		PUBLIC DISCLOSURE COPY - STATE REGISTRAT			OMB No. 1545-0047
For	_ g	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			0000
		Do not enter social security numbers on this form as it r			Open to Public
Inter	nal Reve	of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the I			Inspection
Α	For th	le 2020 calendar year, or tax year beginning ${ m SEP}$ 1 , 2020 and endir	ng A	UG 31, 2021	
	Check if applicat			D Employer identific	ation number
	Addr	ge UP2US INC.			
	Name Chan	ge Doing business as UP2US SPORTS		80-053593	33
	Initial returr Final	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone number	
	returi termi	JZU EIGHTH AVENUE, ZND FLOOR		212-563-3 G Gross receipts \$	8,069,333.
	ated Amer returr			H(a) Is this a group re	
	Appli			for subordinates?	
	pend	ING SAME AS C ABOVE		H(b) Are all subordinates ind	= =
1	Tax-e>	xempt status: 🗴 501(c)(3) 🗌 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🗌	527		ist. See instructions
		ite: ► WWW.UP2US.ORG		H(c) Group exemption	
			Year o	of formation: 2010 M	State of legal domicile: DC
Pa	art I				
Ð	1	Briefly describe the organization's mission or most significant activities: TO ENGA			
Governance		SPORTS COACHES TO TRANSFORM YOUTH, PROGRAMS			
ern:	2	Check this box	more	1 1	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			16
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			<u>433</u> 20
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ac	/ 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	<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,289,378.	6,138,263.
ant	9			1,551,050.	1,911,505.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,087.	19,319.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,873,515.	8,069,087.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		353,396.	171,080.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,126,459.	4,670,820.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
g	b	• Total fundraising expenses (Part IX, column (D), line 25) 121,972.	_		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,398,692.	745,692.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,878,547.	5,587,592.
	19	Revenue less expenses. Subtract line 18 from line 12		-5,032.	2,481,495.
Net Assets or	1		Beç	ginning of Current Year	End of Year
ssets	1 20	Total assets (Part X, line 16)	<u> </u>	1,613,947.	3,144,030.
3t As	21	Total liabilities (Part X, line 26)		1,759,825.	807,632.
Ž	<u>22</u>	Net assets or fund balances. Subtract line 21 from line 20		-145,878.	2,336,398.
	art II		late		In an in a section of the Part State
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s			knowledge and Dellet, it is
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer i	nas any knowledge.	

Sign	Signature of officer		Date
Here	SHERAH ALAIMO, CH	IIEF OPERATING OFFICER	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	EVA MRUK	EVA MRUK	07/14/22 self-employed P00543254
Preparer	Firm's name FKF O'CONNO	DR DAVIES, LLP	Firm's EIN ▶ 27-1728945
Use Only	Firm's address 245 PARK AV	VENUE, 12TH FLOOR	
	NEW YORK, 1	NY 10167	Phone no. 212-286-2600
May the I	RS discuss this return with the preparer	shown above? See instructions	X Yes No
			000

