  |
|                                | chang          | ge   | Doing Business As                              | - at dali; (and disc atmost address |                      | D / : 't   | _            | 94-3471<br><b>E</b> Telephone n   |               |                    |                   |  |  |  |
|                                | _              | change   | Number and street (or P.O. box if mail is r    |                                     | )                    | Room/suit  | е            |                                   |               |                    |                   |  |  |  |
|                                | Initial        | return   | 417 N. 8TH STREET STE.                         |                                     |                      |            |              | (267)5                            | <u>)7 – 6</u> | 134                |                   |  |  |  |
|                                | Term           |  | City or town, state or province, country, a    | nd ZIP or foreign postal code       |                      |            |              | _                                 |               |                    |                   |  |  |  |
|                                | Amer<br>return | n  | PHILADELPHIA, PA 19123                         | 3                                   |                      |            |              | <b>G</b> Gross receip             |               |                    | <u>0,750.</u>     |  |  |  |
|                                | Applie         | cation<br>ing  | F Name and address of principal officer:       | ATIF BOSTIC                         |                      |            |              | H(a) Is this a grown subordinates |               | for Yes            | s X No            |  |  |  |
|                                |                |  | 417 N. 8TH STREET STE.                         | 300, PHILADELPH                     | HIA, PA              | 19123      |              | H(b) Are all subord               | inates inclu  | uded? Yes          | s No              |  |  |  |
| <u> </u>                       |                | empt st  | (-)(-)   | ) <b>(</b> insert no.)              | 4947(a)(1) o         | r          | 527          | If "No," attac                    | h a list. (   | (see instructions) |                   |  |  |  |
| J                              | Websi          | ite: 🕨   | WWW.UPLIFTSOLUTIONS.ORG                        | ;                                   |                      |            |              | H(c) Group exem                   | otion num     | mber <b>&gt;</b>   |                   |  |  |  |
| K                              | Form           | of organ   | nization: X Corporation Trust                  | Association Other >                 |                      | L Yea      | r of format  | ion: 2009 <b>M</b>                | State of      | f legal domicil    | e: NJ             |  |  |  |
| P                              | art I          | Sui  | mmary  |                                     |                      |            |              |                                   |               |                    |                   |  |  |  |
|                                | 1              | Briefly  | y describe the organization's mission or       | most significant activities         | : DELIV              | ERING      | ENTRE        | PRENEURIA                         | L SO          | LUTIONS            | THAT              |  |  |  |
| e                              |                | SUPPORT UNDERSERVED COMMUNITIES FOR THE JOY OF A HEALTHY LIFE. |  |                                     |                      |            |              |                                   |               |                    |                   |  |  |  |
| Governance                     |                |  |  |                                     |                      |            |              |                                   |               |                    |                   |  |  |  |
| /err                           | 2              | Check  | k this box ▶ if the organization di            |                                     |                      | d of more  | than 25%     | of its net asset                  | <br>3.        |                    |                   |  |  |  |
| Ó                              | 3              |  | per of voting members of the governing         |                                     |                      |            |              |                                   | 3             |                    | 10                |  |  |  |
|                                |                |  | per of independent voting members of the       |                                     |                      | 4          |              | 10                                |               |                    |                   |  |  |  |
| Activities &                   | 5              |  | number of individuals employed in cale         |                                     | 5                    |            | NONE         |                                   |               |                    |                   |  |  |  |
| ⋛                              | 6              |  | number of volunteers (estimate if necess       |                                     | 6                    |            | 700          |                                   |               |                    |                   |  |  |  |
| Act                            | 7a             |  | unrelated business revenue from Part VI        |                                     | 7a                   |            |              |                                   |               |                    |                   |  |  |  |
|                                |                |  | nrelated business taxable income from F        |                                     |                      | 7b         |              |                                   |               |                    |                   |  |  |  |
|                                |                | ivet ui  | inclated business taxable income from t        | 01111 330-1, 11110 34               |                      |            | <del></del>  | Prior Year                        | 10            | Current '          | Year              |  |  |  |
| Revenue                        | 8              | Contri   | ibutions and grants (Part VIII, line 1h)       |                                     |                      |            | _            | 1,703,51                          | 2             |                    | 9,919.            |  |  |  |
|                                | 9              |  |  |                                     | COPY                 | FOR        |              |                                   |               |                    |                   |  |  |  |
|                                | 10             |  | am service revenue (Part VIII, line 2g)        |                                     | PUBLIC IN            | SPECTIO    | N -          | 156,55                            | 69.           | /                  | <u>8,790.</u>     |  |  |  |
|                                |                |  | tment income (Part VIII, column (A), line      |                                     |                      |            | <b>┙</b> ├── |                                   |               |                    | 89.               |  |  |  |
|                                | 11             |  |  |                                     |                      |            |              | 1,4                               | _             |                    | <u>1,952.</u>     |  |  |  |
|                                | 12             | 0 1 7 7 7 7 1 1 1 1 1 1 1                                      |  |                                     |                      |            |              | 1,861,57                          |               |                    | 0,750.            |  |  |  |
|                                | 13             |  | s and similar amounts paid (Part IX, colu      |                                     | 260,95               |            | 36           | 5,851.                            |               |                    |                   |  |  |  |
|                                | 14             |  | fits paid to or for members (Part IX, colur    |                                     |                      |            |              | NONE                              |               | NON                |                   |  |  |  |
| es                             | 15             |  | es, other compensation, employee bene          |                                     |                      |            |              | 860,28                            |               | 84                 | <u>8,596.</u>     |  |  |  |
| Expenses                       | 16a            |  | ssional fundraising fees (Part IX, column      |                                     |                      |            |              | N                                 | ONE           |                    | NONE              |  |  |  |
| ×                              | b              |  | fundraising expenses (Part IX, column (E       |                                     | NONE                 |            |              |                                   |               |                    |                   |  |  |  |
|                                | 17             |  | expenses (Part IX, column (A), lines 11a       |                                     |                      |            |              | 468,75                            |               |                    | 5,219.            |  |  |  |
|                                | 18             |  | expenses. Add lines 13-17 (must equal          |                                     |                      |            |              | 1,589,99                          | 6.            | 1,50               | 9,666.            |  |  |  |
|                                | 19             | Rever  | nue less expenses. Subtract line 18 from       | line 12                             |                      |            |              | 271,5                             | 77.           | 33                 | 1,084.            |  |  |  |
| Sor                            |                |  |  |                                     |                      |            | Begin        | ning of Current                   | 'ear          | End of Y           | ear               |  |  |  |
| sets                           | 20             | Total  | assets (Part X, line 16)                       |                                     |                      |            |              | 664,70                            | )1.           | 96                 | 0,484.            |  |  |  |
| Net Assets or<br>Fund Balances | 21             | Total I  | liabilities (Part X, line 26)                  |                                     |                      |            |              | 344,30                            | )9.           | 30                 | 9,008.            |  |  |  |
| P R                            | 22             | Net as   | ssets or fund balances. Subtract line 21       | from line 20                        |                      |            |              | 320,39                            | 2.            | 65                 | 1,476.            |  |  |  |
| Pa                             | art II         | Sig  | gnature Block                                  |                                     |                      |            |              |                                   |               |                    |                   |  |  |  |
| Un                             | der pei        | nalties c  | of perjury, I declare that I have examined thi | s return, including accompa         | nying schedul        | es and sta | itements, a  | and to the best of                | my kn         | owledge and        | belief, it is     |  |  |  |
| tru                            | e, corre       | ect, and   | complete. Declaration of preparer (other than  | officer) is based on all inforr     | nation of whic       | n preparer | nas any kr   | nowledge.                         |               |                    |                   |  |  |  |
|                                |                |  |  |                                     |                      |            |              |                                   |               |                    |                   |  |  |  |
| Sig                            |                |  | Signature of officer                           |                                     |                      |            |              | Date                              |               |                    |                   |  |  |  |
| He                             | re             |  |  |                                     |                      |            |              |                                   |               |                    |                   |  |  |  |
|                                |                |  | Type or print name and title                   |                                     |                      |            |              |                                   |               |                    |                   |  |  |  |
|                                |                | Print/   | Type preparer's name                           | Preparer's signature                |                      | Date       |              | Check                             | if PT         | īN                 |                   |  |  |  |
| Pai                            | d              | ERTO   | C M STRAUSS                                    | ERIC M STRAUSS                      |                      | 04/0       | 08/202       |                                   | ' .           | 0099184            | 4                 |  |  |  |
|                                | parer          |  | s name WITHUMSMITH+BROWN                       |                                     |                      | 1 0 1/1    | 30,202       | Firm's EIN                        |               | -2027092           |                   |  |  |  |
| Use                            | Only           |  | <u>`</u>                                       | SUITE 1710 PHILADELPH               | דא D א 1 1 1 1 0 1 0 | 3_2045     |              | Phone no.                         |               | 5-546-21           |                   |  |  |  |
| Ma                             | v the I        |  | scuss this return with the preparer shown      |                                     |                      | J 2743     |              | r none no.                        |               | X Yes              | No                |  |  |  |
|                                |                |  | Reduction Act Notice, see the separate         | ·                                   | <i>,</i>             |            |              | <del></del>                       | <u> </u>      |                    | <b>90</b> (2021)  |  |  |  |
| 1 01                           | rape           | IVVUIK   | meduction Act Notice, see the separat          | ธ แเอน นบนบนอิ.                     |                      |            |              |                                   |               | Foini <b>3</b> s   | <b>, ∪</b> (∠∪∠l) |  |  |  |

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| 4  | Check if Schedule O contains a response or note to any line in this Part III  |  |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|--|
|    | Briefly describe the organization's mission:  |  |  |  |  |  |  |  |  |
|    | SEE SCHEDULE O  |  |  |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |  |
|    | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X Note 1 (1978), If "Yes," describe these new services on Schedule O.   |  |  |  |  |  |  |  |  |
| ;  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |  |  |  |  |  |  |  |  |
|    | If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. |  |  |  |  |  |  |  |  |
| ŧа | (Code:) (Expenses \$1,310,438. including grants of \$) (Revenue \$80,742. )   |  |  |  |  |  |  |  |  |
|    | HEALTH SOLUTIONS CREATES IN-STORE HEALTH CARE CLINICS AND WRAP  |  |  |  |  |  |  |  |  |
|    | AROUND NUTRITION SERVICES. 500 HEALTH SCREENINGS CONDUCTED THIS   |  |  |  |  |  |  |  |  |
|    | YEAR. SUSTAINABLE FOOD SOLUTIONS CREATES NEW SUPERMARKETS, TURN   |  |  |  |  |  |  |  |  |
|    | AROUND EXISTING SUPERMARKETS THAT MAY BE IN DANGER OF FAILING, AND  |  |  |  |  |  |  |  |  |
|    | WORKS ON FOOD RECOVERY SYSTEMS. NEW STORE IN WATERLOO, IOWA AND A   |  |  |  |  |  |  |  |  |
|    | TURN AROUND IN NEW ORLEANS. WORKFORCE SOLUTIONS WAS CREATED IN  |  |  |  |  |  |  |  |  |
|    | EARLY 2017 AND TRAINS RE-ENTERING CITIZENS TO WORK IN THE   |  |  |  |  |  |  |  |  |
|    | SUPERMARKET INDUSTRY. 396 STUDENTS TRAINED AND PLACED IN SUPERMARKET ENTRY JOBS. THESE PROGRAM AREAS ARE INCREDIBLY   |  |  |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |  |
|    | IMPORTANT AND THEY ALL START LEVERAGING SUPERMARKETS AS A POINT OF  |  |  |  |  |  |  |  |  |
|    | ACCESS.   |  |  |  |  |  |  |  |  |
| 1b | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  |  |  |  |  |  |  |  |  |
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| ŀc | (Code:) (Expenses \$ including grants of \$) (Revenue \$)   |  |  |  |  |  |  |  |  |
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|    |   |  |  |  |  |  |  |  |  |
|    | Other program services (Describe on Schedule O.)  |  |  |  |  |  |  |  |  |
| _  |   |  |  |  |  |  |  |  |  |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1.310.438.  |  |  |  |  |  |  |  |  |

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Form 990 (2021) Page 3
Part IV Checklist of Required Schedules

| Part | IV Checklist of Required Schedules   |          |     |    |
|------|--|----------|-----|----|
|      |  |          | Yes | No |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |          |     |    |
|      | complete Schedule A  | 1        | Х   |    |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2        | Х   |    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |          |     |    |
|      | candidates for public office? If "Yes," complete Schedule C, Part I  | 3        |     | X  |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  |          |     |    |
|      | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4        |     | X  |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   |          |     |    |
|      | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5        |     | X  |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |          |     |    |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |          |     |    |
|      | "Yes," complete Schedule D, Part I   | 6        | X   |    |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |          |     |    |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7        |     | X  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |          |     |    |
| _    | complete Schedule D, Part III  | 8        |     | X  |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  |          |     |    |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or   |          |     |    |
| 40   | 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                                   | 40       |     | 37 |
| 44   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   | 10       |     | X  |
| 11   | VII, VIII, IX, or X, as applicable.  |          |     |    |
| 9    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |          |     |    |
| u    | 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  | 114      |     |    |
| _    | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b      |     | Х  |
| С    | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more   |          |     |    |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   | 11c      |     | Х  |
| d    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets  |          |     |    |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      |     | Х  |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e      |     | Х  |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |          |     |    |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f      | X   |    |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |          |     |    |
|      | Schedule D, Parts XI and XII.  | 12a      | X   |    |
| 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  |
|      | 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  | 446      |     | 37 |
| 15   | 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> | 15       |     | Х  |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   | 13       |     |    |
| 10   | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16       |     | Х  |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   | 10       |     |    |
| ••   | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17       |     | Х  |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  | <u> </u> |     |    |
| -    | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18       |     | Х  |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |          |     |    |
|      | If "Yes," complete Schedule G, Part III  | 19       |     | Х  |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a      |     | Х  |
|      | 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   | 1  |

