

Aspire 3D

Return of Organization Exempt from Income Tax

For the year ended December 31, 2020

CERTIFIED PUBLIC ACCOUNTANTS



May 7, 2021

Ms. Sharlet R. Lee Aspire 3D 375 W. 37th Street, Suite 200 Loveland, CO 80538

Re: Tax Return for Aspire 3D

Dear Ms. Lee:

Enclosed is the following income tax return prepared on behalf of Aspire 3D for the year ending December 31, 2020:

Return of Organization Exempt from Income Tax

The return, as you know, was prepared primarily from your records. You were previously sent an electronic draft copy of the return for your review. By signing the Form 8879-EO you have acknowledged that you personally reviewed the return, did not find any material misstatements, and authorized for us to file the return on your behalf.

The return, as you know, was prepared primarily from your records. We suggest, therefore, that before signing the return, a careful review be made of the information recorded on them to determine that there are no omissions or misstatements of material facts.

We appreciate this opportunity to be of service to you. If you have any questions or if we can be of further assistance, please do not hesitate to contact me at (732) 503-4257.

Very truly yours, NOVOGRADAC & COMPANY LLP

Sal by C

Richard M. Larsen

Enclosures

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	
	ASPIRE 3D 375 W. 37TH STREET NO. 200 LOVELAND, CO 80538
Prepared by	NOVOGRADAC & COMPANY LLP 1433 HOOPER AVENUE, SUITE 329 TOMS RIVER, NJ 08753
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Farm 8879-EO	IRS e-file Signature Authorization	ļ	OMB No. 1545-0047
Form 88/9-EU	for an Exempt Organization		
		, 20	2020
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		
Name of exempt organization		Taxpayer i	dentification number
ASPIRE 3D		83-0	910333
Name and title of officer or per	rson subject to tax		
LORI KEMPTER EXECUTIVE DIR	RAMOD		
	Return and Return Information (Whole Dollars Only)		
	m for which you are using this Form 8879-EO and enter the applicable amount, if any, f		
check the box on line 1a, 2 blank, then leave line 1b, 2	2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed wit (b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ent e applicable line below. Do not complete more than one line in Part I.	h this form v	vas
1a Form 990 check here		1b	575,168
2a Form 990-EZ check h	ere Carlot Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL chec	k here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check h			
5a Form 8868 check here			
6a Form 990-T check her			
7a Form 4720 check here			
	ion and Signature Authorization of Officer or Person Subject to Tall I declare that X I am an officer of the above organization or I am a person su		
(name of organization)	, (EIN)	•	with respect to that I have examined a c
confidential information ne	thorize the financial institutions involved in the processing of the electronic payment of cessary to answer inquiries and resolve issues related to the payment. I have selected as my signature for the electronic return and, if applicable, the consent to electronic fu	a personal	
	VOGRADAC & COMPANY	to enter my	PIN 12345
	ERO firm name	to enter my	Enter five numbers, I
			do not enter all zeros
a state agency(i PIN on the return As an officer or p	on the tax year 2020 electronically filed return. If I have indicated within this return that es) regulating charities as part of the IRS Fed/State program, I also authorize the aforen n's disclosure consent screen. berson subject to tax with respect to the organization, I will enter my PIN as my signatu	nentioned El re on the tax	RO to enter my
	d return. If I have indicated within this return that a copy of the return is being filed with ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure of		
Signature of officer or person subje	tion and Authentication	Date	5/6/2021
•	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 9468128346 Do not enter all zeros		
	neric entry is my PIN, which is my signature on the 2020 electronically filed return indic eturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform siness Returns.		
ERO's signature 🕨 🥢	Date ► Ma	<u>y 10. 20</u>	21
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To De		
LHA For Paperwork Red	uction Act Notice, see Instructions.		Form 8879-EO (2020
023051 11-03-20			

LOV701_1

Form	8868
------	------

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instr	uctions.		Taxpayer	ridentificatio	on number (TIN)
print				**-***0333		
File by the					**_**	*0333
Aue date for filing your return. See 375 W • 37TH STREET, NO • 200						
instruction		foreign add	lress, see instructions.			
Enter th	e Return Code for the return that this application is for (1	file a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	10-BL	02	Form 1041-A			08
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09
Form 99	10-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) LOVELAND HOUSI	06	Form 8870			12
 If the If this box 1 1 th th 	organization does not have an office or place of busine a organization does not have an office or place of busine a is for a Group Return, enter the organization's four digit a . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the or X calendar year 2020 or tax year beginning the tax year entered in line 1 is for less than 12 months, Change in accounting period	t Group Exe and atta NOVEI ganization's	emption Number (GEN) I ich a list with the names and TINs of MBER 15, 2021 , to file s return for: d ending	f this is fo f all memb	r the whole ers the exten npt organiza 	group, check this ension is for.
3a lf	this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less			
	ny nonrefundable credits. See instructions.	,	<i>`</i>	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 606 stimated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your p					
us	sing EFTPS (Electronic Federal Tax Payment System). Se	ee instructio	ons.	3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawa ons.	al (direct de	bit) with this Form 8868, see Form 8	453-EO ai	nd Form 88	79-EO for payment
I HA	For Privacy Act and Paperwork Reduction Act Notice	e, see instri	uctions.		Form	8868 (Rev. 1-2020)