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Check if Schedule Q contains a response or note to any line in this Part III THE MITSSION OF UP2US SPORTS TO ENGAGE, TRAIN AND SUPPORT SPORTS COACHES TO TRANSFORM YOUTH, PROGRAMS AND COMMUNITIES. Other organization undertake any significant program services during the year which were not listed on the proferom 900 e90 e82 I' Yes, 'describe these new services on Schedule 0. 3 Dot the organization cases conducting, or make significant changes in how it conducts, any program services? □ Yes [X] 4 Describe these draw sepontation service accomplishments for each of its three largest program services, and measured by material and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services. 1,726,347 UP2US COACH 3,919,038. Industry program service services. 1,726,347 UP2US COACH 3,919,038. Industry program services. 1,726,347 UP2US COACH 3,919,038. Industry program services. 1,726,347 UP2US COACH SO RECUTH WHO RESIDE IN UNDERSERVED 1,726,347 UP2US COACH SA MERICORPS MEMBERS WHO ARE TRAINED IN SUPL AND TRAUMA-SENSITIVE COACHING. UP2US COACHES ENGAGE YOUTH. 1,726,347 UP2US COACH SA MERICORPS MEMBERS WHO ARE TRAINED IN SUPL AND COMMUNITES. UP2US COACH HIS EN ASING YOUTH AND VORENT FROM TARGETED COMMUNITIES. UP2US COACH HIS ENGALES TRAINED IN SUPL AND MORENT FROM TARGETED COMMUNI	rai	t III Statement of Program Service Accomplishments		
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COACHES TO TRANSFORM YOUTH, PROGRAMS AND COMMUNITIES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980 cf 200 cf 2	1	Briefly describe the organization's mission:		
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 e9027? □ Yes; 'describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measure by expenses. Section 501(sig) and 501(sig) organizations required to regorit the amount of grants and allocations to others, the total sepsenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measure by expenses. Section 501(sig) and 501(sig) organizations are required to report the amount of grants and allocations to others, the total sepsenses, and revenue, if any, for each program service required to report the amount of grants and allocations to others, the total sepsenses, and revenue, if any, for each program service accomplishment to the amount of grants and allocations to others, the total sepsenses, and revenue, if any, for each program service accomplishment to the amount of grants and allocations to others, the total sepsenses, and revenue, if any, for each program service accomplishment to the amount of grants and allocations to others, the total sepsenses, and revenue, if any, for each program service accomplishment to the amount of grants and allocations to others, the total sepsenses of a set and the set and allocations of the set and the set and the amount of grants and allocations to others, the total sepsenses of a set and the set and the amount of grants and allocations of the set and the set and the addition of the set and t		THE MISSION OF UP2US SPORTS TO ENGAGE, TRAIN AND SUPPORT S	SPORTS	
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3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?				
<pre>If "ves," describe these changes on Schedule 0. 4 Describe the organization's program services compositioned to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code:</pre>	。			
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue. (any, for each program service reported. 4a (code) (Bearwest	3			INC
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SEE SCHEDULE O FOR CONTINUATION(S)			Form 9	90 (202
				,
	32000	12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		X
	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?			v
	If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI	<u>11a</u>		
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
		11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11u		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 11	
		12a	х	
	Schedule D, Parts XI and XII	120		
		12b		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
	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
	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
	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	
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? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
032003	12-23-20	Form	990	(2020)

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Form 990 (2020)

UP2US INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
•	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
0		21		- 11
8	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			- -
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	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
4	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
l5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	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		x
7	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a reaponed or note to any line in this Dart V			
		<u></u>	Yes	No
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	162	
		_		
b		-		
С	(oambling) winnings to prize winners?	4-		
		1 10	1	

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5 2020.06000 UP2US INC. Form 990 (2020)

Form 990 (2020) UP2US INC. Part IV Checklist of Required Schedules (continued)

Form	990 (2020) UP2US INC. 80-0535	933	Р	age 5					
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 433		x						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37					
	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	~							
•	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	•							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	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: Gross income from members or shareholders 11a								
a h	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1								
b									
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
a	Note: See the instructions for additional information the organization must report on Schedule O.	154							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
~	Enter the amount of reserves on hand								
14a		14a	1	x					
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		<u> </u>					
10	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.	10							
16	Is the experimetion on advectional institution evidence to the experimentary (000 evides to use a stringertrant in some 0	16		x					
10	If "Yes," complete Form 4720, Schedule O.	10							
				-					

Form 990	(2020)
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032005 12-23-20

Form	<u>990 (2020)</u> UP2US INC.			-0535		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	rough 1	7b below,	and for a "	No" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other				
2	a ffinance allowed and the second and a se	with a	ny other		2		x
3	Did the organization delegate control over management duties customarily performed by or under the	diract		 on	2		
3					3		x
			filedO				X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso				5		X
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 ap				_		
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						- v
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				
а	The governing body?				8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (Code.)				
				1		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	icts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient wi	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA, IL, FL, MA, M	D,N	Z, PA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an			501(c)(3)s	only)	availa	ble
10	for public inspection. Indicate how you made these available. Check all that apply.	u 000	1 (0001011	1001(0)(0)0	, only)	avana	
	X Own website X Another's website X Upon request Other (explain	on 60	hadula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col			olicy and	finand		
19	statements available to the public during the tax year.	met 0	i interest þ	Joney, and	man	nai	
20		ke ond	rocordo				
20	State the name, address, and telephone number of the person who possesses the organization's boo PAUL CACCAMO $-212-563-3031$	re aug	records	-			
	520 EIGHTH AVENUE, 2ND FLOOR, NEW YORK, NY 10018						
0000					Form	900	(2020)
032006	12-23-20 7				rulli	000	(2020)
707	14 756359 2060010.000 2020.06000 UP2US INC	r				2∩	600
	14 /30335 2000010.000 Z020.00000 0FZ05 INC	~ •				20	000