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Part IV Checklist of Required Schedules (continued)

| ıaıı | One chist of Nequired Schedules (continued)  |               | Yes | No  |
|------|--|---------------|-----|-----|
|      | Dild   | $\overline{}$ | 163 |     |
| 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   |
| 24 a | 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           |     |     |
|      | 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           |     |     |
| Ч    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?            | 24d           |     |     |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit       | 2.74          |     |     |
| ZJa  | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                      | 25a           |     | v   |
| L    |  | 25a           |     | X   |
| D    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |               |     |     |
|      | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?       |               |     |     |
|      | If "Yes," complete Schedule L, Part I  | 25b           |     | X   |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current    |               |     |     |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%            |               |     |     |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                 | 26            |     | X   |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |               |     |     |
|      | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee             |               |     |     |
|      | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these             |               |     |     |
|      | persons? If "Yes," complete Schedule L, Part III   | 27            |     | X   |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L,      |               |     |     |
|      | Part IV instructions, for applicable filing thresholds, conditions, and exceptions):                               |               |     |     |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |               |     |     |
|      | "Yes," complete Schedule L, Part IV  | 28a           |     | Х   |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                    | 28b           |     | X   |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If           |               |     |     |
| ·    | "Yes," complete Schedule L, Part IV  | 28c           | х   |     |
| 20   | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>    | 29            | X   |     |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in            | 29            | Λ   |     |
| 30   |  | 20            |     | 3.7 |
|      | conservation contributions? If "Yes," complete Schedule M  | 30            |     | _X  |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31            |     | _X  |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"            |               |     |     |
|      | complete Schedule N, Part II   | 32            |     | X   |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |               |     |     |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.   | 33            |     | X   |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,     |               |     |     |
|      | or IV, and Part V, line 1  | 34            |     | X   |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a           |     | X   |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a            |               |     |     |
|      | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2          | 35b           |     |     |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable               |               |     |     |
|      | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36            |     | Х   |
| 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            |     | Х   |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and         |               |     |     |
|      | 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O   | 38            | Х   |     |
| Part |  | 00            |     |     |
|      | Check if Schedule O contains a response or note to any line in this Part V   |               |     |     |
|      | 22 2.3   |               | Yes | No  |
| 1 a  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   NONE                           |               |     |     |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable                                    |               |     |     |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and                   |               |     |     |
| C    |  | 10            |     |     |
| SA   | reportable gaming (gambling) winnings to prize winners?  | 1c            |     |     |

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|          | 990 (2021)  |          |     | Page 3 |  |
|----------|---|----------|-----|--------|--|
| Par      | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          | Yes | No     |  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |          |     |        |  |
|          | Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE   |          |     |        |  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       |     |        |  |
|          | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.                                  |          |     |        |  |
|          | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |     | X      |  |
|          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b       |     | -      |  |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,                                   |          |     |        |  |
| _        | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |     | X      |  |
| b        | If "Yes," enter the name of the foreign country ▶   |          |     |        |  |
| _        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                       | F        |     | 37     |  |
|          | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a<br>5b |     | X      |  |
|          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5c       |     |        |  |
|          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 30       |     | _      |  |
| оa       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | 6a       |     | Х      |  |
| <b>L</b> | organization solicit any contributions that were not tax deductible as charitable contributions?  | - Ua     |     |        |  |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?             | 6b       |     |        |  |
| 7        | Organizations that may receive deductible contributions under section 170(c).   | 0.0      |     |        |  |
| 7        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |          |     |        |  |
| а        | and services provided to the payor?   | 7a       | Х   |        |  |
| h        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       | Х   |        |  |
|          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |          |     |        |  |
|          | required to file Form 8282?   | 7c       |     | Х      |  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   |          |     |        |  |
|          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |     | Х      |  |
|          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       |     | X      |  |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                          | 7g       |     |        |  |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                        | 7h       |     |        |  |
| 8        | ,   |          |     |        |  |
|          | sponsoring organization have excess business holdings at any time during the year?  |          |     |        |  |
| 9        | Sponsoring organizations maintaining donor advised funds.   |          |     |        |  |
|          | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |     | X      |  |
|          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b       |     | X      |  |
| 10       | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12  |          |     |        |  |
|          | , , ,   |          |     |        |  |
|          | Cross resolpte, metaded on reminiscent, and vin, mile 12, for pashe dec of stab facilities.   |          |     |        |  |
| 11       | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders   |          |     |        |  |
|          | Gross income from other sources. (Do not net amounts due or paid to other sources   |          |     |        |  |
| b        | against amounts due or received from them.)   |          |     |        |  |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |     |        |  |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |          |     |        |  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |          |     |        |  |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |     |        |  |
|          | Note: See the instructions for additional information the organization must report on Schedule O.   |          |     |        |  |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which  |          |     |        |  |
|          | the organization is licensed to issue qualified health plans  |          |     |        |  |
|          | Enter the amount of reserves on hand  |          |     |        |  |
|          | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |     | X      |  |
|          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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   | 4.5      |     | 37     |  |
|          | excess parachute payment(s) during the year?  | 15       |     | X      |  |
| 4.0      | If "Yes," see the instructions and file Form 4720, Schedule N.  | 16       |     | v      |  |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 10       |     | X      |  |
| 17       | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any  | 17       |     |        |  |
|          | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |          |     |        |  |

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|--------------------------|---|------------|--------|---------------|
| Part                     |   |            |        |               |
|                          | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (  |            |        | tions.        |
|                          | Check if Schedule O contains a response or note to any line in this Part VI   |            |        | Х             |
| Secti                    | ion A. Governing Body and Management  |            |        |               |
|                          |   |            | Yes    | No            |
| 1a                       | Enter the number of voting members of the governing body at the end of the tax year   | 0          |        |               |
|                          | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar |            |        |               |
|                          | committee, explain on Schedule O.   |            |        |               |
| b                        | Enter the number of voting members included on line 1a, above, who are independent Lab 1  | 2          |        |               |
| 2                        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |            |        |               |
|                          | any other officer, director, trustee, or key employee?  | 2          | X      |               |
| 3                        | Did the organization delegate control over management duties customarily performed by or under the direct   |            |        |               |
|                          | supervision 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 990 was filed?  | 4          |        | X             |
| 5                        | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 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 appoint   |            |        | 17            |
|                          | one or more members of the governing body?  | 7a         |        | X             |
| b                        | Are any governance decisions of the organization reserved to (or subject to approval by) members  | 7b         |        | v             |
|                          | stockholders, or persons other than the governing body?   |            |        | X             |
| 8                        | Did the organization contemporaneously document the meetings held or written actions undertaken during  | 1          |        |               |
| _                        | the year by the following:  | 8a         | Х      |               |
| _                        | The governing body?   | 8b         | X      |               |
| ь<br>9                   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a   |            |        |               |
| 9                        | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | <b>'</b> 9 |        | X             |
| Secti                    | on B. Policies (This Section B requests information about policies not required by the Internal Revenu  | e Code     | ·.)    |               |
|                          |   |            | Yes    | No            |
| I0a                      | Did the organization have local chapters, branches, or affiliates?  | 10a        |        | Х             |
|                          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters   |            |        |               |
| -                        | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b        |        |               |
| l1a                      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a        | Х      |               |
|                          | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |            |        |               |
|                          | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a        | Х      |               |
| b                        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give  |            |        |               |
|                          | rise to conflicts?  | 12b        | X      |               |
| С                        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,  | "          |        |               |
|                          | describe on Schedule O how this was done  | 12c        |        | X             |
| 13                       | Did the organization have a written whistleblower policy?   | 13         | X      | <del>  </del> |
| 14                       | Did the organization have a written document retention and destruction policy?  | 14         |        | X             |
| 5                        | Did the process for determining compensation of the following persons include a review and approval by  |            |        |               |
|                          | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  |            | 7.7    |               |
| а                        | The organization's CEO, Executive Director, or top management official  | 15a<br>15b | X      | -             |
|                          | Other officers or key employees of the organization   | 130        | X      |               |
|                          |   |            |        |               |
| b                        | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |            |        |               |
| b                        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  |            |        | x             |
| b<br>I6a                 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                           | 16a        |        | Х             |
| b<br>I6a                 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                           | 16a        |        | Х             |
| b<br>I6a                 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                           | 16a        |        | X             |
| b<br>l6a<br>b            | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                           | 16a        |        | X             |
| b<br>l6a<br>b            | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                           | 16a        |        | X             |
| b<br> 6a<br> b<br> Secti | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                           | 16a        | tion 5 |               |
| b<br>l6a<br>b            | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                           | 16a        | tion 5 |               |

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20 RON BERMAN 417 N. 8TH STREET, SUITE 300 PHILADELPHIA, PA 19123

Form **990** (2021)

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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) Name and title            | (B) Average hours per week (list any hours for related organizations below dotted line) | box,<br>office<br>or direct | unles | Pos<br>neck<br>s pe | rson | e than cois both tor/trust Highest compensated | an | (D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|---|-----------------------------|-------|---------------------|------|--|----|---|---|--|
| (1) ATIF BOSTIC               | 40.00   |                             |       |                     |      |  |    |   |   |  |
| EXECUTIVE DIRECTOR            | NONE  |                             |       | Х                   |      |  |    | 43,304.   | NONE  | 4,226.   |
| (2) RON BERMAN                | 24.00   |                             |       |                     |      |  |    |   |   |  |
| CFO/CCO                       | NONE  |                             |       | Х                   |      |  |    | 19,627.   | NONE  | 2,724.   |
| (3) JEFFREY BROWN             | 1.00  |                             |       |                     |      |  |    |   |   |  |
| CHAIR - DIRECTOR              | NONE  | Х                           |       | Х                   |      |  |    | NONE  | NONE  | NONE   |
| (4) SAMUEL KATES              | 1.00  |                             |       |                     |      |  |    |   |   |  |
| TREASURER - DIRECTOR          | NONE  | Х                           |       | Х                   |      |  |    | NONE  | NONE  | NONE   |
| (5) SANDY BROWN               | 1.00  |                             |       |                     |      |  |    |   |   |  |
| VICE CHAIR/SECRETARY-DIRECTOR | NONE  | Х                           |       | Χ                   |      |  |    | NONE  | NONE  | NONE   |
| (6) KIMBERLY LLOYD            | 1.00  |                             |       |                     |      |  |    |   |   |  |
| DIRECTOR                      | NONE  | X                           |       |                     |      |  |    | NONE  | NONE  | NONE   |
| (7) SHARMAIN MATLOCK-TURNER   | 1.00  |                             |       |                     |      |  |    |   |   |  |
| DIRECTOR                      | NONE  | X                           |       |                     |      |  |    | NONE  | NONE  | NONE   |
| (8) LINDA ROSANIO             | 1.00  |                             |       |                     |      |  |    |   |   |  |
| DIRECTOR                      | NONE  | X                           |       |                     |      |  |    | NONE  | NONE  | NONE   |
| (9) SHELLEY LEVITAN ADLER     | 1.00  |                             |       |                     |      |  |    |   |   |  |
| DIRECTOR                      | NONE  | X                           |       |                     |      |  |    | NONE  | NONE  | NONE   |
| (10) PAM PORTER               | 1.00  |                             |       |                     |      |  |    |   |   |  |
| DIRECTOR                      | NONE  | X                           |       |                     |      |  |    | NONE  | NONE  | NONE   |
| (11) SCOTT MOSES              | 1.00  |                             |       |                     |      |  |    |   |   |  |
| DIRECTOR                      | NONE  | X                           |       |                     |      |  |    | NONE  | NONE  | NONE   |
| (12) DAVID LITSKY             | 1.00  |                             |       |                     |      |  |    |   |   |  |
| DIRECTOR                      | NONE  | X                           |       |                     |      |  |    | NONE  | NONE  | NONE   |
| <u>(13)</u>                   |   |                             |       |                     |      |  |    |   |   |  |
|                               |   |                             | Ш     |                     |      |  |    |   |   |  |
| <u>(14)</u>                   |   |                             |       |                     |      |  |    |   |   |  |
|                               |   |                             |       |                     |      |  |    |   |   |  |