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)

OMB No. 1545-0047

Open to Public

Inspection

 \mathbf{n}

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

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

AF	or th	e 2020 calendar year, or tax year beginning and e	ending		
B c a	Check if pplicab	le: C Name of organization		D Employer identific	cation number
	Addre				
	Name Chang	ge Doing business as		**-***033	33
	Initial	Number and street (of P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		200	970-635-	
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	576,347.
	Amer	LOVELAND, CO 80558		H(a) Is this a group re	turn
	Appli tion pend			for subordinates	? Yes 🗶 No
		<u>3/5 W 3/TH STREET, #200, LOVELAND, CO</u>		H(b) Are all subordinates in	
		tempt status: $X 501(c)(3) 501(c) () \blacktriangleleft$ (insert no.) 4947(a)(1) or	r 🛄 527		list. See instructions
		te: ASPIRE3D.ORG		H(c) Group exemption	
	_	f organization: X Corporation Trust Association Other	L Year of	of formation: 2019 M	State of legal domicile: CO
Pa	art I	-	CHEDU		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE S	бсперо		
'nai	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets
Nel	3	Number of voting members of the governing body (Part VI, line 1a)			9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		9	
ss 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	0		
viti	6	Total number of volunteers (estimate if necessary)			0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		437,066.	512,810.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17.	108.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	62,250.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		437,083.	575,168.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		291,924.	350,900.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		291,924.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,64		0.	0•
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		115,917.	148,924.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		407,841.	499,824.
	19	Revenue less expenses. Subtract line 18 from line 12		29,242.	75,344.
or	.•			ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		57,285.	156,018.
Ass d Ba	21	Total liabilities (Part X, line 26)		28,043.	51,432.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		29,242.	104,586.
-	art II	Signature Block	•		

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

Sign Here	Signature of officer LORI KEMPTER, EXECUTIN Type or print name and title	JE DIRECTOR	Date					
Paid	Print/Type preparer's name RICHARD M. LARSEN	Check PTIN if self-employed P01233142						
Preparer	Firm's name 🕨 NOVOGRADAC & COM		Firm's EIN **-**8253					
Use Only	Firm's address 1433 HOOPER AVE	NUE, SUITE 329						
	TOMS RIVER, NJ 08753 Phone no.732-503-4257							
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🛄 No							
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

Product: Exempt Name: ASPIRE 3D FEIN: ***** 0333	Category:	IRS Center: Ogden e-Postmark: 5/10/2021 1:19 PM Notification:

Fiscal Year Begin Date: 1/1/2020

Fiscal Year End Date: 12/31/2020

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
05/10/2021	20X:LOV701:V1	Upload Started				
05/10/2021	20X:LOV701:V1	Ready to Release by Customer				
05/10/2021	20X:LOV701:V1	Released for Transmission - Validation in Progress			ottejolDOV	
05/10/2021	20X:LOV701:V1	Ready to transmit - Validation Complete				
05/10/2021	20X:LOV701:V1	Transmitted to FD	94681220211300369e51			
05/10/2021	20X:LOV701:V1	Accepted by FD on 5/10/2021				

Form	ASPIRE 3D	**-***0333 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes X No
5	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	
	revenue, if any, for each program service reported.	····, ···· ····
4a	(Code:) (Expenses \$ 438,727 · including grants of \$) (Rever	nue\$)
	THE MISSION OF ASPIRE 3D IS TO CONNECT RESIDENTS OF THE	LOVELAND
	HOUSING AUTHORITY TO MULTIDIMENSIONAL RESOURCES THAT IN	SPIRE THEM TO
	DREAM, DARE AND DO ACTIVITIES THAT ELEVATE THEIR QUALIT	Y OF LIFE. WE
	ACCOMPLISH OUR MISSION BY PROVIDING INDIVIDUALIZED NAVI	
	AND PROGRAM COORDINATION TO THE MOST VULNERABLE RESIDEN	
	COMMUNITIES, INCLUDING CHILDREN AND FAMILIES LIVING WIT	
	POVERTY, ABUSE AND NEGLECT, VETERANS TRANSITIONING OUT	OF HOMELESSNESS,
	AND LOW INCOME SENIORS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revented including grants of \$)	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 438,727.	<i>I</i>
		Form 990 (2020)
032002	2 12-23-20	· · · · ·
	3	