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Form 990 (2020) UP2US INC.	80-0535933	Page 7
Part VII Compensation of Officers, Directors, True	stees, Key Employees, Highest Compensated	
Employees, and Independent Contractors	5	
Check if Schedule O contains a response or note to an	ıy 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	t 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos	ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	-			recio	i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mpen				and related
	below	idual 1	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) PAUL CACCAMO	40.00									
FOUNDER & CEO				Х				125,619.	0.	8,672.
(2) SHERAH ALAIMO	40.00									
CHIEF OPERATING OFFICER				Х				83,631.	0.	7,928.
(3) DAN MANNIX	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) RENEE BROWN	0.50									
DIRECTOR		Х						0.	0.	0.
(5) JEWEL CHRISTIAN	0.50									
DIRECTOR		Х						0.	0.	0.
(6) DR. DAVID COLBERT	0.50									
DIRECTOR		Х						0.	0.	0.
(7) ADAM DAVIS	0.50									
DIRECTOR		Х						0.	0.	0.
(8) MATT GRANDIS	0.50									
DIRECTOR		Х						0.	0.	0.
(9) BRIAN HEGARTY	0.50									
DIRECTOR		Х						0.	0.	0.
(10) MATT KNAUER	0.50									
DIRECTOR THRU JUN. 2021		Х						0.	0.	0.
(11) ABBY MCKENNA	0.50									
DIRECTOR		Х						0.	0.	0.
(12) JAYMEE MESSLER	0.50									
DIRECTOR		Х						0.	0.	0.
(13) HOWARD T. OWENS	0.50									
DIRECTOR		Х						0.	0.	0.
(14) ALEXANDER PENMAN	0.50									
DIRECTOR		Х						0.	0.	0.
(15) RICHARD POGUE	0.50									
DIRECTOR		Х						0.	0.	0.
(16) SARAH ROBERTS	0.50									
DIRECTOR		Х						0.	0.	0.
(17) ROB RYAN	0.50									
DIRECTOR THRU JUN. 2021		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

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Form **990** (2020)

	US INC.								80-05	359	933	Page 8
Part VII Section A. Officers, Dire	ctors, Trustees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cl , unles cer an	Pos heck i ss per	more rson i	than d is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	ı	(F Estim amou oth	nated Int of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(comper from organi and re organiz	the zation elated
(18) LORI SCHWEITZER DIRECTOR	0.50	x						0.		0.		0.
(19) SCOTT SMITH	0.50	^						0.		••		0.
DIRECTOR		x						0.		0.		0.
(20) DEMETRIUS A. WARRICK DIRECTOR	0.50	x						0.		0.		0.
(21) NICK WOOD	0.50											
DIRECTOR THRU JUN. 2021 (22) COURTNEY BAGANS	0.50	Х						0.		0.		0.
SECRETARY	0.50			х				0.		0.		0.
		-										
		_								+		
			$\left \right $			$\left \right $				+		
								209,250.		0.	16	600.
1b Subtotal c Total from continuation sheets	s to Part VII, Section A							0.		0.	10,	0.00.
d Total (add lines 1b and 1c)								209,250.		0.	16,	600.
2 Total number of individuals (incl compensation from the organiza	-	iose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			1
3 Did the organization list any for	mor officer director trust			mol	01/0		hio	best componented omp		ſ	Ye	es No
line 1a? If "Yes," complete Sche	edule J for such individual								•		3	x
4 For any individual listed on line and related organizations greater			-						-		4	X
5 Did any person listed on line 1a			•							····	-	
rendered to the organization? // Section B. Independent Contractor		e J f	or su	ich r	oers	on .				<u> </u>	5	X
1 Complete this table for your five										ensati	ion from	
the organization. Report compe	nsation for the calendar y (A)	ear e	endin	ig w	ith c	or wi	thin	i the organization's tax y (B)	ear.		(C)	
	nd business address	167						Description of s	services	Co	ompensa	ation
PKF O'CONNOR DAVIES AVENUE, SUITE 301,					CK			ACCOUNTING S	ERVICES		120,	693.
• • • • • • • • • •												
2 Total number of independent co \$100,000 of compensation from	· •	ot lir	nited	to 1	thos 1	se lis 1	ted	above) who received me	ore than			
										1	Form 99	0 (2020)