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| Pa             | rt VII Section A. Officers, Directors, Tru  | stees, Ke   | y Em                                       | plc                   | yee     | es,          | and F                                | ligl   | hest Compensat                  | ed Employ                                  | ees (co   | ontinued)  |
|----------------|---|---|--|-----------------------|---------|--------------|--------------------------------------|--|---------------------------------|--|-----------|--|
|                | (A)<br>Name and title   | (B) Average hours per week (list any hours for    | Average hours per veek (list any hours for |                       |         | an<br>ee)    | (D) Reportable compensation from the | (E) Reportable compensation from related organizations |                                 | (F) Estimated amount of other compensation |           |  |
|                |   | related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director          | Institutional trustee | Officer | Key employee | Highest compensated employee         | Former   | organization<br>(W-2/1099-MISC) | (W-2/1099-I                                |           | from the<br>organization<br>and related<br>organizations |
|                |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
|                |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
|                |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
|                |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
|                |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
|                |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
|                |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
| _              |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
|                |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
|                | 0.1 and   |   |  |                       |         |              |                                      |  | 62 021                          |  | NONE      | C 050  |
| С              | Sub-total  Total from continuation sheets to Part VII, Se   |   |  |                       |         |              |                                      | <b>&gt;</b>  | 62,931.<br>NONE                 |  | NONE      | 6,950<br>NON   |
|                | Total (add lines 1b and 1c)  Total number of individuals (including but not I reportable compensation from the organization | imited to th                                      |  |                       | d al    | bove         | e) who                               | re   | 62,931.<br>ceived more than     |  | NONE<br>f | 6,950  |
| 3              | Did the organization list any former office employee on line 1a? If "Yes," complete Schedu                                  | er, directo                                       |  |                       | ıste    |              | key e                                |  |                                 |  |           | Yes No   |
| 4              | For any individual listed on line 1a, is the sorganization and related organizations greindividual.                         | ater than   | \$15                                       | 0,0                   | 00?     | . If         | "Yes                                 | ,"   | complete Schedu                 | le J for s                                 | uch       | 4 X  |
|                | Did any person listed on line 1a receive or for services rendered to the organization? If "Yes                              |   |  |                       |         |              |                                      |  |                                 |  |           | 5 X  |
| <u>Se</u><br>1 | Complete this table for your five highest components of the organization. Report of year.                                   |   |  |                       |         |              |                                      |  |                                 |  |           |  |
|                | <b>(A)</b><br>Name and business add   | ress  |  |                       |         |              |                                      |  | (B)<br>Description of se        | rvices                                     | Co        | (C)<br>ompensation                                       |
| _              |   |   |  |                       |         |              |                                      |  |                                 |  |           |  |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

# Part VIII Statement of Revenue

| ıaı  |      | Check if Schedule O contains a respon           | ise or note to ar | ny line in this Part V | /III                                   |                                      |  |
|--|------|---|-------------------|------------------------|--|--------------------------------------|--|
|  |      |   |                   | (A)<br>Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts<br>ts   | 1a   | Federated campaigns 1a                          |                   |                        |  |                                      |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b    | Membership dues 1b                              |                   |                        |  |                                      |  |
| ۾ ٽي<br>ڪ ڳ  | С    | Fundraising events 1c                           |                   |                        |  |                                      |  |
| ifts<br>ar A   | d    | Related organizations 1d                        |                   |                        |  |                                      |  |
| םֻּ'פ  | е    | Government grants (contributions) 1e            | 1,440,536.        |                        |  |                                      |  |
| Sin  | f    | All other contributions, gifts, grants,         |                   |                        |  |                                      |  |
| ē Ĕ  |      | and similar amounts not included above . 1f     | 319,383.          |                        |  |                                      |  |
| 들된   | g    | Noncash contributions included in               |                   |                        |  |                                      |  |
| g  |      | lines 1a-1f                                     | \$                |                        |  |                                      |  |
| ಹ  | h    | Total. Add lines 1a-1f                          |                   | 1,759,919.             |  |                                      |  |
|  |      |   | Business Code     |                        |  |                                      |  |
| <u>8</u>   | 2a   | HEALTH CLINICS                                  | 621999            | 78,790.                | 78,790.                                |                                      |  |
| e ≤  | b    |   |                   |                        |  |                                      |  |
| Program Service<br>Revenue                             | С    |   |                   |                        |  |                                      |  |
| ra<br>e v  | d    |   |                   |                        |  |                                      |  |
| 90   | е    |   |                   |                        |  |                                      |  |
|  | f    | All other program service revenue               |                   |                        |  |                                      |  |
|  | g    | Total. Add lines 2a-2f                          | ▶                 | 78,790.                |  |                                      |  |
|  | 3    | Investment income (including dividends,         | interest, and     |                        |  |                                      |  |
|  |      | other similar amounts)                          | ▶                 | 89.                    |  |                                      | 89.  |
|  | 4    | Income from investment of tax-exempt bond       |                   | NONE                   |  |                                      |  |
|  | 5    | Royalties                                       |                   | NONE                   |  |                                      |  |
|  |      | (i) Real  | (ii) Personal     |                        |  |                                      |  |
|  | 6a   | Gross rents 6a                                  |                   |                        |  |                                      |  |
|  | b    | Less: rental expenses 6b                        |                   |                        |  |                                      |  |
|  | C    | Rental income or (loss) 6c NONE                 |                   |                        |  |                                      |  |
|  | d _d | Net rental income or (loss)                     |                   | NONE                   |  |                                      |  |
|  | 7a   | Gross amount from (i) Securities                | (ii) Other        |                        |  |                                      |  |
|  |      | sales of assets                                 |                   |                        |  |                                      |  |
| 4  | L    | other than inventory 7a                         |                   |                        |  |                                      |  |
| evenue   | b    | Less: cost or other basis and sales expenses 7b |                   |                        |  |                                      |  |
| ě  | c    | Gain or (loss) 7c                               |                   |                        |  |                                      |  |
| -4   | d    | Net gain or (loss)                              | <b>•</b>          | NONE                   |  |                                      |  |
| Other R  |      | Gross income from fundraising                   |                   |                        |  |                                      |  |
| ŏ  | 8a   | events (not including \$                        |                   |                        |  |                                      |  |
|  |      | of contributions reported on line               |                   |                        |  |                                      |  |
|  |      | 1c). See Part IV, line 18                       | NONE              |                        |  |                                      |  |
|  | b    | Less: direct expenses 8b                        | NONE              |                        |  |                                      |  |
|  | C    | Net income or (loss) from fundraising events    |                   | NONE                   |  |                                      |  |
|  | 9a   | Gross income from gaming                        |                   |                        |  |                                      |  |
|  |      | activities. See Part IV, line 19 9a             | NONE              |                        |  |                                      |  |
|  | b    | Less: direct expenses 9b                        | NONE              |                        |  |                                      |  |
|  | С    | Net income or (loss) from gaming activities.    | ▶                 | NONE                   |  |                                      |  |
|  | 10a  | Gross sales of inventory, less                  |                   |                        |  |                                      |  |
|  |      | returns and allowances                          | NONE              |                        |  |                                      |  |
|  | b    | Less: cost of goods sold 10b                    | NONE              |                        |  |                                      |  |
|  | С    | Net income or (loss) from sales of inventory    |                   | NONE                   |  |                                      |  |
| ns   |      |   | Business Code     |                        |  |                                      |  |
| eo<br>ne   | 11a  | OTHER INCOME                                    | 900099            | 1,952.                 | 1,952.                                 |                                      |  |
| llar<br>⁄en  | b    |   |                   |                        |  |                                      |  |
| Miscellaneous<br>Revenue                               | С    |   |                   |                        |  |                                      |  |
| ΞĬ   | d    | All other revenue                               |                   |                        |  |                                      |  |
|  | e_   | Total. Add lines 11a-11d                        |                   | 1,952.                 |  |                                      |  |
|  | 12   | Total revenue. See instructions                 |                   | 1,840,750.             | 80,742.                                |                                      | 89.  |

# Part IX Statement of Functional Expenses

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

|     | Check if Schedule O contains a respo   | nse or note to any line | in this Part IX                    |                                     |                                       |
|-----|--|-------------------------|------------------------------------|-------------------------------------|---------------------------------------|
|     | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.               | (A)<br>Total expenses   | (B)<br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1   | Grants and other assistance to domestic organizations                                    |                         |                                    |                                     |                                       |
|     | and domestic governments. See Part IV, line 21   | 313,326.                | 313,326.                           |                                     |                                       |
| 2   | Grants and other assistance to domestic  |                         |                                    |                                     |                                       |
| _   | individuals. See Part IV, line 22  | 52,525.                 | 52,525.                            |                                     |                                       |
| 3   | Grants and other assistance to foreign   |                         |                                    |                                     |                                       |
|     | organizations, foreign governments, and  |                         |                                    |                                     |                                       |
|     | foreign individuals. See Part IV, lines 15 and 16  | NONE                    |                                    |                                     |                                       |
| 4   | Benefits paid to or for members  | NONE                    |                                    |                                     |                                       |
|     | Compensation of current officers, directors,   |                         |                                    |                                     |                                       |
|     | trustees, and key employees  | 222,824.                | 184,500.                           | 38,324.                             |                                       |
| 6   | Compensation not included above to disqualified  |                         |                                    |                                     |                                       |
|     | persons (as defined under section 4958(f)(1)) and  |                         |                                    |                                     |                                       |
|     | persons described in section 4958(c)(3)(B)   | NONE                    |                                    |                                     |                                       |
| 7   | Other salaries and wages   | 471,298.                | 390,238.                           | 81,060.                             |                                       |
|     | Pension plan accruals and contributions (include   | 8,719.                  | 7,219.                             | 1,500.                              |                                       |
| •   | section 401(k) and 403(b) employer contributions)  |                         |                                    |                                     |                                       |
| 9   | Other employee benefits  | 66,737.                 | 55,259.                            | 11,478.                             |                                       |
| 10  | Payroll taxes  | 79,018.                 | 65,428.                            | 13,590.                             |                                       |
| 11  | Fees for services (nonemployees):  | ,                       |                                    | ·                                   |                                       |
|     | Management   | NONE                    |                                    |                                     |                                       |
|     | Legal  | NONE                    |                                    |                                     |                                       |
|     | Accounting   | 18,500.                 |                                    | 18,500.                             |                                       |
|     | Lobbying   | NONE                    |                                    |                                     |                                       |
|     | Professional fundraising services. See Part IV, line 17                                  | NONE                    |                                    |                                     |                                       |
|     | Investment management fees   | NONE                    |                                    |                                     |                                       |
|     | Other. (If line 11g amount exceeds 10% of line 25, column                                |                         |                                    |                                     |                                       |
| 9   | (A), amount, list line 11g expenses on Schedule O.)                                      | 6,156.                  | 2,163.                             | 3,993.                              |                                       |
| 12  | Advertising and promotion  | NONE                    |                                    |                                     |                                       |
| 13  | Office expenses  | 45,006.                 | 29,667.                            | 15,339.                             |                                       |
| 14  | Information technology   | NONE                    |                                    |                                     |                                       |
| 15  | Royalties  | NONE                    |                                    |                                     |                                       |
|     | Occupancy  | 13,502.                 | 12,783.                            | 719.                                |                                       |
|     | Travel   | 26,944.                 | 22,918.                            | 4,026.                              |                                       |
|     | Payments of travel or entertainment expenses   | 20,7111                 | 22,720.                            | 1,0201                              |                                       |
| . 5 | for any federal, state, or local public officials  | NONE                    |                                    |                                     |                                       |
| 19  | Conferences, conventions, and meetings   | NONE                    |                                    |                                     |                                       |
|     | Interest   | NONE                    |                                    |                                     |                                       |
|     | Payments to affiliates   | NONE                    |                                    |                                     |                                       |
|     | Depreciation, depletion, and amortization  | 6,748.                  | 6,748.                             |                                     |                                       |
|     | Insurance  | 10,699.                 | -,,.20.                            | 10,699.                             |                                       |
|     | Other expenses. Itemize expenses not covered   | -,                      |                                    | -,                                  |                                       |
|     | above. (List miscellaneous expenses on line 24e. If                                      |                         |                                    |                                     |                                       |
|     | line 24e amount exceeds 10% of line 25, column   |                         |                                    |                                     |                                       |
|     | (A), amount, list line 24e expenses on Schedule O.)                                      |                         |                                    |                                     |                                       |
| а   | EVENT EXPENSES   | 33,314.                 | 33,314.                            |                                     |                                       |
|     | BAD DEBT EXPENSE   | 134,350.                | 134,350.                           |                                     |                                       |
| c   |  | ,                       | , 3 •                              |                                     |                                       |
| d   |  |                         |                                    |                                     |                                       |
|     | All other expenses   |                         |                                    |                                     |                                       |
|     | Total functional expenses. Add lines 1 through 24e                                       | 1,509,666.              | 1,310,438.                         | 199,228.                            | NONI                                  |
|     | Joint costs. Complete this line only if the  | _,502,000.              | _,510,1501                         |                                     | 1,011                                 |
|     | 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)   |                         |                                    |                                     |                                       |