13180504 130409 LOV701 2020.03041 ASPIRE 3D

Form	aan	(2020)
FUIII	990	20201

 Form 990 (2020)
 ASPIRE
 3D

 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)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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
12a	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 X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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 approximant on Part IX, column (A) line 12 If "Yes," complete Schedule I, Parts I and II.	04		x
020000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	(2020)
032003	3 12-23-20		550	(2020)

4 13180504 130409 LOV701 2020.03041 ASPIRE 3D

Form	990	(2020)
	000	

 Form 990 (2020)
 ASPIRE
 3D

 Part IV
 Checklist of Required Schedules (continued)

Fai				
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
d		28a		x
h	"Yes," complete Schedule L, Part IV 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 lines 28a or 28b?/	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	
032004	4 12-23-20	Form	990	(2020)

5 13180504 130409 LOV701 2020.03041 ASPIRE 3D

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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	rity over, a	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a
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 A	ccour	its (FBAR).	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•		
	any contributions that were not tax deductible as charitable contributions?			6a
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		•	
	were not tax deductible?			6b
7	Organizations that may receive deductible contributions under section 170(c).			_
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a
				7b
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	7-
A	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7e 7f
' g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g
9 h	If the organization received a contribution of qualined intellectual property, and the organization intervention of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, air			79 7h
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			
-			-	8
9	Sponsoring organizations maintaining donor advised funds.			
а				9a
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
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

c Enter the amount of reserves on hand ______ 13c

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

14a Did the organization receive any payments for indoor tanning services during the tax year?

excess parachute payment(s) during the year?

Form 990 (2020)

Part V

020)	ASPIRE 3D	**-**0333	Page 5
Statem	ents Regarding Other IRS Filings	and Tax Compliance (continued)	

T

1

13b

No

Х

х

Х Х

Х

Х

Х

Yes

Form 990 (2020)

14a

14b

15

16

Х

х

Х

032005 12-23-20

16

13180504 130409 LOV701

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

	990 (2020) ASPIRE 3D t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 to	hrough	** _ ***(Pac
r ai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	-		a NO I	espoi	15
						[
00	Check if Schedule O contains a response or note to any line in this Part VI					
ec	tion A. Governing body and Management				Yes	Т
12	Enter the number of voting members of the governing body at the end of the tax year	1 a	(9	165	t
iu	If there are material differences in voting rights among members of the governing body, or if the governing	14		-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h		46		9		
	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				x	ł
_	officer, director, trustee, or key employee?			2	~	+
3	Did the organization delegate control over management duties customarily performed by or under the				v	
	of officers, directors, trustees, or key employees to a management company or other person?			3	Х	+
4	Did the organization make any significant changes to its governing documents since the prior Form			4		+
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		+
6	Did the organization have members or stockholders?			6		∔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					ľ
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			T
	The governing body?			8a	Х	T
b	Each committee with authority to act on behalf of the governing body?			8b	Х	T
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					T
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
			/		Yes	Τ
0a	Did the organization have local chapters, branches, or affiliates?			10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such o					t
5	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1-	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a		╉
		ly berc	re ming the lonn?	114		+
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	ł
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	+
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Δ	╉
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
_	in Schedule O how this was done			12c		╀
3	Did the organization have a written whistleblower policy?			13		╀
4	Did the organization have a written document retention and destruction policy?			14		4
5	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'					
а	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					Τ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		L
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					t
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		Ľ
	tion C. Disclosure					-
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CO					
				0)	A	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	J-1 (Section 501(c)(-	3)s oniy) ava	llé
	for public inspection. Indicate how you made these available. Check all that apply.	~				
~	Own website Another's website X Upon request Other (explain					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	ot interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's be	ooks ar	nd records 🕨			
	LOVELAND HOUSING AUTHORITY - 970-635-5944					
	375 W 37TH STREET, #200, LOVELAND, CO 80538					
2006	5 12-23-20 –			Form	9 90) (2
_	7				_	
80	504 130409 LOV701 2020.03041 ASPIRE 3D			LOV	770	1
-	Set realized for a set of the set					-

Part VII	Compensation of Officers,	Directors, Trustee	es, Key Employees	, Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average		(C) Position (do not check more than on			(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	box offi	, unle	ss pe	rson	is bot pr/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEFF FENEIS	2.00			37					0	0
DIRECTOR	2 00	X		X				0.	0.	0.
(2) CINDI HAMMOND CHAIR	2.00	x						0.	0.	0.
(3) JANET LESTER	2.00							0.	••	
DIRECTOR	2.00	x						0.	0.	0.
(4) DANIELLE FEENEY	2.00									
DIRECTOR		X		X				0.	0.	0.
(5) DAWN PAEPKE	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) DALE DOERING	2.00									
BOARD MEMBER		х						0.	0.	0.
(7) KIM AKELEY-CHARRON	2.00									
VICE CHAIR	2 00	X		X				0.	0.	0.
(8) ASHLEY PINTARIC	2.00									0
DIRECTOR	2.00	X						0.	0.	0.
(9) ADELE LA RIVIERE SECRETARY	2.00	x		x				0.	0.	0.
032007 12-23-20	-	-		-	-		-	-		Form 990 (2020)