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rm 'ar	990 (/ t VII		2US INC	•				80-0535	933 Pag
				chonce	or noto to onv lin	o in this Dort V/III			Г
		Check if Schedule O	contains a re	sponse	or note to any IIr	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax und
_									sections 512 -
nts		Federated campaigns		la		-			
Ino				lb		-			
Am		Fundraising events		lc	79,259.	4			
ar	d	Related organizations	····· ··· ··· ·	ld		-			
Ē	е	Government grants (cont	ributions)	1e 3,	828,444.	-			
š	f	All other contributions, gifts,	grants, and						
and Other Similar Amounts		similar amounts not included			230,560.	4			
p	g	Noncash contributions included in	lines 1a-1f	lg \$	75,000.				
an	h	Total. Add lines 1a-1f			►	6,138,263.			
					Business Code				
	2 a	PARTICIPATION				1,862,054.			
Revenue	b	CONSULTING IN	ICOME		611710	49,451.	49,451.		
nue	с								
eve	d								
Ē	е								
	f	All other program service	revenue						
	g	Total. Add lines 2a-2f			▶	<u>1,911,505.</u>			
	3	Investment income (inclue							
		other similar amounts)			►				
	4	Income from investment	of tax-exemp	t bond p	roceeds				
	5	Royalties							
			(i)	Real	(ii) Personal	-			
		Gross rents	6a			-			
	b	Less: rental expenses \dots	6b			4			
	с	Rental income or (loss)	6c						
		Net rental income or (loss			<u> </u>				
	7 a	Gross amount from sales of	(i) Sec	curities	(ii) Other	-			
		assets other than inventory	7a			-			
	b	Less: cost or other basis							
		and sales expenses	7b			-			
	С	Gain or (loss)	7c						
		Net gain or (loss)			<u>,</u>				
	8 a	Gross income from fundrais							
5		including \$ 79							
		contributions reported on			0				
		Part IV, line 18			0.	4			
		Less: direct expenses			246.	246			2.4
		Net income or (loss) from			<u></u>	-246.			-24
	9 a	Gross income from gamir	-						
		Part IV, line 19				-			
		Less: direct expenses							
		Net income or (loss) from		/ities	▶				
	iu a	Gross sales of inventory,							
	ь.	and allowances							
		Less: cost of goods sold		····	<u>"</u>				
+	С	Net income or (loss) from	sales of INVE	nury	Business Code				
	11 -	OTHER INCOME			900099	19,565.			19,56
ne					500099	<u> </u>			ינד, גע
Revenue	b								
Be	с с	All other revenue							
		All other revenue			└ ──	19,565.			
	<u>е</u> 12	Total. Add lines 11a-11d				8,069,087.	1 911 505	0.	19,31
	14	Total revenue. See instructi	הווט		····· 🚩	0,000,007.	<u>+,,,,,,,,,,</u> ,,,,	U •	Form 990 (2

UP2US INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response		<u>r organizations must con</u> his Part IX	,	
	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		CAPCING	general expenses	expenses
-	and domestic governments. See Part IV, line 21	150,880.	150,880.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	20,200.	20,200.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	242,722.		242,722.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,848,674.	3,393,146.	361,153.	94,375.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			21 005	F 000
9	Other employee benefits	205,445.	167,551.	31,995.	5,899.
10	Payroll taxes	373,979.	290,723.	73,021.	10,235.
11	Fees for services (nonemployees):				
	Management	4 000		4 000	
b	Legal	4,999. 144,630.		4,999.	
c	Accounting	144,030.		144,630.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	121,210.	26,003.	89,648.	5,559.
40	Advertising and promotion	66,479.	40,237.	24,504.	1,738.
12 13	Office expenses	32,224.	10,845.	20,583.	796.
13 14	Information technology	75,076.	19,664.	53,320.	2,092.
15	Royalties	, , , , , , , , , , ,			270920
16	Occupancy	81,090.	3,472.	77,531.	87.
17	Travel	7,474.	4,325.	3,149.	
18	Payments of travel or entertainment expenses	.,	_, •_•	• / = = = •	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	154.	89.	65.	
20	Interest	3,530.		3,530.	
21	Payments to affiliates	·		·	
22	Depreciation, depletion, and amortization				
23	Insurance	13,237.	655.	12,582.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	91,314.	85,193.	5,650.	471.
b	VISTA PROGRAM EXPENSES	71,702.	71,702.		
с	BACKGROUND CHECKS	16,799.	16,799.		
d	BAD DEBT EXPENSE	9,037.		9,037.	
е	All other expenses	6,737.	3,839.	2,178.	720.
25	Total functional expenses. Add lines 1 through 24e	5,587,592.	4,305,323.	1,160,297.	121,972.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020