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# Part X Balance Sheet Check if Schedule O contains

|               |          |   | (A)<br>Beginning of year             | <b>(B)</b><br>End of year |
|---------------|----------|---|--------------------------------------|---------------------------|
|               | 1        | Cash - non-interest-bearing   | NONE 1                               | NONE                      |
|               | 2        | Savings and temporary cash investments  | 426,384. <b>2</b>                    | 755,299.                  |
|               | 3        | Pledges and grants receivable, net  | NONE 3                               | NONE                      |
|               | 4        | Accounts receivable, net  | 81,550. <b>4</b>                     | 176,250.                  |
|               | 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                                    | NONE 5                               | NONE                      |
|               | 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)                     | NONE 6                               | NONE                      |
| ets           | 7        | Notes and loans receivable, net   | NONE 7                               | NONE                      |
| Assets        | 8        | Inventories for sale or use   | NONE 8                               | NONE                      |
| ⋖             | 9        | Prepaid expenses and deferred charges SEE SCHEDULE .O   | 7,484. 9                             | 7,525.                    |
|               | 10 a     | Land, buildings, and equipment: cost or other   |                                      |                           |
|               |          | basis. Complete Part VI of Schedule D 10a 93,231.   |                                      |                           |
|               |          | Less: accumulated depreciation  | 25,933. <b>10c</b>                   | 21,410.                   |
|               | 11       | Investments - publicly traded securities  | NONE 11                              | NONE                      |
|               | 12       | Investments - other securities. See Part IV, line 11  | NONE 12                              | NONE                      |
|               | 13       | Investments - program-related. See Part IV, line 11   | 123,350. 13                          | NONE                      |
|               | 14       | Intangible assets   | NONE 14                              | NONE                      |
|               | 15       | Other assets. See Part IV, line 11  | NONE 15                              | NONE                      |
|               | 16       | Total assets. Add lines 1 through 15 (must equal line 33)                                     | 664,701. 16                          | 960,484.                  |
|               | 17       | Accounts payable and accrued expenses   | 201,000. <b>17</b><br>NONE <b>18</b> | 92,758.<br>NONE           |
|               | 18       | Grants payable  | 18,309. <b>19</b>                    | 91,250.                   |
|               | 19<br>20 | Deferred revenue SEE SCHEDULE O   | NONE <b>20</b>                       | 91,250.<br>NONE           |
|               | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D                         | NONE 21                              | NONE                      |
| S             | 22       | Loans and other payables to any current or former officer, director,                          | NONE 21                              | IVOIVE                    |
| Liabilities   |          | trustee, key employee, creator or founder, substantial contributor, or 35%                    |                                      |                           |
| Ē             |          | controlled entity or family member of any of these persons                                    | NONE 22                              | NONE                      |
| Ë             | 23       | Secured mortgages and notes payable to unrelated third parties                                | NONE 23                              | NONE                      |
|               | 24       | Unsecured notes and loans payable to unrelated third parties                                  | 125,000. 24                          | 125,000.                  |
|               | 25       | Other liabilities (including federal income tax, payables to related third                    |                                      |                           |
|               |          | parties, and other liabilities not included on lines 17-24). Complete Part X                  |                                      |                           |
|               |          | of Schedule D   | NONE 25                              | NONE                      |
|               | 26       | Total liabilities. Add lines 17 through 25  | 344,309. <b>26</b>                   | 309,008.                  |
| seou          |          | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. |                                      |                           |
| alar          | 27       | Net assets without donor restrictions   | 36,751. <b>27</b>                    | 396,743.                  |
| Ä             | 28       | Net assets with donor restrictions  | 283,641. <b>28</b>                   | 254,733.                  |
| Fund Balances |          | Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. |                                      |                           |
| Assets or     | 29       | Capital stock or trust principal, or current funds  | 29                                   |                           |
| iets          | 30       | Paid-in or capital surplus, or land, building, or equipment fund                              | 30                                   |                           |
| ASS           | 31       | Retained earnings, endowment, accumulated income, or other funds                              | 31                                   |                           |
| Net /         | 32       | Total net assets or fund balances   | 320,392. <b>32</b>                   | 651,476.                  |
| Z             | 33       | Total liabilities and net assets/fund balances  | 664,701. 33                          | 960,484.                  |

Form **990** (2021)

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| Part | XI Reconciliation of Net Assets  |          |     |     |     |            |
|------|--|----------|-----|-----|-----|------------|
|      | Check if Schedule O contains a response or note to any line in this Part XI                              |          |     |     |     |            |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |     | 1,8 | 40, | <u>750</u> |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        |     | 1,5 | 09, | <u>666</u> |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        |     | 3   | 31, | 084        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                | 4        |     | 3   | 20, | 392        |
| 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        |     |     |     |            |
| 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   | 51, | <u>476</u> |
| Part | 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," ex            | kplain   | on  |     |     |            |
|      | Schedule O.  |          |     |     |     |            |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?.         |          |     | 2a  |     | Χ          |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were cor           | npiled   | 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  | Χ   |            |
| -    | If "Yes," check a box below to indicate whether the financial statements for the year were aud           |          |     |     |     |            |
|      | separate basis, consolidated basis, or both:   |          |     |     |     |            |
|      | X Separate basis Consolidated basis Both consolidated and separate basis                                 |          |     |     |     |            |
| c    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over   | ersiaht  | of  |     |     |            |
| ·    | the audit, review, or compilation of its financial statements and selection of an independent accounts   | _        |     | 2c  | Х   |            |
|      | If the organization changed either its oversight process or selection process during the tax year, e     |          | - 1 |     |     |            |
|      | Schedule O.  | - Piuii  |     |     |     |            |
| 32   | As a result of a federal award, was the organization required to undergo an audit or audits as set fo    | rth in t | he  |     |     |            |
| Ja   | Single Audit Act and OMB Circular A-133?   |          | 110 | 3a  |     | Х          |
| h    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo | lerao t  | he  |     |     |            |
| D    | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a       |          |     | 3b  |     |            |

### **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| ion.                           | Open to Public<br>Inspection |  |  |  |  |
|--------------------------------|------------------------------|--|--|--|--|
| Employer identification number |                              |  |  |  |  |

| UPI    | JIFT   | SOLUTIONS INC.  |                     |   |                                 |                       |            | 94-34                                   | 471934                            |
|--------|--|---|---------------------|---|---------------------------------|-----------------------|------------|---|-----------------------------------|
| Pa     | rt I   | Reason for Public Cha   | rity Status. (All o | organizations must                                  | complet                         | e this pa             | art.) Se   | e instructions                          | S.                                |
| The    | ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) |   |                     |   |                                 |                       |            |   |                                   |
| 1      |  | A church, convention of chu                                   | ırches, or associat | tion of churches desc                               | ribed in <b>s</b>               | ection 1              | 70(b)(1)   | (A)(i).                                 |                                   |
| 2      | Щ  | A school described in secti                                   | on 170(b)(1)(A)(ii) | . (Attach Schedule E                                | (Form 99                        | 0).)                  |            |   |                                   |
| 3      | Ш  | A hospital or a cooperative                                   | •                   | •   |                                 |                       |            | •                                       |                                   |
| 4      |  | A medical research organiz                                    |                     | conjunction with a hos                              | spital de                       | scribed in            | n section  | 170(b)(1)(A)                            | (iii). Enter the                  |
|        |  | hospital's name, city, and st                                 |                     |   |                                 |                       |            |   |                                   |
| 5      |  | An organization operated f                                    |                     | a college or universit                              | y owner                         | d or ope              | rated by   | a governme                              | ntal unit described in            |
| _      | $\overline{}$  | section 170(b)(1)(A)(iv). (C                                  |                     |   |                                 |                       |            | , ,                                     |                                   |
| 6      | $\equiv$   | A federal, state, or local go                                 | •                   |   |                                 | •                     |            |   | والطريب المستمين مناط             |
| 7      |  | An organization that norma                                    | =                   | •   | ipport fro                      | om a gov              | vernmer    | ital unit or fro                        | om the general public             |
| Q      |  | described in <b>section 170(b)</b> A community trust describe |                     | ·   | Dort II \                       |                       |            |   |                                   |
| 8<br>9 | $\vdash$   | An agricultural research org                                  | -                   |   | -                               | naratad               | l in coniu | inction with a                          | land-grant college                |
| 3      |  | or university or a non-land-                                  | =                   |   |                                 | -                     | -          |   |                                   |
|        |  | university:   | grant conege or ag  | grioditaro (oco mondo                               |                                 | 1101 1110 1           | narrio, on | y, and state of                         | the conege of                     |
| 10     |  | An organization that norma                                    | Ilv receives (1) mo | ore than 331/3 % of its                             | support                         | from cor              | ntribution | s. membersh                             | ip fees, and gross                |
|        |  | receipts from activities rela                                 | ted to its exempt f | unctions, subject to c                              | ertain ex                       | ceptions              | s: and (2) | no more than                            | 331/3 % of its                    |
|        |  | support from gross investmacquired by the organizatio         | n after June 30, 19 | 975. See <b>section 509</b>                         | able incc<br>( <b>a)(2).</b> (0 | ome (less<br>Complete | Part III.) | 511 tax) from                           | businesses                        |
| 11     |  | An organization organized                                     |                     |   |                                 |                       |            |   |                                   |
| 12     |  | An organization organized a                                   | and operated exclu  | sively for the benefit o                            | of, to per                      | form the              | function   | s of, or to car                         | ry out the purposes of            |
|        |  | one or more publicly suppo                                    | rted organizations  | described in <b>section 5</b>                       | 09(a)(1)                        | or secti              | on 509(a   | a)(2). See <b>sec</b>                   | tion 509(a)(3). Check             |
|        | _  | the box on lines 12a throug                                   | h 12d that describ  | es the type of suppor                               | ting orga                       | anization             | and cor    | nplete lines 1                          | 2e, 12f, and 12g.                 |
| а      |  | $oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga           | anization operated  | , supervised, or contr                              | olled by                        | its suppo             | orted or   | ganization(s),                          | typically by giving               |
|        |  | the supported organization                                    | n(s) the power to   | regularly appoint or e                              | lect a m                        | ajority of            | the dire   | ctors or truste                         | es of the                         |
|        |  | $_{\lnot}$ supporting organization. $^{\backprime}$           | •                   |   |                                 |                       |            |   |                                   |
| b      |  |   | •                   |   |                                 |                       |            | •                                       |                                   |
|        |  | control or management of                                      |                     | -   | the sam                         | e person              | is that co | ontrol or man                           | age the supported                 |
|        |  | organization(s). You must                                     | -                   |   |                                 |                       | ***        |   |                                   |
| С      |  | ☐ Type III functionally integ                                 |                     |   |                                 |                       |            |   | ly integrated with,               |
| ٨      |  | its supported organization  Type III non-functionally         |                     | · ·   |                                 |                       |            |   | tod organization(s)               |
| d      | _  | that is not functionally into                                 |                     |   | -                               |                       |            |   |                                   |
|        |  | _ requirement (see instruct                                   | -                   |   | -                               |                       |            | -                                       | an attentiveness                  |
| е      |  | Check this box if the orga                                    |                     | -   |                                 |                       |            |   | I. Type III                       |
|        |  | functionally integrated, or                                   |                     |   |                                 |                       |            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , . <b>,   ,   ,  </b>            |
| f      | Ent  | er the number of supported                                    |                     |   |                                 |                       |            |   |                                   |
| g      | Pro  | vide the following information                                | on about the suppo  | orted organization(s).                              |                                 |                       |            |   |                                   |
|        | (i) Na   | ame of supported organization                                 | (ii) EIN            | (iii) Type of organization (described on lines 1-10 |                                 | organization          |            | unt of monetary                         | (vi) Amount of other support (see |
|        |  |   |                     | above (see instructions))                           |                                 | ur governing<br>ment? |            | oport (see<br>tructions)                | instructions)                     |
|        |  |   |                     |   | Yes                             | No                    |            |   |                                   |
| (A)    |  |   |                     |   |                                 |                       |            |   |                                   |
|        |  |   |                     |   |                                 |                       |            |   |                                   |
| (B)    |  |   |                     |   |                                 |                       |            |   |                                   |
|        |  |   |                     |   |                                 |                       |            |   |                                   |
| (C)    |  |   |                     |   |                                 |                       |            |   |                                   |
|        |  |   |                     |   |                                 |                       |            |   |                                   |
| (D)    |  |   |                     |   |                                 |                       |            |   |                                   |
| /E\    |  |   |                     |   |                                 |                       |            |   |                                   |
| (E)    |  |   |                     |   |                                 |                       |            |   |                                   |
| Tota   | <br>al   |   |                     |   |                                 |                       |            |   |                                   |
| 1012   | 41   |   |                     |   |                                 |                       |            |   |                                   |

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

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

| Sec    | tion A. Public Support  |                    |                  |                  |                 |                   |  |
|--------|---|--------------------|------------------|------------------|-----------------|-------------------|--|
| Cale   | ndar year (or fiscal year beginning in)   | <b>(a)</b> 2017    | <b>(b)</b> 2018  | (c) 2019         | (d) 2020        | (e) 2021          | (f) Total                                  |
| 1      | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 1,244,221.         | 1,074,393.       | 1,175,562.       | 1,703,512.      | 1,759,919.        | 6,957,607.                                 |
| 2      | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                    |                  |                  |                 |                   | NONE                                       |
| 3      | The value of services or facilities furnished by a governmental unit to the organization without charge   |                    |                  |                  |                 |                   | NONE                                       |
| 4      | Total. Add lines 1 through 3  | 1,244,221.         | 1,074,393.       | 1,175,562.       | 1,703,512.      | 1,759,919.        | 6,957,607.                                 |
| 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) |                    |                  |                  |                 |                   | 414 674                                    |
| 6      | Public support. Subtract line 5 from line 4   |                    |                  |                  |                 |                   | 414,674.                                   |
|        | tion B. Total Support   |                    |                  |                  |                 |                   | 6,542,933.                                 |
|        | ndar year (or fiscal year beginning in)   | (a) 2017           | <b>(b)</b> 2018  | (c) 2019         | (d) 2020        | (e) 2021          | (f) Total                                  |
| _      | Amounts from line 4   | 1,244,221.         | 1,074,393.       | 1,175,562.       | 1,703,512.      | 1,759,919.        | 6,957,607.                                 |
| 7<br>8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 33,063.            | 15,473.          | 9,011.           | 69.             | 89.               | 57,705.                                    |
| 9      | Net income from unrelated business activities, whether or not the business is regularly carried on  |                    |                  |                  |                 |                   | NONE                                       |
| 10     | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | 32,284.            | 15,774.          | 7,208.           | 1,437.          | 1,952.            | 58,655.                                    |
| 11     | Total support. Add lines 7 through 10   |                    |                  |                  |                 |                   | 7,073,967.                                 |
| 12     | Gross receipts from related activities, etc. (s   | ee instructions) . |                  |                  |                 | 12                | 1,621,630.                                 |
| 13     | First 5 years. If the Form 990 is for organization, check this box and stop here  |                    |                  |                  |                 |                   |  |
| Sec    | tion C. Computation of Public Sup   |                    | •                |                  | ı               | T                 |  |
| 14     | Public support percentage for 2021 (lin   |                    | -                |                  |                 | 14                | 92.49 <b>%</b>                             |
| 15     | Public support percentage from 2020   |                    |                  |                  |                 | 15                | 98.33 <b>%</b>                             |
| 16a    | 331/3% support test - 2021. If the org  | ganization did n   | ot check the box | k on line 13, an | d line 14 is 33 | 1/3 % or more, ch |  |
|        | box and <b>stop here.</b> The organization qu   |                    |                  | -                |                 |                   |  |
| b      | 331/3% support test - 2020. If the org  |                    |                  |                  |                 |                   |  |
|        | this box and <b>stop here.</b> The organization   | •                  |                  | _                |                 |                   |  |
| 17a    | 10%-facts-and-circumstances test - 2  | _                  |                  |                  |                 |                   |  |
|        | 10% or more, and if the organization  |                    |                  |                  |                 | -                 | -  |
|        | Part VI how the organization meets  |                    |                  | =                | -               | -                 | pported                                    |
|        | organization  |                    |                  |                  |                 |                   | ▶ □  |
| b      | 10%-facts-and-circumstances test - 2  | -                  | -                |                  |                 |                   |  |
|        | 15 is 10% or more, and if the organiz   |                    |                  |                  |                 | =                 | -  |
|        | in Part VI how the organization meets   |                    |                  | =                | •               | · · · · · ·       |  |
|        | organization  |                    |                  |                  |                 |                   |  |
| 18     | Private foundation. If the organization   |                    |                  |                  |                 |                   |  |
|        | instructions  |                    |                  |                  |                 |                   | <u>▶                                  </u> |