	990 (2020) ASPIRE 31									**_*:	**0	333	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	(do not check box, unless per officer and a d				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensa om the anizati d relate nizatio	e ion ed
	0.14.41								0.		0.			0.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization							no re	eceived more than \$100),000 of reportab	le			0
3	Did the organization list any former officer,			-	•	•		Ŭ		2			Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d otl				3		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		5		x
-	tion B. Independent Contractors									• • • • • • •				
1	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		ipens			
	(A) Name and business address							_	(B) Description of s	ervices	C	(C omper		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se lis)	stec	a above) who received m	nore than		Form	9 90 (*	2020/
														_020)

		(2020) ASPIRE 3D				**-***0	333 Page 9
Pa	rt VI						
		Check if Schedule O contains a response or	r note to any line		(D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		• Membership dues 1b					
An G An G		Fundraising events					
Sift Iar J		Related organizations					
ini ini		Government grants (contributions)	60,575.				
rior S	f	All other contributions, gifts, grants, and					
Ęġ			52,235.				
ont ont		Noncash contributions included in lines 1a-1f		F10 010			
<u>a</u> O	ł	Total. Add lines 1a-1f		512,810.			
			Business Code				
Program Service Revenue	2 8						
Ser	k						
E a		[
n n n n n n n n n n n n n n n n n n n		·					
Pro	f						
	ģ						
	3	Investment income (including dividends, interest					
		other similar amounts)	►	108.			108.
	4	Income from investment of tax-exempt bond pro	oceeds 🕨				
	5	Royalties					
			(ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		Gross amount from sales of (i) Securities	(ii) Other				
	' '	assets other than inventory 7a	(
	t	Less: cost or other basis					
ne		and sales expenses 7b					
venue		Gain or (loss) 7c					
Re		d Net gain or (loss)	►				
Other	8 8	a Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See	C2 420				
			63,429.				
		Less: direct expenses 8b Net income or (loss) from fundraising events		62,250.			62,250.
		a Gross income from gaming activities. See		01,150.			02,250.
		Part IV, line 19 9a					
	ł	b Less: direct expenses					
		Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	t	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
sn			Business Code				
leol Ue	11 a						
≱llar ven	k						
Miscellaneous Revenue							
Σ		d All other revenue					
	12	Total revenue. See instructions		575,168.	0.	0.	62,358.
03200	9 12-2		····· P	-			Form 990 (2020)

	t IX Statement of Functional Expense on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		· · · · ·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ŧ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	308,595.	275,139.	33,456.	
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	42,305.	37,987.	4,318.	
)	Payroll taxes				
	Fees for services (nonemployees):				
а	Management				
	Legal	43.		43.	
	Accounting	5,000.	4,036.	964.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	4,912.		4,742.	170
3	Office expenses	13,309.	11,350.	1,959.	
ŀ	Information technology				
;	Royalties				
;	Occupancy				
,	Travel	3,177.	2,870.	307.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	50,888.	45,055.	5,833.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		,		
a	PROGRAM COSTS	48,439.	48,043.	396.	
b	GRANT EXPENSE	12,001.	11,838.	163.	
c	SOFTWARE EXPENSES	8,426.	,	6,956.	1,470
d	SUPPLIES	2,409.	2,409.		_,_,
	All other expenses	320.	_,,	320.	
_	Total functional expanses Add lines 1 through 24a	499 824	438 727	59 457	1 640

SUPPLIES d e All other expenses Total functional expenses. Add lines 1 through 24e 25 26 $\ensuremath{\textit{Joint costs}}$. Complete this line only if the organization

_____ if following SOP 98-2 (ASC 958-720)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2020)

1,640.

59,457.

13180504 130409 LOV701

Check here

032010 12-23-20

499,824.

438,727.