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Form 990 (
Part X	Balance	Sheet

UP2US INC.

Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a D	(A) Beginning of year 803,961. 509,266. 288,417.	1 2 3 4 5 5 6 7 8 9	(B) End of year 1,384,307. 1,286,759. 457,619.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	509,266. 288,417.	2 3 4 5 6 7 8	1,286,759. 457,619.
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	288,417.	3 4 5 6 7 8	457,619.
Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	288,417.	4 5 6 7 8	457,619.
Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		5 6 7 8	457,619.
Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,900.	6 7 8	0.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,900.	6 7 8	0.
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	2,900.	6 7 8	0.
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,900.	7 8	0.
Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,900.	7 8	0.
Inventories for sale or use Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	2,900.	8	0.
Inventories for sale or use Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	2,900.		0.
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,900.	9	0.
basis. Complete Part VI of Schedule D 10a			
		10c	
Investments - publicly traded securities	0.	11	5,942.
Investments - other securities. See Part IV, line 11		12	
		13	
		14	
Other assets. See Part IV, line 11	9,403.	15	9,403.
			3,144,030.
			453,037.
		18	
	66,525.	19	354,595.
		20	
		21	
Loans and other payables to any current or former officer, director,			
	50,000.	22	0.
		23	
Unsecured notes and loans payable to unrelated third parties		24	
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D	925,500.	25	0.
Total liabilities. Add lines 17 through 25	1,759,825.	26	807,632.
and complete lines 27, 28, 32, and 33.			
	-1,854,773.	27	721,590.
Net assets with donor restrictions	1,708,895.	28	1,614,808.
Organizations that do not follow FASB ASC 958, check here 🕨 📃			
and complete lines 29 through 33.			
		29	
		30	
		31	
	-145,878.		2,336,398.
			3,144,030.
	Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	Investments - program-related. See Part IV, line 11 9,403. Intangible assets 9,403. Other assets. See Part IV, line 11 9,403. Total assets. Add lines 1 through 15 (must equal line 33) 1,613,947. Accounts payable and accrued expenses 717,800. Grants payable 66,525. Deferred revenue 666,525. Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 50,000. Secured mortgages and notes payable to unrelated third parties 0ther liabilities (including federal income tax, payables to related third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17.24). Complete Part X of Schedule D 925,500. Total liabilities. Add lines 17 through 25 1,759,825. Organizations that follow FASB ASC 958, check here 1,708,895. Organizations that do not follow FASB ASC 958, check here 1,708,895. Organizations that do not follow FASB ASC 958, check here 1,708,895. Organizations that do not follow FASB ASC 958, check here 1,708,895. <	Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 9,403.15 Total assets. Add lines 1 through 15 (must equal line 33) 1,613,947.16 Accounts payable and accrued expenses 717,800.17 Grants payable 66,525.19 Deferred revenue 66,525.19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 50,000.22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 25,500.25 Organizations that follow FASB ASC 958, check here 1,759,825.26 Organizations that do not follow FASB ASC 958, check here 1,708,895.28 Organizations that do not follow FASB ASC 958, check here 1,708,895.28 Organizations that do not follow FASB ASC 958, check here 1,708,895.28 Organizations that do not follow FASB ASC 958, c

Form **990** (2020)

032011 12-23-20

Form	990 (2020) UP2US INC.	80-05	35933	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,069		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,587		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,481		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-145	<u> </u>	
5	Net unrealized gains (losses) on investments	5		7	81.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,336	5,3	<u>98.</u>
Pai	rt XII Financial Statements and Reporting				
	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		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2020)