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

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

| Sec           | tion A. Public Support   |               |                   | /1             | <u>'</u>        | ,                    |             |
|---------------|--|---------------|-------------------|----------------|-----------------|----------------------|-------------|
|               | ndar year (or fiscal year beginning in)  | (a) 2017      | <b>(b)</b> 2018   | (c) 2019       | (d) 2020        | (e) 2021             | (f) Total   |
| 1             | Gifts, grants, contributions, and membership fees                                      |               |                   |                |                 |                      |             |
|               | received. (Do not include any "unusual grants.")                                       |               |                   |                |                 |                      |             |
| 2             | Gross receipts from admissions, merchandise  |               |                   |                |                 |                      |             |
|               | sold or services performed, 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 business under section 513  |               |                   |                |                 |                      |             |
| 4             | Tax revenues levied for the  |               |                   |                |                 |                      |             |
|               | organization'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   |               |                   |                |                 |                      |             |
|               | Amounts included on lines 1, 2, and 3  |               |                   |                |                 |                      |             |
| ıa            | received from disqualified persons   |               |                   |                |                 |                      |             |
| b             | Amounts included on lines 2 and 3  |               |                   |                |                 |                      |             |
|               | received from other than disqualified  |               |                   |                |                 |                      |             |
|               | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |               |                   |                |                 |                      |             |
| •             | Add lines 7a and 7b  |               |                   |                |                 |                      |             |
| 8             | Public support. (Subtract line 7c from   |               |                   |                |                 |                      |             |
|               | line 6.)   |               |                   |                |                 |                      |             |
| Sec           | tion B. Total Support  |               |                   |                |                 |                      | ı           |
|               | ndar year (or fiscal year beginning in)  | (a) 2017      | <b>(b)</b> 2018   | (c) 2019       | (d) 2020        | <b>(e)</b> 2021      | (f) Total   |
| 9             | Amounts from line 6.   |               | , ,               | . ,            | , ,             | .,                   |             |
|               | Gross income from interest, dividends,   |               |                   |                |                 |                      |             |
|               | payments received on securities loans,   |               |                   |                |                 |                      |             |
|               | rents, royalties, and income from similar sources                                      |               |                   |                |                 |                      |             |
| h             | Unrelated business taxable income (less  |               |                   |                |                 |                      |             |
| ~             | section 511 taxes) from businesses   |               |                   |                |                 |                      |             |
|               | acquired after June 30, 1975   |               |                   |                |                 |                      |             |
|               | Add lines 10a and 10b  |               |                   |                |                 |                      |             |
| 11            | Net income from unrelated business   |               |                   |                |                 |                      |             |
|               | activities not included in line 10b, whether   |               |                   |                |                 |                      |             |
|               | •  |               |                   |                |                 |                      |             |
|               | or not the business is regularly carried on.   |               |                   |                |                 |                      |             |
| 12            | Other income. Do not include gain or   |               |                   |                |                 |                      |             |
|               | loss from the sale of capital assets   |               |                   |                |                 |                      |             |
| 13            | (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11,                     |               |                   |                |                 |                      |             |
|               | and 12.)   |               |                   |                |                 |                      |             |
| 14            | First 5 years. If the Form 990 is for  | the organizat | ion's first socon | d third fourth | or fifth tax 10 | l<br>ar as a soction | 501(c)(2)   |
| 14            | organization, check this box and <b>stop here</b> .                                    | -             |                   |                | •               |                      |             |
| Sec           | tion C. Computation of Public Supp   |               |                   |                |                 |                      |             |
| 15            | Public support percentage for 2021 (line 8,  |               |                   | ımn (f))       |                 | 15                   | %           |
| 16            | Public support percentage from 2020 Sche   |               |                   |                |                 | 16                   |             |
| $\overline{}$ | tion D. Computation of Investment  |               |                   |                |                 | 10                   | /0          |
| 17            | Investment income percentage for 2021 (lir   |               |                   | 13 column (f)) |                 | 17                   | %           |
| 18            | Investment income percentage for 2021 (iii   |               |                   |                |                 | 18                   |             |
|               | 331/3% support tests - 2021. If the or   |               |                   |                |                 |                      |             |
| 154           | 17 is not more than 331/3%, check this   | -             |                   |                |                 |                      | . $\square$ |
| <b>L</b>      | 331/3% support tests - 2020. If the orga   |               | _                 |                |                 |                      |             |
| b             | line 18 is not more than 331/3%, check   |               |                   |                | •               |                      |             |
| 20            | <b>Private foundation.</b> If the organization of                                      |               | -                 | •              |                 | • • •                |             |
|               |  |               | - 20% JII IIIIO   | ,              | ,               | 500 1110111          |             |

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#### 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? I "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefi 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|               |     | Yes    | NO      |
|---------------|-----|--------|---------|
| 9<br><i>y</i> |     |        |         |
| y             | 1   |        |         |
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| r             | 3a  |        |         |
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| lf            | 4a  |        |         |
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| า             | 4b  |        |         |
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| n<br>b        |     |        |         |
| J             | 10a |        |         |
| )             | 10h |        |         |
| dul           | 10b | rm 990 | 1) 2021 |

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| Part      | Supporting Organizations (continued)   |         |       | - 0 - |
|-----------|--|---------|-------|-------|
|           |  |         | 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,   | 44.     |       |       |
| Secti     | provide detail in Part VI. on B. Type I Supporting Organizations   | 11c     |       |       |
| 30011     | on billypo i cupporting organizations  |         | Yes   | No    |
| 1         | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   |         |       |       |
| •         | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,  |         |       |       |
|           | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)   |         |       |       |
|           | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   |         |       |       |
|           | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |         |       |       |
|           | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1       |       |       |
| 2         | Did the organization operate for the benefit of any supported organization other than the supported  |         |       |       |
|           | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>   |         |       |       |
|           | <b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |         |       |       |
| Sacti     | on C. Type II Supporting Organizations   | 2       |       |       |
| ) C C ( 1 | on o. Type ii oupporting organizations   |         | Yes   | No    |
| 1         | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |         |       |       |
| •         | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control   |         |       |       |
|           | or management of the supporting organization was vested in the same persons that controlled or managed   |         |       |       |
|           | the supported organization(s).   | 1       |       |       |
| Secti     | on D. All Type III Supporting Organizations  |         |       |       |
| _         | Did the consideration of the transfer of the constant of the c |         | 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  | 2       |       |       |
| 2         | By reason of the relationship described on line 2, above, did the organization's supported organizations have  |         |       |       |
| 3         | 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 <b>Part VI</b> the role the organization's  |         |       |       |
|           | supported organizations played in this regard.   | 3       |       |       |
| Secti     | on E. Type III Functionally Integrated Supporting Organizations  |         |       |       |
| 1         | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in  | structi | ons). |       |
| а         | The organization satisfied the Activities Test. Complete line 2 below.   |         |       |       |
| b         | The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |         |       |       |
| С         | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se  | e instr |       | r –   |
| 2         | Activities Test. Answer lines 2a and 2b below.   |         | Yes   | NO    |
| а         | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |         |       |       |
|           | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |         |       |       |
|           | those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined   |         |       |       |
|           | that these activities constituted substantially all of its activities.   | 2a      |       |       |
| h         | ·  |         |       |       |
| 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would  |         |       |       |
|           | have engaged in these activities but for the organization's involvement.   | 2b      |       |       |
| 3         | Parent of Supported Organizations. Answer lines 3a and 3b below.   |         |       |       |
| а         | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |         |       |       |
|           | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.   | 3a      |       |       |
| b         | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |         |       |       |
|           | of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.   | 3h      | I     | ı     |

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| Pa | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  |             |                         |                             |  |  |  |
|----|---|-------------|-------------------------|-----------------------------|--|--|--|
| 1  | Check here if the organization satisfied the Integral Part Test as a qualifyin  | ng trust on | Nov. 20, 1970 (explain  | in in <b>Part VI</b> ). See |  |  |  |
|    | instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |             |                         |                             |  |  |  |
| Se | ction A - Adjusted Net Income   |             | (A) Prior Year          | (B) Current Year (optional) |  |  |  |
| 1  | Net short-term capital gain   | 1           |                         |                             |  |  |  |
| 2  | Recoveries of prior-year distributions  | 2           |                         |                             |  |  |  |
| 3  | Other gross income (see instructions)   | 3           |                         |                             |  |  |  |
| 4  | Add lines 1 through 3.  | 4           |                         |                             |  |  |  |
| 5  | Depreciation and depletion  | 5           |                         |                             |  |  |  |
| 6  | Portion of operating expenses paid or incurred for production or collection   |             |                         |                             |  |  |  |
|    | of gross income or for management, conservation, or maintenance of  |             |                         |                             |  |  |  |
|    | property held for production of income (see instructions)   | 6           |                         |                             |  |  |  |
| 7  | Other expenses (see instructions)   | 7           |                         |                             |  |  |  |
| 8  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8           |                         |                             |  |  |  |
|    | ction B - Minimum Asset Amount  |             | (A) Prior Year          | (B) Current Year (optional) |  |  |  |
| 1  | Aggregate fair market value of all non-exempt-use assets (see   |             |                         |                             |  |  |  |
|    | instructions for short tax year or assets held for part of year):   |             |                         |                             |  |  |  |
| a  | Average monthly value of securities   | 1a          |                         |                             |  |  |  |
| b  | Average monthly cash balances   | 1b          |                         |                             |  |  |  |
| С  | Fair market value of other non-exempt-use assets  | 1c          |                         |                             |  |  |  |
| d  | Total (add lines 1a, 1b, and 1c)  | 1d          |                         |                             |  |  |  |
| е  | Discount claimed for blockage or other factors  |             |                         |                             |  |  |  |
|    | (explain in detail in <b>Part VI</b> ):   |             |                         |                             |  |  |  |
| 2  | Acquisition indebtedness applicable to non-exempt-use assets  | 2           |                         |                             |  |  |  |
| 3  | Subtract line 2 from line 1d.   | 3           |                         |                             |  |  |  |
| 4  | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                            | 4           |                         |                             |  |  |  |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5           |                         |                             |  |  |  |
| 6  | Multiply line 5 by 0.035.   | 6           |                         |                             |  |  |  |
| 7  |   | 7           |                         |                             |  |  |  |
| 8  | Minimum Asset Amount (add line 7 to line 6)   | 8           |                         |                             |  |  |  |
| Se | ction C - Distributable Amount  |             |                         | Current Year                |  |  |  |
| 1  | Adjusted net income for prior year (from Section A, line 8, column A)   | 1           |                         |                             |  |  |  |
|    | Enter 0.85 of line 1.   | 2           |                         |                             |  |  |  |
| 3  | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3           |                         |                             |  |  |  |
| 4  | Enter greater of line 2 or line 3.  | 4           |                         |                             |  |  |  |
| 5  | Income tax imposed in prior year  | 5           |                         |                             |  |  |  |
| 6  | Distributable Amount. Subtract line 5 from line 4, unless subject to  |             |                         |                             |  |  |  |
| _  | emergency temporary reduction (see instructions).   | 6           |                         |                             |  |  |  |
| 7  | Check here if the current year is the organization's first as a non-functiona   |             | ted Type III supporting | g organization              |  |  |  |
|    | (see instructions).   | J 3         | 21                      |                             |  |  |  |