LOV701_1

ASPIRE 3D

		Check if Schedule O contains a response or	note to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			22,715.	1	122,779.
	2	Savings and temporary cash investments				2	
;	3	Pledges and grants receivable, net			32,841.	3	31,402
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantial contrib	outor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disq	ualified persons	(as defined			
		under section 4958(f)(1)), and persons descr	ibed in section 4	958(c)(3)(B)		6	
<u>ა</u> ე	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹ ,	9	Prepaid expenses and deferred charges			1,729.	9	1,837
1	0a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation				10c	
1		Investments - publicly traded securities				11	
1:		Investments - other securities. See Part IV, lin				12	
1:		Investments - program-related. See Part IV, li				13	
14		Intangible assets		14			
1		Other assets. See Part IV, line 11				15	
10		Total assets. Add lines 1 through 15 (must e			57,285.	16	156,018
1		Accounts payable and accrued expenses			8,472.	17	21,393
18		Grants payable	• / = · = ·	18	,•		
19				19			
2		Deferred revenue Tax-exempt bond liabilities				20	
2						20	
		Escrow or custodial account liability. Complete Leans and other payables to any surrent or the				21	
	2	Loans and other payables to any current or f					
		trustee, key employee, creator or founder, su				00	
La	~	controlled entity or family member of any of				22	
- 2		Secured mortgages and notes payable to un				23	
24		Unsecured notes and loans payable to unrel				24	
2	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	,		19,571.	0.5	30,039
	-	of Schedule D			28,043.		51,432
2	6	Total liabilities. Add lines 17 through 25		V	20,043.	26	51,452
ŝ		Organizations that follow FASB ASC 958,	check here 🕨	Δ			
ŭ	_	and complete lines 27, 28, 32, and 33.			20 242		104 506
e 21		Net assets without donor restrictions			29,242.	27	104,586
n 28	8	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB AS	C 958, check he	ere 🕨 📖			
Net Assets or Fund Balances		and complete lines 29 through 33.					
2	9	Capital stock or trust principal, or current fur				29	
83 3 0	0	Paid-in or capital surplus, or land, building, o	r equipment fund	d		30	
ž 3	1	Retained earnings, endowment, accumulate				31	
8 3	2	Total net assets or fund balances			29,242.	32	104,586
33	3	Total liabilities and net assets/fund balances			57,285.	33	156,018.

Form **990** (2020)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 2 2 Total expenses (must equal Part X, column (A), line 25) 2 3 775, 344. 4 29, 242. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 104, 5866. Part XII Financial Statements and Reporting Yes No 11 Accounting method used to prepare the Form 990: Cash Accrual Other 1 16 Verse theor againzation changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a X 11 Accrual Other 1 2a X 16 Verse theorganization changed its method of accounting from a prior year or checked 'Other		1990 (2020) ASPIRE 3D	**_**	0333	Paç	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 575,168. 2 Total expenses (must equal Part IX, column (A), line 25) 2 499,824. 3 Revenue less expenses. Subtract line 2 from line 1 3 75,344. 4 429,242. 5 4 29,242. 5 Net unrealized gais (losses) on investments 6 6 6 7 7 6 7 7 7 7 8 9 0 ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1004,586. Part XII Financial Statements and Reporting X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 The organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O. 2a X 12 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Yes No 14 Accounting method used to prepare the Form 990: C	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 499,824. 3 Revenue less expenses. Subtract line 2 from line 1 3 75,344. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29,242. 5 5 5 5 6 0nated services and use of facilities 6 7 7 6 8 9 0. 9 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1004,586. Part XII Financial Statements and Reporting X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2 X 1 Yes 1 Accounting method used to prepare the Form 990: 2 Cash 1 Accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 1 Yes 1 Accounting from cal statements audited basis 2 Donsolidated basis, or both: 3 Separate basis 2 Consolidated basis 3 Consolidated basis 4 Account in the organization's financial statements audited by an independent accountar? 1 Yes 1 Yes		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 499,824. 3 Revenue less expenses. Subtract line 2 from line 1 3 75,344. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29,242. 5 5 5 5 6 0nated services and use of facilities 6 7 7 6 8 9 0. 9 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1004,586. Part XII Financial Statements and Reporting X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2 X 1 Yes 1 Accounting method used to prepare the Form 990: 2 Cash 1 Accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 1 Yes 1 Accounting from cal statements audited basis 2 Donsolidated basis, or both: 3 Separate basis 2 Consolidated basis 3 Consolidated basis 4 Account in the organization's financial statements audited by an independent accountar? 1 Yes 1 Yes						
3 Revenue less expenses. Subtract line 2 from line 1 3 75,344. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29,242. 5 5 5 6 7 7 7 8 6 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 104 , 586. 9 0. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2 Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No 1 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Za X Za X If "Yes," check a box below to indicate whether the financial statements	1					
4 29,242. 5 5 6 6 7 6 7 7 8 7 9 0.1 10 Net assets or fund balances of facilities 7 8 9 0.1 10 Net assets or fund balances (explain on Schedule O) 9 0.1 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 9 0.1 10 Net assets or fund balances (explain on Schedule O) 9 0.1 10 Net assets or fund balances (explain on Schedule O) 9 0.1 10 104, 586. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 14 Accounting method used to prepare the Form 990: Cash 14 Accounting from a prior year or checked "Other," explain in Schedule O. 15 Sep	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 0 7 8 9 9 9 10 104, 586. 1 Accounting method used to prepare the Form 990: 1 1 Accounting method used to prepare the Form 990: 1 1 1 Accounting method used to prepare the Form 990: 1 1 1 1 1 2 2 1 1 2 2 2 2 2 3 1 1 1 1 1 1 2 2 3 3 4 4 4 5 5 1 4 2 2 3 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 <td< th=""><th>3</th><td>Revenue less expenses. Subtract line 2 from line 1</td><td>3</td><td></td><td></td><td></td></td<>	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 rivestment 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 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 104 , 586. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or rote to any line in the Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Dever the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate and separate basis C If "Yes," check a box below to indicate and selection of a	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29	9,2	42.
7 investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 4 , 586 . Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b </th <th>5</th> <td>Net unrealized gains (losses) on investments</td> <td>5</td> <td></td> <td></td> <td></td>	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 104,586. Part XII Financial Statements and Reporting 10 104,586. Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," to line 2 ao r2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or co	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 4 , 586 . Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash A Accrual Other, "explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Wree the organization changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection process during the axy ear, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not unde	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 104, 586. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 2a X Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X Image: Separate basis Consolidated basis Both consolidated and separate basis Zb X Image: Separate basis Consolidated basis Both consolidated and separate basis	8	Prior period adjustments	8			
column (B) 10 104,586. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 2a X Yes No Za X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X X 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Do noslidated basis, or both: Zb X X 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X Z Z X Image: Separate basis Consolidated basis, or both: Zb X Image: Separate basis Zb X Image: Separate basis Zb X Image: Separat	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or solidated basis Both consolidated and separate basis 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or solidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection proces			10	104	1,5	86.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash image:		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis						
separate basis, consolidated basis, or both: Separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Image: Consolidated basis, or both: Image: Consolidated basis Image: Consolid						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements and separate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes,"						
consolidated basis, or both: X 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 4b	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits. or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	3a		ngle Audit			_
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		Act and OMB Circular A-133?		3a		Х
	b		ired audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