SCHE	DUL	.E A
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Department of the Treasury

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Interr	al Rever		► Go to www.irs.go	//Form990 for instruction	ons and th	e latest ir	nformation.		Inspection
Name of the organization UP2US INC •			G TNC						0-0535933
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.				0-0333333					
		ization is not a private found							
1		A church, convention of ch		u ,		,	()(A)(i)		
2	\square	A school described in sect					•,(,~,(,),•		
3	\square	A hospital or a cooperative		-			;;)		
4	\square	A medical research organiz					-	Viii) Enter	the hospital's name
4		city, and state:	ation operated in col	junction with a nospital	acombca	III Sectio			the hospital s hame,
5		An organization operated for	or the benefit of a col	leae or university owner	l or operat	ed by a do	vernmental u	nit describe	ed in
Ű		section 170(b)(1)(A)(iv). (C		loge of animology office	or operat	ou by u go			
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)		
	X	An organization that norma	-					ne general i	oublic described in
•		section 170(b)(1)(A)(vi). (C	-		onn a gove			lo general j	
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org				ed in coniu	unction with a	land-grant	college
-		or university or a non-land-	•			-		-	-
		university:	, , , , , , , , , , , , , , , , , , , ,	,		, ,	,	5	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir							-
		See section 509(a)(2). (Con	mplete Part III.)	. ,			, ,		
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete	Part IV, Se	ctions A,	D, and E.		
Ċ		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)
		that is not functionally int	• •		•			an attentiv	veness
		requirement (see instructi							
e		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			[]
f		er the number of supported of	•						
<u> </u>		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
	``	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
		-		above (see instructions))	163				
Tota	11								

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

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Schedule A (Form 990 or 990-EZ) 2020 UP2US INC.

80-0535933 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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.")	3820462.	5930702.	4634558.	5289378.	6138263.	25813363.
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	3820462.	5930702.	4634558.	5289378.	6138263.	25813363.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						981,138.
6	Public support. Subtract line 5 from line 4.						24832225.
	tion 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	3820462.	5930702.	4634558.	5289378.	6138263.	25813363.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
				8,570.			8,570.
10	business is regularly carried on Other income. Do not include gain			0,570.			0,5701
10	•						
	or loss from the sale of capital	26,003.	30,970.	57,007.	33,087.	19,565.	166,632.
44	assets (Explain in Part VI.)	20,005.	50,570.	57,007.	55,007.		25988565.
	Total support. Add lines 7 through 10	ata (asa inaturutia					,793,098.
	Gross receipts from related activities,						,195,090.
13	First 5 years. If the Form 990 is for th			-			
800	organization, check this box and stor ction C. Computation of Publi	o nere	contago				
						44	95.55 %
	Public support percentage for 2020 (I			.,,		14	0.6.4.5
	Public support percentage from 2019					15	
16a	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies		•				······································
b	33 1/3% support test - 2019. If the c	-			line 15 is 33 1/3%	or more, check th	
<i></i>	and stop here. The organization qual				10 10		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 UP2US INC. 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.)

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.")						
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						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
							>
See	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18						18	%
19 a	33 1/3% support tests - 2020. If the						e 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2019. If the	-					
•••	line 18 is not more than 33 1/3%, che						on
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
0320	23 01-25-21		1.6		Sci	nequie A (Form	990 or 990-EZ) 2020

Τ0 2020.06000 UP2US INC.

1

2

3a

3b

3c

4a

4b

Yes No

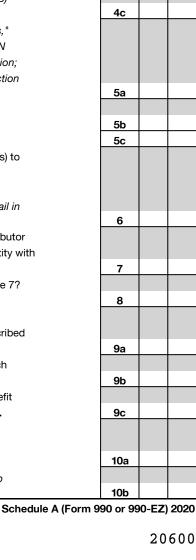
Part IV Supporting Organizations

(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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 disgualified 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



Iа	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	ľ	
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	ſ	
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
~				

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-------------------------------------	-----------------------------