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **7** 

| Part | V Type III Non-Functionally Integrated 509(a)(3)  | Supporting Organizat               | tions (continued) |    |   |
|------|---|------------------------------------|-------------------|----|---|
| Sect | ion D - Distributions   |                                    |                   |    | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish ex  | xempt purposes                     |                   | 1  |   |
| 2    | Amounts paid to perform activity that directly furthers exer  | npt purposes of support            | ed                |    |   |
|      | organizations, in excess of income from activity  |                                    | 2                 |    |   |
| 3    | Administrative expenses paid to accomplish exempt purpo   | ses of supported organia           | zations           | 3  |   |
| 4    | Amounts paid to acquire exempt-use assets   |                                    |                   | 4  |   |
| 5    | Qualified set-aside amounts (prior IRS approval required - p  | rovide details in <b>Part VI</b> ) |                   | 5  |   |
| 6    | Other distributions (describe in Part VI). See instructions.  |                                    |                   | 6  |   |
| 7    | Total annual distributions. Add lines 1 through 6.  |                                    |                   | 7  |   |
| 8    | Distributions to attentive supported organizations to which   | the organization is resp           | onsive            |    |   |
|      | (provide details in Part VI). See instructions.   |                                    |                   | 8  |   |
| 9    | Distributable amount for 2021 from Section C, line 6  |                                    |                   | 9  |   |
| 10   | Line 8 amount divided by line 9 amount  |                                    |                   | 10 |   |
| Sect | Section E - Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2021 |                                    |                   | ns | (iii)<br>Distributable<br>Amount for 2021 |
| 1    | Distributable amount for 2021 from Section C, line 6  |                                    |                   |    |   |
| 2    | Underdistributions, if any, for years prior to 2021   |                                    |                   |    |   |
|      | (reasonable cause required - explain in Part VI). See   |                                    |                   |    |   |
|      | instructions.   |                                    |                   |    |   |
| 3    | Excess distributions carryover, if any, to 2021   |                                    |                   |    |   |
| а    | From 2016   |                                    |                   |    |   |
| b    | From 2017   |                                    |                   |    |   |
| С    | From 2018   |                                    |                   |    |   |
| d    | From 2019   |                                    |                   |    |   |
| е    | From 2020   |                                    |                   |    |   |
| f    | Total of lines 3a through 3e  |                                    |                   |    |   |
| g    | Applied to underdistributions of prior years  |                                    |                   |    |   |
| h    | Applied to 2021 distributable amount  |                                    |                   |    |   |
| i    | Carryover from 2016 not applied (see instructions)  |                                    |                   |    |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                    |                   |    |   |
| 4    |   |                                    |                   |    |   |
| 4    | Distributions for 2021 from   |                                    |                   |    |   |

Schedule A (Form 990) 2021

5

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

Part VI. See instructions.

Breakdown of line 7:

a Excess from 2017...

b Excess from 2018...

c Excess from 2019...

d Excess from 2020...

e Excess from 2021...

and 4c.

Remainder. Subtract lines 4a and 4b from line 4.

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.

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

Excess distributions carryover to 2022. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section

B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| SCHEDULE A, PART II - OTHER INCO |           |            |           |           |            |            |
|----------------------------------|-----------|------------|-----------|-----------|------------|------------|
| DESCRIPTION                      | 2017      | 2018       | 2019      | 2020      | 2021       | TOTAL      |
| OTHER INCOME                     | 32,284.   | 15,774.    | 7,208.    | 1,437.    | 1,952.     | 58,655.    |
|                                  |           |            |           |           |            |            |
| TOTALS                           | 32,284.   | 15,774.    | 7,208.    | 1,437.    | 1,952.     | 58,655.    |
|                                  | ========= | ========== | ========= | ========= | ========== | ========== |

# Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** Name of the organization UPLIFT SOLUTIONS INC 94-3471934 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** 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 

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).

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

Schedule B (Form 990) (2021)

Name of organization UPLIFT SOLUTIONS INC.

Employer identification number 94-3471934

| Part I | Contributors (see instructions). | Use duplicate copies of Part I if additional space is needed. |
|--------|----------------------------------|---|
|        | Continuation (Coo metractione).  | occ adplicate copies of fact in additional opace is flooded.  |

| (a) | (b)                        | (c)                     | (d)   |
|-----|----------------------------|-------------------------|---|
| No. | Name, address, and ZIP + 4 | Total contributions     | Type of contribution  |
| 1_  | N/A                        | \$59,950.               | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                        | (c)                     | (d)   |
| No. | Name, address, and ZIP + 4 | Total contributions     | Type of contribution  |
| 2   | N/A                        | \$83,750.               | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a) | (b)                        | (c)                     | (d)   |
| No. | Name, address, and ZIP + 4 | Total contributions     | Type of contribution  |
| 3   | N/A                        | \$150,000.              | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                        | (c) Total contributions | (d)   |
| No. | Name, address, and ZIP + 4 |                         | Type of contribution  |
| 4   | N/A                        | \$350,000.              | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a) | (b)                        | (c)                     | (d)   |
| No. | Name, address, and ZIP + 4 | Total contributions     | Type of contribution  |
| 5   | N/A                        | \$100,000.              | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a) | (b)                        | (c)                     | (d)   |
| No. | Name, address, and ZIP + 4 | Total contributions     | Type of contribution  |
| 6_  | N/A                        | \$463,000.              | Person Payroll Noncash (Complete Part II for noncash contributions.)  |

Name of organization

Employer identification number

|            | UPLIFT SOLUTIONS INC.                              |  | 94-3471934   |
|------------|--|--|--|
| Part I     | Contributors (see instructions). Use duplicate cop | pies of Part I if additional space is no | eeded.   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c)<br>Total contributions               | (d)<br>Type of contribution  |
| 7          | N/A  | \$ 160,000.                              | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c)<br>Total contributions               | (d)<br>Type of contribution  |
| 8          | N/A  | \$\$62,500.                              | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c) Total contributions                  | (d)<br>Type of contribution  |
|            |  |  | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c) Total contributions                  | (d)<br>Type of contribution  |
|            |  | \$                                       | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c) Total contributions                  | (d)<br>Type of contribution  |
|            |  | \$                                       | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c)<br>Total contributions               | (d)<br>Type of contribution  |
|            |  |  | Person Payroll   |

Noncash
(Complete Part II for noncash contributions.)

# **SCHEDULE D** (Form 990)

# 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.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| 2b.                   |                |
|-----------------------|----------------|
|                       | Open to Public |
| ition.                | Inspection     |
| Employer identificati | on number      |

| Part   Complete if the organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts.   | TIDI         | TET COLUMNONS INC  |   | 94-3471934                                    |
|---|--------------|--|---|---|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  1 Total number at end of year 333 2 Aggregate value of contributions to (during year) 151, 080. 3 Aggregate value of contributions from (during year) 151, 080. 3 Aggregate value of grants from (during year) 151, 080. 3 Aggregate value of grants from (during year) 1529, 504. 4 Aggregate value at end of year, 129, 504. 5 Did the organization from 8 during and conson, and donor advisors in writing that the assets held in donor advised funds are the organizations property, subject to the organization's exclusive legal control?  Did the organization from 8 did conson, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  PartIII Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(9) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (or example, recreation or education) Preservation of a historically important land area Preservation of open space  Complete lines 2 at through 2 dif if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  1 Total number of conservation easements.  2  |              |  | sad Funds or Other Similar Funds            |   |
| (a) Denor advised funds (b) Funds and other accounts  2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Fasements. Complete if the organization answered 'Yes' on Form 990, Part IV. line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (or example, recreated or exercise or experience).  Preservation of and for public use (or example, recreated or exercise or experience).  Preservation of a fault of public use (or example, recreated or exercise or experience).  Preservation of a conservation easements.  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements.  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements.  1 Total number of conservation easements.  2 Number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register.  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  Number of states where property subject to conservation easements is located P.  Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year P.  Does the organization have a written policy regarding the verified monitoring conservat   | Га           |  |   | or Accounts.                                  |
| Total number at end of year  2 Aggregate value of contributions to (during year)  3 Aggregate value of arrants from (during year)  4 Aggregate value at end of year  4 Squregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  7 Special ontrol of the organization and on the organization's exclusive legal control?  8 Yes No  1 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  8 Purpose(s) of conservation assements  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  9 Purpose(s) of conservation assements held by the organization (check all that apply).  9 Preservation of land for public use (for example, recreation or oducation) Preservation of a historically important land area Preservation of open space  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  8 Total inumber of conservation easements on a certified historic structure included in (a)   |              | Complete if the organization answered                    |   | (b) Funds and other accounts                  |
| Aggregate value of contributions to (during year)  Aggregate value of of orants from (during year)  Aggregate value of of year.  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's seculsive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring impermissible private benefit?  Part II   |              | Total number at and af year                              | ` '   | (b) i and and and account                     |
| Aggregate value of grants from (during year) .  |              | -  |   |   |
| Aggregate value at end of year.   |              |  |   |   |
| Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Oblithe organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of pen space  Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements in a certified historic structure included in (a). 2c do Number of conservation easements on a certified historic structure included in (a). 2c do Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ≥ last such as the property subject to conservation easement is located ≥ last organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in inspecting, handling of violations, and enforcing conservation easements during the year ≥ last and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ≥ last and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ≥ last and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e   |              |  |   |   |
| funds are the organization's property, subject to the organization's exclusive legal control?   |              |  |   | <u> </u>                                      |
| Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    PartII   | 5            |  |   |   |
| Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose's of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements.  4 Total acreage restricted by conservation easements.  5 Total acreage restricted by conservation easements.  6 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year law that the form of states where property subject to conservation easements it located law to violations, and enforcement of the conservation easements it holds?  8 No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year law and the property subject to the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year law and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements hat describes the organization's located, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical tr   | _            |  | 3   |   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of land for public use (for example, recreation or education) □ Preservation of a certified historic structure □ Preservation of open space  2 Complete lines 2 at hrough 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements □ Preservation easements □ Pr   | 6            |  |   |   |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)  |              |  |   |   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Preservation of open space    2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements   |              |  |   | Yes No  |
| Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   | Pa           |  | "Voe" on Form 000 Port IV line 7            |   |
| Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area Protection of natural habitat Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements included in (a)  6 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  7 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  8 Number of states where property subject to conservation easement is located   9 Number of states where property subject to conservation easement is located   10 Number of states where property subject to conservation easement is located   11 Number of states where property subject to conservation easement is located   12 Number of states where property subject to conservation easement is located   13 Number of states where property subject to conservation easement is located   14 Number of states where property subject to conservation easement is located   15 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   15 No  16 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   16 No  17 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   17 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   18 Does each conservation easement reported on line 2(d) above satisfy the requirements of sectio  | _            | •  |   |   |
| Protection of natural habitat   | 1            |  |   | and a literary all all and an artist land and |
| Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Total acreage restricted by conservation easements  Number of conservation easements no a certified historic structure included in (a)   |              |  |   |   |
| Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements   |              |  | Preservation                                | n of a certified historic structure           |
| easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)   | _            |  |   |   |
| a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  | 2            |  | eid a qualified conservation contribution   |   |
| b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these i  |              |  |   |   |
| c Number of conservation easements on a certified historic structure included in (a)  | _            |  |   |   |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  | b            | · · ·  |   |   |
| historic structure listed in the National Register  |              |  |   | 2c  |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   | d            | · · · · · · · · · · · · · · · · · · ·                    |   |   |
| A Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items:  (i) Revenue included on Form 990, Part VIII, line 1.  (ii) Assets included in Form 990, Part VIII, line 1.  (iii) Assets included on Form 990, Part VIII, line 1.  (iv) Assets inc   | _            |  |   |   |
| Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  Per No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part XIII, line 1.  By \$  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amo  | 3            |  | nsferred, released, extinguished, or terr   | minated by the organization during the        |
| Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Summary of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Summary of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Summary of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Summary of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Summary of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   No   In all (high organization easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)   And section 170(h)(4)(B)(ii)   Yes No   In all (high organization is famentially (high)   Yes No   In all (high organizations statements that describes the describes the organizations and expense statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue in  |              | · · · · · ·  | mustice assessment is larget at \$          |   |
| violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$  Soes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  Pear XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1.  (ii) Assets included in Form 990, Part VIII, line 1.  (iii) Assets included in Form 990, Part VIII, line 1.  (iv) Assets included on Form 990, Part VIII, line 1.  (iv) Assets included on Form 990, Part VIII, line 1.  (iv) Assets included on Form 990, Part VIII, line 1.  (iv) Assets included on Form 990, Part VIII, line 1.  (iv) Assets include |              |  |   |   |
| Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1.  (ii) Assets included in Form 990, Part VIII, line 1.  (iii) Assets included in Form 990, Part VIII, line 1.  (iv) Assets included on Form 990, Part VIII, line 1.  (iv) Assets included on Form 990, Part VIII, line 1.  (iv) Assets included on Form 990, Part VIII, line 1.  (iv) Assets included on Form 990, Part VIII, line 1.  (iv) Assets included on Form 990, Part VIII, line 1.  (iv) Assets included on Form 990,  | Э            |  |   | -   |
| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    S  | 6            |  |   |   |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X.  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1.  P \$   | U            | Starr and volunteer flours devoted to monitoring, insper | ecting, framing of violations, and emorcing | g conservation easements during the year      |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X.  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1.  P \$   | 7            | Amount of expenses incurred in monitoring inspect        | ing handling of violations, and enforcing   | conservation easements during the year        |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X.  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1.  **Equation**  Section**  **Equation**  **In The Assertion**  Section**  Se  | •            |  | ing, nanding of violations, and officiong   | conservation casemonia during the year        |
| and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X   | 8            | •  | P(d) above satisfy the requirements of sec  | tion 170(h)(4)(B)(i)                          |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X  | •            | •  |   |   |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1.  (ii) Assets included in Form 990, Part X.  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1.  | 9            | In Part XIII, describe how the organization reports      | conservation easements in its revenue a     | nd expense statement and                      |
| organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1.  (ii) Assets included in Form 990, Part X.  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1.  |              |  |   |   |
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| If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  | Pa           | rt III Organizations Maintaining Collections             | of Art, Historical Treasures, or Oth        | er Similar Assets.                            |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   |              | Complete if the organization answered                    | "Yes" on Form 990, Part IV, line 8.         |   |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   | 1a           | If the organization elected, as permitted under FA       | SB ASC 958, not to report in its reven      | nue statement and balance sheet works         |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   |              | of art, historical treasures, or other similar asset     | s held for public exhibition, education     | n, or research in furtherance of public       |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   | h            | · ·  |   |   |
| provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   | D            | art, historical treasures, or other similar assets hel   | d for public exhibition, education, or re   | esearch in furtherance of public service.     |
| <ul> <li>(ii) Assets included in Form 990, Part X.</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1.</li> </ul>   |              |  |   | γ,  |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1   |              |  |   |   |
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| a Revenue included on Form 990, Part VIII, line 1   | 2            |  |   |   |
| a Revenue included on Form 990, Part VIII, line 1   |              |  |   |   |
| b Assets included in Form 990, Part X   |              | Revenue included on Form 990, Part VIII, line 1          |   | <b>&gt;</b> \$                                |
|   | _ <u>b</u> _ | Assets included in Form 990, Part X                      |   | <u></u> \$                                    |