SCI	HED	ULE	Α

Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ	1
1		000	U 1		۰,

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

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

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

OMB No. 1545-0047				
2020				
Open to Public Inspection				
 بر مامیر بین میلام میلام بر ا				

Nan							identification number * - * * * 0 3 3 3		
Da	rt I	ASPI Reason for Public		(All organizations must a	omplata ti	nic part) C			*=***0333
					-			15.	
	organ	ization is not a private found				,			
1	H	A church, convention of ch					I)(A)(I).		
2	H	A school described in sect					::)		
3	H	A hospital or a cooperative						Viiii) Entor	the beenitel's name
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	l unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10		An organization that norma							
		activities related to its exer		-					-
		income and unrelated busin See section 509(a)(2). (Co		(less section 511 tax) in	om busine	sses acqu	lifed by the o	rganization	alter Julie 30, 1975.
11		An organization organized	. ,	ively to test for public sa	fety See	section 50	19(a)(4)		
12	F	An organization organized	•					arry out the	purposes of one or
		more publicly supported or	-	•				-	
		lines 12a through 12d that							
а		Type I. A supporting orga				-		-	giving
		the supported organization	-	-	•	-			
		organization. You must o							
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrate	ed with,
		_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)
		that is not functionally inf	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	-						
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
	_	functionally integrated, o		nally integrated support	ing organi	zation.			
f		er the number of supported	•						
<u> </u>		vide the following information i) Name of supported	n about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	``	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ii		support (see instructions)
				above (see instructions))	100				
Tati									
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 ASPIRE 3D Part II Support Schedule for Organization

			гау
Ш	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)	/i)	
	(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	e organiza	ation
	fails to qualify under the tests listed below, please complete Part III.)		

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				437,066.	576,239.	1,013,305.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				437,066.	576,239.	1,013,305.
	The portion of total contributions					-	<u> </u>
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1,013,305.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(,	(-)	(-/	437,066.	576,239.	1,013,305.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				17.	108.	125.
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,013,430.
	Gross receipts from related activities,	etc (see instructi	ions)			12	-,,
	First 5 years. If the Form 990 is for th			fourth or fifth tax	vear as a section !		
	organization, check this box and stor	-					►X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·····
-	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o		-				is box
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te				-	Ŭ	
b	10% -facts-and-circumstances tes	-		• • • •	-		10% or
-	more, and if the organization meets th						
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•	-			
				, , 		dulo A (Eorm 000	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 ASPIRE 3D

-*0333 Page 3

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support					_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	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							
13	assets (Explain in Part VI.)			1				
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	fourth. or fifth tax	vear as a section	501(c)(3) orga	nization.	
-	check this box and stop here	•					······, ►	
Sec	ction C. Computation of Publ							
	Public support percentage for 2020 (I		-	column (f))		15	%	
	Public support percentage from 2019					16	%	
	ction D. Computation of Invest							
	Investment income percentage for 20				1	17	%	
	Investment income percentage from 2					18	%	
	33 1/3% support tests - 2020. If the					33 1/3% . and		
	more than 33 1/3%, check this box a	-						
b	b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio							
	23 01-25-21			,, ee.			n 990 or 990-EZ) 2020	
				16	501		 , _ 0 _ 0	

2020.03041 ASPIRE 3D

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

032024 01-25-21

13180504 130409 LOV701

17 2020.03041 ASPIRE 3D

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

Schedule A (Form 990 or 990-EZ) 2020

2

No

			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Type II Supportin Contin ~ 0.... -

Section C. Type in Supporting Organizations						

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

032025 01-25-21

13180504 130409 LOV701

1

18 2020.03041 ASPIRE 3D 2a 2b За 3b

No Yes

Schedule A (Form 990 or 990-EZ) 2020

 Schedule A (Form 990 or 990-EZ) 2020
 ASPIRE
 3D

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

.....

. .

00 4070 /

...

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a nen functional	ly intogr		anization (and

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

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Pa	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017 Excess from 2018				
	Excess from 2018 Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ASPIRE 3D

Part VI	Supplemental	I Information. P	rovide the explanations	required by Par	t II, line 10; Part II, line	** - * * * 0	e 12;
	Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	،, lines 1, 2, 3b, 3c, 4 ction D, lines 2 and 3 , 6, and 8; and Part ۱	b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, line V, Section E, lines 2, 5, a	11a, 11b, and 1 s 1c, 2a, 2b, 3a	1c; Part IV, Section B, , and 3b; Part V, line 1	lines 1 and 2; Part IV, 5 ; Part V, Section B, line	Section C, 1e; Part V,
	(See instructions.))	, coolion 2, mico 2, c, c				
32028 01-25-2	1				So	chedule A (Form 990 o	r 990-EZ) 2
80501	130409 LO	٥,770	2020.03041	21 AGDTRE			ov701_
00004	TO TO TO	, , , , , <u>,</u>	2020.02041	- ADLINE		L.	O. 10T

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

-*0333

Organization type (check one):

ASPIRE 3D

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

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

General Rule

X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

ASPIR	E 3D	* 1	*-***0333
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOVELAND HOUSING AUTHORITY		Person X Payroll
	375 W 37TH STREET LOVELAND, CO 80538	\$ <u>155,000.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LOVELAND HOUSING DEVELOPMENT CORP 375 W 37TH STREET LOVELAND, CO 80538	\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE EDGE LLP 375 W 37TH STREET LOVELAND, CO 80538	\$30,882.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SILVER LEAF II 375 W 37TH STREET LOVELAND, CO 80538	\$82,015.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LOVELAND HOUSING AUTHORITY <u>375 W 37TH STREET</u> LOVELAND, CO 80538	\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CITY OF LOVELAND 500 E. THIRD STREET LOVELAND, CO 80537	\$31,756.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

13180504 130409 LOV701

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

LOV701_1

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

ASPIRE 3D

-*0333

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	STATE OF COLORADO 200 E. COLFAX AVE DENVER, CO 80203	\$ <u>10,762.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MCKEE WELLNESS FOUNDATION 1805 E. 18TH ST LOVELAND, CO 80538	\$14,140.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LOVELAND ROTARY PO BOX 1144 LOVELAND, CO 80539	\$6,751.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	INDEPENDENT FINANCIAL COMMUNITY GRANT 7777 HENNEMAN WAY MCKINNEY, TX 75070	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	LOVELAND PULSE 200 N. WILSON AVE LOVELAND, CO 80537	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-2		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
			2020, 200

Name of organization

Page **3**

Employer identification number

ASPIRE 3D

-*0333

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		<u> </u>	
		\$	990, 990-EZ, or 990-PF) (2

Page 4

art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) if completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	through (e) and the following line entry maritable, etc., contributions of \$1,000 or les	For organizations) for
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	ld
		(e) Transfer of gift	_	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	ld
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	
a) No. from	(b) Purpose of gift		(d) Description of how gift is hel	
Part I				
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	Id
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	

SCHEDULE D

Department of the Treasury Internal Revenue Service

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



Name of the organization

ASPIRE 3D

Employer identification number **-***0333

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🔛 No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring				
	impermissible private benefit?						
Pa	Tt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education)	historically important land area				
	Protection of natural habitat	Preservation of a	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
с	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired						
-	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax				
	year						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe						
-	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year				
-							
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservati	on easements during the year				
0	\$	a action the requirements of eastion 170/h					
8							
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat						
9	balance sheet, and include, if applicable, the text of the foot	-					
	organization's accounting for conservation easements.	Tote to the organization's infancial statement					
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement ar	nd balance sheet works				
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in fur	therance of public				
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items	5.				
b	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 furthe	erance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		• •				
			N .				
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		• \$				
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020				
03205	1 12-01-20						