| Pa       | rt     Organizations Maintain   | ing Collecti   | ons of    | Art, Histo    | rical Tre   | asures     | s, or  | Other    | Similar Assets      | (continued)    |          |
|----------|---|----------------|-----------|---------------|-------------|------------|--------|----------|---------------------|----------------|----------|
| 3        | Using the organization's acquisition  | on, accessio   | n, and    | other recor   | ds, check   | c any o    | f the  | follow   | ing that make s     | ignificant use | of its   |
|          | collection items (check all that app  | oly):          |           | _             | _           |            |        |          |                     |                |          |
| а        | Public exhibition   |                |           | d             | Loan        | or excha   |        |          |                     |                |          |
| b        | Scholarly research  |                |           | е             | Other       |            |        |          |                     |                |          |
| С        | Preservation for future gene  | rations        |           |               |             |            |        |          |                     |                |          |
| 4        | Provide a description of the orga   | nization's co  | lections  | s and expla   | ain how t   | hey fur    | ther   | the or   | ganization's exer   | npt purpose i  | in Part  |
|          | XIII.   |                |           |               |             |            |        |          |                     |                |          |
| 5        | During the year, did the organization   |                |           |               |             |            |        |          |                     |                | _        |
|          | assets to be sold to raise funds rath   |                |           | ained as pa   | rt of the o | organiza   | ation' | s collec | ction?              | Yes            | No       |
| Pa       | Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. |                |           |               |             |            |        |          |                     |                |          |
| 1a       | Is the organization an agent, trus  |                |           |               |             |            |        |          |                     | t              |          |
|          | included on Form 990, Part X?   |                |           |               |             |            |        |          |                     | Yes            | No       |
| b        | If "Yes," explain the arrangement i   | n Part XIII ar | nd comp   | plete the fo  | llowing tab | ole:       |        |          |                     |                |          |
|          |   |                |           |               |             |            |        |          | Amo                 | unt            |          |
| С        | Beginning balance   |                |           |               |             |            |        |          |                     |                |          |
| d        | Additions during the year.  |                |           |               |             |            |        |          |                     |                |          |
| е        | Distributions during the year   |                |           |               |             |            | 1e     |          |                     |                |          |
| f        | Ending balance  |                |           |               |             |            | 1f     |          |                     |                | 1        |
|          | Did the organization include an am  |                |           |               |             |            |        |          | •                   | Yes            | No       |
|          | If "Yes," explain the arrangement i   | n Part XIII. C | heck h    | ere if the e  | xplanation  | has be     | en pr  | ovided   | on Part XIII        |                |          |
| Pa       | rt V Endowment Funds.   | ation oncur    | rad "V    | oo" on For    | m 000 F     | Oort I\/   | lino   | 10       |                     |                |          |
|          | Complete if the organiza  |                |           |               |             | (c) Two    |        |          | (d) Three years bad | ds (a) Faurusa | un haalı |
|          |   | (a) Current    | year      | (b) Prio      | r year      | (C) TWO    | o year | 5 Dack   | (d) Three years bac | k (e) Four yea |          |
| 1a       | Beginning of year balance   |                |           |               |             |            |        |          |                     |                |          |
| b        | Contributions   |                |           |               |             |            |        |          |                     |                |          |
| С        | Net investment earnings, gains,   |                |           |               |             |            |        |          |                     |                |          |
| _        | and losses  |                |           |               |             |            |        |          |                     |                |          |
| d        | Grants or scholarships  |                |           |               |             |            |        |          |                     |                |          |
| е        | Other expenditures for facilities   |                |           |               |             |            |        |          |                     |                |          |
|          | and programs  |                |           |               |             |            |        |          |                     |                |          |
| f        | Administrative expenses   |                |           |               |             |            |        |          |                     |                |          |
| g        | End of year balance   |                |           |               |             |            | ( ))   |          |                     |                |          |
| 2<br>a   | Provide the estimated percentage<br>Board designated or quasi-endown  |                |           |               | e (line 1g, | column     | ı (a)) | neid as  | :                   |                |          |
|          | Permanent endowment >   | %              |           |               |             |            |        |          |                     |                |          |
|          | Term endowment ▶  | %              |           |               |             |            |        |          |                     |                |          |
| _        | The percentages on lines 2a, 2b, a  | and 2c should  | d equal   | 100%.         |             |            |        |          |                     |                |          |
| 3a       | Are there endowment funds not in  |                | •         |               | ation that  | are held   | d and  | d admir  | nistered for the    |                |          |
|          | organization by:  |                |           | J             |             |            |        |          |                     | Yes            | s No     |
|          | (i) Unrelated organizations   |                |           |               |             |            |        |          |                     | 3a(i)          |          |
|          | (ii) Related organizations  |                |           |               |             |            |        |          |                     | 3a(ii)         |          |
| b        | If "Yes" on line 3a(ii), are the relate   | ed organizati  | ons liste | ed as require | ed on Sch   | edule R    | ?      |          |                     | . 3b           |          |
| 4        | Describe in Part XIII the intended  | uses of the o  | rganiza   | ition's endo  | wment fur   | nds.       |        |          |                     |                |          |
| Pa       | rt VI Land, Buildings, and Equ  | uipment.       | rod "V    | oo" on Fo     | ···· 000 l  | Dor# 1\/   | lina   | 110 (    | Coo Form 000        | Dort V line 1  | 10       |
|          | Complete if the organiz  Description of property  |                |           | r other basis | (b) Cost    |            |        |          | cumulated           | (d) Book value | 10.      |
|          |   | ,              |           | stment)       |             | ther)      | 2010   |          | eciation            | (a) Book value |          |
| 1 a      | Land  |                |           |               |             |            |        |          |                     |                |          |
| b        | Buildings   |                |           |               |             |            |        |          |                     |                |          |
| С        | Leasehold improvements  |                |           |               |             |            |        |          |                     |                |          |
| d        | Equipment   |                |           |               |             | 93,23      | 31.    |          | 71,821.             | 21,            | 410.     |
| <u>e</u> | Other   | (1)            | . –       | 000 5         | <u> </u>    | (D) "      |        |          |                     |                |          |
| I ota    | I. Add lines 1a through 1e. (Columr   | n (d) must eq  | uai Fori  | m 990, Part   | x, columi   | n (B), lin | ie 10  | c.)      | ▶                   | 21,            | 410.     |

Schedule D (Form 990) 2021

| Part VII    | Complete if the organization answered                                | d "Yes" on Form 99 | 0 Part IV line 11b See Form 990                 | Part X line 12     |
|-------------|--|--------------------|---|--------------------|
|             | (a) Description of security or category (including name of security) | (b) Book value     | (c) Method of valua<br>Cost or end-of-year mark | tion:              |
| (1) Financi | al derivatives   |                    |   |                    |
| . ,         | held equity interests  |                    |   |                    |
| (3) Other _ |  |                    |   |                    |
| (A)         |  |                    |   |                    |
| (B)         |  |                    |   |                    |
| (C)         |  |                    |   |                    |
| (D)         |  |                    |   |                    |
| (E)         |  |                    |   |                    |
| (F)         |  |                    |   |                    |
| (G)<br>(H)  |  |                    |   |                    |
|             | nn (b) must equal Form 990, Part X, col. (B) line 12.)               |                    |   |                    |
| Part VIII   |  |                    |   |                    |
| ı art viii  | Complete if the organization answered                                | d "Yes" on Form 99 | 0, Part IV, line 11c. See Form 990              | , Part X, line 13. |
|             | (a) Description of investment  | (b) Book value     | (c) Method of valua<br>Cost or end-of-year mark |                    |
| (1)         |  |                    |   |                    |
| (2)         |  |                    |   |                    |
| (3)         |  |                    |   |                    |
| (4)         |  |                    |   |                    |
| (5)         |  |                    |   |                    |
| (6)         |  |                    |   |                    |
| (7)         |  |                    |   |                    |
| (8)         |  |                    |   |                    |
| (9)         |  |                    |   |                    |
|             | n (b) must equal Form 990, Part X, col. (B) line 13.)                |                    |   |                    |
| Part IX     | Other Assets.  |                    | 00 Part IV II: - 44 d Cas Farra 000             | Deat V. Bas 45     |
|             | Complete if the organization answered                                |                    | 0, Part IV, line 11d. See Form 990              | I .                |
| (4)         | (a) De   | escription         |   | (b) Book value     |
| (1)         |  |                    |   |                    |
| (2)         |  |                    |   |                    |
| (3)<br>(4)  |  |                    |   |                    |
| (5)         |  |                    |   |                    |
| (6)         |  |                    |   |                    |
| (7)         |  |                    |   |                    |
| (8)         |  |                    |   |                    |
| (9)         |  |                    |   |                    |
|             | umn (b) must equal Form 990, Part X, col. (B) I                      | line 15.)          |   |                    |
| Part X      | Other Liabilities. Complete if the organization answered             | d "Yes" on Form 99 | 0, Part IV, line 11e or 11f. See For            | m 990, Part X,     |
|             | line 25.   |                    |   |                    |
| 1. (1) Fodo | ral income taxes   | otion of liability |   | (b) Book value     |
|             | rai income taxes   |                    |   |                    |
| (2)         |  |                    |   |                    |
| (4)         |  |                    |   |                    |
| (5)         |  |                    |   |                    |
| (6)         |  |                    |   |                    |
| (7)         |  |                    |   |                    |
| (8)         |  |                    |   |                    |
| (9)         |  |                    |   |                    |
|             | nn (b) must equal Form 990, Part X, col. (B) line 25.)               |                    |   |                    |

<sup>2.</sup> 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.

| Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1 | 750.             |
|---|------------------|
| Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments   |                  |
| a Net unrealized gains (losses) on investments  |                  |
| b Donated services and use of facilities  |                  |
| c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e   |                  |
| d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e  |                  |
| e Add lines 2a through 2d   |                  |
|   | 000.             |
|   | 750.             |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |                  |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a   |                  |
| b Other (Describe in Part XIII.)  |                  |
| c Add lines 4a and 4b   |                  |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 750.             |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |                  |
| 1 Total expenses and losses per audited financial statements  | 566.             |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                  |
| a Donated services and use of facilities  |                  |
| b Prior year adjustments  |                  |
| c Other losses  |                  |
| d Other (Describe in Part XIII.)  | 0.00             |
|   | 000.             |
| 3 Subtract line 2e from line 1  | <del>,,,,,</del> |
| a Investment expenses not included on Form 990, Part VIII, line 7b  |                  |
| b Other (Describe in Part XIII.)  |                  |
| c Add lines 4a and 4b   |                  |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  | 566.             |
| Part 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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   | , line           |
| SEE SUPPLEMENTAL PAGE   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |

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# Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2021

FORM 990, SCHEDULE D, PART X, LINE 2

THE COMPANY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION OR LIABILITY FOR

INCOME TAXES HAS BEEN RECORDED IN THE FINANCIAL STATEMENTS.

THE COMPANY ADOPTED THE ACCOUNTING PRONOUNCEMENT DEALING WITH UNCERTAIN

TAX POSITIONS AS OF JANUARY 26, 2010. UPON ADOPTION OF THIS ACCOUNTING

PRONOUNCEMENT, THE COMPANY HAD NO UNRECOGNIZED TAX BENEFITS. FURTHERMORE,

THE COMPANY HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2021 AND

2020. IN ADDITION, THE COMPANY HAS NO INCOME TAX RELATED

PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE FINANCIAL

STATEMENTS.

# SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name of the organization  |                                    |                                    |                             |                                       |   | Employer identification               | on number                          |
|---|------------------------------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| UPLIFT SOLUTIONS INC.   |                                    |                                    |                             |                                       |   | 94-3471934                            |                                    |
| Part I General Information on Grants a  | nd Assistanc                       | е                                  |                             |                                       |   |                                       |                                    |
| <ol> <li>Does the organization maintain records to the selection criteria used to award the grad</li> <li>Describe in Part IV the organization's processor</li> <li>Part II Grants and Other Assistance to</li> </ol> | nts or assistand<br>edures for mor | e?<br>nitoring the use             | of grant funds in the       | e United States.                      |   |                                       | X Yes No                           |
| Part IV, line 21, for any recipient   |                                    | _                                  |                             |                                       |   |                                       | es on rolli 990,                   |
| (a) Name and address of organization<br>or government   | <b>(b)</b> EIN                     | (c) IRC section<br>(if applicable) | (d) Amount of cash grant    | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) MASJID ELIJAH MUHAMMAD, INC.  |                                    |                                    |                             |                                       |   |                                       | BUILDING                           |
| 414 EST PENN STREET PHILADELPHIA, PA 19144  | 23-3051464                         | 501(C)(3)                          | 10,000.                     |                                       |   |                                       | IMPROVEMENTS                       |
| (2) AMERICAN CANCER SOCIETY   |                                    |                                    |                             |                                       |   |                                       | PROGRAM                            |
| 3380 CHASTAIN MEADOWS PARKWAY   | 13-1788491                         | 501(C)(3)                          | 20,000.                     |                                       |   |                                       | SUPPORT                            |
| (3) BROWN'S SUPER STORES  |                                    |                                    |                             |                                       |   |                                       | COMMUNITY GIVING                   |
| 700 DELSEA DRIVE WESTVILLE, NJ 08093  | 22-2813419                         | N/A                                | 188,577.                    |                                       |   |                                       | INITIATIVE PROGRAM                 |
| (4) URL MEDIA HOLDINGS  |                                    |                                    |                             |                                       |   |                                       | GROW NON PROFIT                    |
| 34-16 86TH STREET JACKSON HEIGHTS, NY 11372   | 86-2590900                         | N/A                                | 75,000.                     |                                       |   |                                       | MEDIA EXPOSURE                     |
| (5)   |                                    |                                    |                             |                                       |   |                                       |                                    |
| (6)   |                                    |                                    |                             |                                       |   |                                       |                                    |
| (7)   |                                    |                                    |                             |                                       |   |                                       |                                    |
| (8)   |                                    |                                    |                             |                                       |   |                                       |                                    |
| (9)   |                                    |                                    |                             |                                       |   |                                       |                                    |
| (10)  |                                    |                                    |                             |                                       |   |                                       |                                    |
| (11)  |                                    |                                    |                             |                                       |   |                                       |                                    |
| (12)  |                                    |                                    |                             |                                       |   |                                       |                                    |
| 2 Enter total number of section 501(c)(3) and   | d government (                     | <br>organizations lis              | l<br>sted in the line 1 tal | <br>                                  |   |                                       | 2                                  |
| 3 Enter total number of other organizations li  | sted in the line                   | 1 table                            |                             |                                       |   |                                       | 2                                  |

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

Schedule I (Form 990) 2021

Schedule (Form 990) (2021) UPLIFT SOLUTIONS INC. 94-3471934 Page **2** 

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 STIPENDS                      | 92                       | 52,525.                  |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS AND ASSISTANCE

EACH GRANT AWARDED HAS AN APPLICATION THAT IS PROVIDED DETAILING THE USE AND AMOUNT OF THE FUNDS REQUESTED AND WHETHER THE ORGANIZATION IS A 501(C)(3). IF THE ORGANIZATION IS NOT A 501 (C)(3), THE PURPOSE FOR THE AWARD MUST BE IN ADHERENCE WITH THE ORGANIZATION'S MISSION STATEMENT AND IS LIMITED TO LESS THAN \$500 WITHOUT BOARD APPROVAL. THE FUNDS REQUESTED IN MOST INSTANCES ARE TO SUPPORT VARIOUS PROGRAMS THROUGH THE SPONSORSHIP OF A SPECIAL EVENT AND TO PROVIDE FOOD THROUGH BROWN'S SUPERSTORES.

### **SCHEDULE L** (Form 990)

Department of the Treasury

# **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.

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization Employer identification number UPLIFT SOLUTIONS INC. 94-3471934 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

|     | Complete if the organization ar         | iswered "Yes" on Form 990, Part IV, line 25      | 5a or 25b, or Form 990-EZ, Part V, line 40b. |     |    |  |
|-----|---|--|--|-----|----|--|
| 4   | (a) Name of discussified pages          | (b) Relationship between disqualified person and | (a) December of transaction                  |     |    |  |
|     | (a) Name of disqualified person         | organization                                     | (c) Description of transaction               | Yes | No |  |
| (1) |   |  |  |     |    |  |
| (2) |   |  |  |     |    |  |
| (3) |   |  |  |     |    |  |
| (4) |   |  |  |     |    |  |
| (5) |   |  |  |     |    |  |
| (6) |   |  |  |     |    |  |
| 2   | Enter the amount of tax incurred by     | the organization managers or disqualified        | persons during the year                      |     |    |  |
|     | under section 4958                      |  | ▶ \$   |     |    |  |
| 3   | Enter the amount of tax, if any, on lin | e 2. above, reimbursed by the organization       |  |     |    |  |

### Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | fron | an to or<br>n the<br>zation? | <b>(e)</b> Original principal amount | (f) Balance due | <b>(g)</b> In o | lefault? |     | ard or | (i) W<br>agreer |    |
|-------------------------------|------------------------------------|---------------------|------|------------------------------|--------------------------------------|-----------------|-----------------|----------|-----|--------|-----------------|----|
|                               |                                    |                     | То   | From                         |                                      |                 | Yes             | No       | Yes | No     | Yes             | No |
| (1)                           |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| (2)                           |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| (3)                           |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| (4)                           |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| (5)                           |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| (6)                           |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| (7)                           |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| (8)                           |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| (9)                           |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| (10)                          |                                    |                     |      |                              |                                      |                 |                 |          |     |        |                 |    |
| Total                         |                                    |                     |      |                              |                                      | \$              |                 |          |     |        |                 |    |

#### Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

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

Schedule L (Form 990) 2021

Schedule L (Form 990 or 990-EZ) 2021 Page 2

#### Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction   | organi | naring of<br>ization's<br>nues? |
|-------------------------------|---|---------------------------|----------------------------------|--------|---------------------------------|
|                               |   |                           |                                  | Yes    | No                              |
| (1)BROWN'S SUPERSTORES, LLC   | CHAIR   | 862,208.                  | SALARIES, EXPENSE, CONTRIBUTIONS |        | Х                               |
| (2)                           |   |                           |                                  |        |                                 |
| (3)                           |   |                           |                                  |        |                                 |
| (4)                           |   |                           |                                  |        |                                 |
| (5)                           |   |                           |                                  |        |                                 |
| (6)                           |   |                           |                                  |        |                                 |
| (7)                           |   |                           |                                  |        |                                 |
| (8)                           |   |                           |                                  |        |                                 |
| (9)                           |   |                           |                                  |        |                                 |
| (10)                          |   |                           |                                  |        |                                 |

#### Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

# SCHEDULE M (Form 990)

**Noncash Contributions** 

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UPLIFT SOLUTIONS

Employer identification number

94-3471934

| Par   | Types of Property   |                               |  |   |  |     |     |    |
|-------|---|-------------------------------|--|---|--|-----|-----|----|
|       |   | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash cont   |     |     |    |
| 1     | Art - Works of art  |                               |  |   |  |     |     |    |
| 2     | Art - Historical treasures                                |                               |  |   |  |     |     |    |
| 3     | Art - Fractional interests                                |                               |  |   |  |     |     |    |
| 4     | Books and publications                                    |                               |  |   |  |     |     |    |
| 5     | Clothing and household                                    |                               |  |   |  |     |     |    |
| ·     | goods   |                               |  |   |  |     |     |    |
| 6     | Cars and other vehicles                                   |                               |  |   |  |     |     |    |
| 7     | Boats and planes  |                               |  |   |  |     |     |    |
| 8     | Intellectual property                                     |                               |  |   |  |     |     |    |
| 9     | Securities - Publicly traded                              |                               |  |   |  |     |     |    |
| 10    | Securities - Closely held stock                           |                               |  |   |  |     |     |    |
| 11    | Securities - Partnership, LLC,                            |                               |  |   |  |     |     |    |
| • • • |   |                               |  |   |  |     |     |    |
| 40    | or trust interests  |                               |  |   |  |     |     |    |
| 12    | Securities - Miscellaneous                                |                               |  |   |  |     |     |    |
| 13    | Qualified conservation                                    |                               |  |   |  |     |     |    |
|       | contribution - Historic                                   |                               |  |   |  |     |     |    |
|       | structures  |                               |  |   |  |     |     |    |
| 14    | Qualified conservation                                    |                               |  |   |  |     |     |    |
|       | contribution - Other                                      |                               |  |   |  |     |     |    |
| 15    | Real estate - Residential                                 |                               |  |   |  |     |     |    |
| 16    | Real estate - Commercial                                  |                               |  |   |  |     |     |    |
| 17    | Real estate - Other                                       |                               |  |   |  |     |     |    |
| 18    | Collectibles  |                               |  |   |  |     |     |    |
| 19    | Food inventory  |                               |  |   |  |     |     |    |
| 20    | Drugs and medical supplies                                |                               |  |   |  |     |     |    |
| 21    | Taxidermy   |                               |  |   |  |     |     |    |
| 22    | Historical artifacts                                      |                               |  |   |  |     |     |    |
| 23    | Scientific specimens                                      |                               |  |   |  |     |     |    |
| 24    | Archeological artifacts                                   |                               |  |   |  |     |     |    |
| 25    | Other ►( RENT )   | X                             | 1  | 45,000.   | FMV  |     |     |    |
| 26    | Other ►()   |                               |  |   |  |     |     |    |
| 27    | Other ►()   |                               |  |   |  |     |     |    |
| 28    | Other ►()   |                               |  |   |  |     |     |    |
| 29    | Number of Forms 8283 received                             | -                             |  |   |  |     |     |    |
|       | which the organization completed F                        | Form 8283,                    | Part V, Donee Acknowledge                        | ement   | 29   |     |     |    |
|       |   |                               |  |   | ı  |     | Yes | No |
| 30a   | During the year, did the organizat                        |                               | • • • •  | •   | ٠ ا  |     |     |    |
|       | 28, that it must hold for at least the                    | -                             |  |   |  |     |     |    |
|       | to be used for exempt purposes for                        |                               | olding period?                                   |   |  | 30a |     | X  |
| b     | If "Yes," describe the arrangement i                      | n Part II.                    |  |   |  |     |     |    |
| 31    | Does the organization have a                              | gift accep                    | tance policy that require                        | es the review of any  | nonstandard  |     |     |    |
|       | contributions?  |                               |  |   | The state of the s | 31  |     | X  |
| 32a   | Does the organization hire or use                         | e third parti                 | ies or related organization                      | s to solicit, process, or s   | sell noncash   |     |     |    |
|       | contributions?  |                               |  |   |  | 32a |     | X  |
| b     | If "Yes," describe in Part II.                            |                               |  |   |  |     |     |    |
| 33    | If the organization didn't report an describe in Part II. | amount in o                   | column (c) for a type of pro                     | perty for which column (a)  | ) is checked,  |     |     |    |

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

Schedule M (Form 990) 2021

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 94-3471934

UPLIFT SOLUTIONS INC.

FORM 990, PART VI, LINE 11B

THE FORM 990 IS CIRCULATED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO SUBMISSION. ONCE APPROVED, THE FORM 990 IS FILED.

FORM 990, PART VI, LINE 15B

COMPENSATION FOR THE EXECUTIVE DIRECTOR OF THE ORGANIZATION IS CALCULATED USING A FORMULA DEVELOPED BY AN OUTSIDE CONSULTANT AND THE AMOUNT IS APPROVED BY THE BOARD. THE TREASURER REVIEWS THE CALCULATION ON AN ANNUAL BASIS. ALL SALARIES ARE ULTIMATELY APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 19

ALL GOVERNING DOCUMENTS ARE MAINTAINED ON SITE AND ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS WILL BE PUBLISHED ON THE WEB SITE.

FORM 990, PART VI, LINE 2

JEFFREY BROWN, CHAIRMAN, AND SANDY BROWN, VICE CHAIRMAN & SECRETARY, HAVE A FAMILY RELATIONSHIP.

Name of the organization

UPLIFT SOLUTIONS INC.

Employer identification number

94-3471934

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IN 2017, THE COMPANY INITIATED A PROGRAM TO TRAIN FORMERLY INCARCERATED INDIVIDUALS FOR ENTRY INTO THE GROCERY INDUSTRY. THE PROGRAM COMBINES CLASSROOM AND EXPERIENTIAL LEARNING TO PROVIDE HARD AND SOFT SKILLS, PREPARING PARTICIPANTS TO ENTER THE GROCERY INDUSTRY. THE OBJECTIVE OF THE RE-ENTRY PROGRAM IS TO PROVIDE RE-ENTERING CITIZENS JOB READINESS SKILLS, TECHNICAL SKILLS WITH THE GROCERY INDUSTRY AND LONG-TERM PERMANENT EMPLOYMENT WITH A GOAL OF REDUCING THE LIKELIHOOD OF THEM RECIDIVATING, ULTIMATELY REDUCING LONG-TERM POVERTY.

7,484.

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7,525.

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| Name of the organization            |                         | Employer identification number |
|-------------------------------------|-------------------------|--------------------------------|
| UPLIFT SOLUTIONS INC.               |                         | 94-3471934                     |
| FORM 990, PART X - DEFERRED REVENUE |                         |                                |
| DESCRIPTION                         | BEGINNING<br>BOOK VALUE | ENDING<br>BOOK VALUE           |
| DEFERRED REVENUE                    | 18,309.                 | 91,250.                        |
| TOTALS                              |                         |                                |
|                                     | 18,309.                 | 91,250.                        |
|                                     | =========               | =========                      |

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