27 2020.03041 ASPIRE 3D

-	dule D (Form 990) 2020 ASPIRE	3D						**_**	*033	3 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	reasures, c	or Othe	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	on, and other record	ls, check	any of the	following that	t make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e	. 🗆 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "	'Yes" on	Form 990), Part IV,	line 9, o	•	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦.,		٦
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Par											
		(a) Current year		rior year	(c) Two year			/ears back	(e) Fou	vears	back
1a	Beginning of year balance	(u) ourroint your	(2) * *	nor your	(0)	o suon	(4)	ouro suori	(0) ! 0	jouro	Such
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	and administe	red for t	he organi	zation			
	by:									Yes	No
	(i) Unrelated organizations										
						3a(ii)					
b)				3b		<u> </u>
4	Describe in Part XIII the intended uses of the	0	owment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere								()) [
	Description of property	(a) Cost or o basis (investr		• •	t or other	• •	ccumulate preciation		(d) Boo	k valu	e
	Land			Dasis	(other)	ue	preciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		X colum	n (R) line	10c)						0.
Total	a Add intes ta through te. (Column (d) must e	guar onn 330, r'ail	A, 001011	,, , , , , , , , , , , , , , , , , , ,	,			Sebedule	D (Earr	- 000	-

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.
--

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Dort X Other Liebilities	

Part X | Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED EXPENSES	30,039.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	30,039.

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 ASPIRE 3D			**_*	**0333 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturn	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total revenue, gains, and other support per audited financial statements			1	576,347.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	1,179.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	1,179.
3 Subtract line 2e from line 1			3	575,168.
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.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	575,168.
Part XII Reconciliation of Expenses per Audited Financial State		n Expenses per	Retur	'n.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total expenses and losses per audited financial statements			1	501,003.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	1,179.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	1,179.
3 Subtract line 2e from line 1			3	499,824.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	499,824.
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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities					vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					, or if the	2020	
Department of the Treasury	► Attach to Form 990 or Form 990-EZ.						Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informat	ion.		Inspection
Name of the organization	ASPIRE						**_***0	
	complete this par	 Complete if the organization answe t. 	red "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions I email solicitations itations olicitations on have a written o ted in Form 990, P 0 highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c		butions	s or has been notified	d it is	exempt from r	egistration
or licensing.							•	
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form 9	990 or	990-1	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 ASPIRE 3D

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines I and 6D. List	events with gross receip	ots greater than \$5,000.			
			(a) Event #1 COVID	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			FUNDRAISING			col. (c)			
e			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	63,429.			63,429.			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	63,429.			63,429.			
	4	Cash prizes							
es	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Direct E	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses	1,179.			1,179.			
		Direct expense summary. Add lines 4 through	.,		►	1,179.			
_		Net income summary. Subtract line 10 from li				62,250.			
Pa	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Re	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direc	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No	No	No				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)						
		Not coming income summary. Subtract line 7	from line 1 column (d)		•				
	0	Net gaming income summary. Subtract line 7	from line 1, column (u)						
9	Fn	ter the state(s) in which the organization condu	ucts gaming activities:						
		the organization licensed to conduct gaming a	· · -	states?		Yes No			
		No," explain:							
		· · ·							
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
b	lf "	Yes," explain:							
03208	32 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020			

<u>S</u> ch	edule G (Form 990 or 990-EZ) 2020 ASPIRE 3D **	-***033	3 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, lines 9	9, 9b, 10b,
_			
		orm 000 ~~ 00	0-EZ 0000
0320	83 11-25-20 Schedule G (F 33	-orm 990 or 95	ѿ-Ѐ҄Ҳ) 2020

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



ASPIRE 3D

Employer identification number **-***0333

FORM 990, PART I AND PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION

ASPIRE 3D (THE "CORPORATION") WAS ORGANIZED IN 2019 TO CONNECT

RESIDENTS OF THE LOVELAND HOUSING AUTHORITY TO MULTIDIMENSIONAL

RESOURCES THAT WILL INSPIRE THE COMMUNITY TO DARE, DREAM, AND DO

THE CORPORATION RECEIVES ACTIVITIES THAT ELEVATE THEIR OUALITY OF LIFE.

SUPPORT FROM VARIOUS GRANTS AND CONTRIBUTIONS FROM THE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 2:

LOVELAND HOUSING AUTHORITY

ED

BOARD OF DIRECTORS

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION IS MANAGED BY THE LOVELAND HOUSING AUTHORITY.

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

THE 990 WAS REVIEWED BY THE ACCOUNTING MANAGER OF THE MANAGEMENT COMPANY.

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

AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C

NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESS.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20