- 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

Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

18

Schedule /	A (Form 990 or 990-EZ) 2020 UP2US INC.
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A	(Form 990	or 990-EZ)	2020	UP2US	INC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	led)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	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 (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C line 6				
_1 _2	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reason-				
2					
3	able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
;	Carryover from 2015 not applied (see instructions)				
4	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				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	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 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 UP2US INC. Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2016 AMOUNT:	\$ 26,003.				
2017 AMOUNT:	30,970.				
2018 AMOUNT:	57,007.				
2019 AMOUNT:	\$ 33,087.				
2020 AMOUNT:	\$ 19,565.				
032028 01-25-21				Schedule A (Form 990 or 9	90-EZ) 2020
		21			,

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY *

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

UP2US INC.	80-0535933
Organization type (check one):	

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 \dots \blacktriangleright \$

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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 2
Name of or	rganization	Emple	oyer identification number
UP2US	INC.	80)-0535933
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$1,630,505.	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
2		\$925,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$750,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$302,236.	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		\$300,000.	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		\$254,506.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

20600101

	Page 2
E	Employer identification number
	80-0535933
eded.	
(c) contributions	(d) Type of contribution
225,00	0 • Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) contributions	(d) Type of contribution
223,32	Person X Payroll
(c)	(d)
200,00	Person X Payroll
(c) contributions	(d) Type of contribution
167,42	Person X Payroll
(c) contributions	(d) Type of contribution
150,00	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) contributions	(d) Type of contribution
	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
	<u>contributions</u> 200,00 (c) <u>contributions</u> 167,42 (c) <u>contributions</u> 150,00

20600101

Schedule E Name of or	8 (Form 990, 990-EZ, or 990-PF) (2020)		Page Employer identification number
Name of or	ganization		
UP2US	INC.		80-0535933
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	

26 2020.06000 UP2US INC.

Name of or	rganization		Employer identification number				
JP2US	INC.		80-0535933				
Part III	Exclusively religious, charitable, etc., contribu		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea				
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or l	ess for the year. (Enter this info. once.) \$				
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
ŀ		(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(.) Turne for a for (
		(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
ľ	· · · · · · · · · · · · · · · · · · ·		•				
		[
23454 11-25	j-20		Schedule B (Form 990, 990-EZ, or 990-PF) (202				
		27					

2020.06000 UP2US INC.

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990 or 990-EZ)	

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

20 /1 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	ne of organization				Employer ide		
_	UP2US I					-05359	33
Pa	rt I-A Complete if the org	anization is exempt unde	er section 501(c) c	or is a section 52	7 organiza	ition.	
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities					
		anization is exempt unde					
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		▶\$		
	Enter the amount of any excise tax						
	If the organization incurred a section		• • • • • • • • • • • • • • • • • • • •			Yes	
	Was a correction made?				L	Yes	No No
	If "Yes," describe in Part IV.	anization is exempt unde	er eaction E01(a)	avecant acation F	04(-)(2)		
		•		•			
	Enter the amount directly expended		-		▶\$		
2	Enter the amount of the filing organ		0				
•					▶\$		
3	Total exempt function expenditures						
4	line 17b Did the filing organization file Form					Yes	No
4 5	Enter the names, addresses and em	,	N of all costion 597 poli				
5	made payments. For each organizat	· ·		-			
	contributions received that were pro-						
	political action committee (PAC). If a						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's contrik r -0 proi deliv poli	Amount of poutions recomptly and of ered to a stical organization of the strength of the stren	eived and directly eparate ization.

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020	UP2US IN	c.			80-0	535933 Page 2	
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
section 501(h)).							
	-			Part IV each affiliated	group member's name	e, address, EIN,	
expenses, and shar			. ,				
B Check ▶ if the filing organiza	tion checked bo	ox A an	d "limited control" pro	visions apply.			
	ts on Lobbying ditures" means	-	iditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	ience public opi	nion (a	rassroots lobbying)		0.	0.	
b Total lobbying expenditures to influ					0.	0.	
c Total lobbying expenditures (add lines 1a and 1b)				0.	0.		
d Other exempt purpose expenditures				5,465,620.			
e Total exempt purpose expenditures (add lines 1c and 1d)				5,465,620.			
f _Lobbying nontaxable amount. Enter the amount from the following table in both columns.			423,281.	0.			
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:							
Not over \$500,000	20	0% of t	he amount on line 1e.				
Over \$500,000 but not over \$1,000),000 \$ ⁻	100,00	0 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not over \$1,50	00,000 \$ ⁻	175,00	0 plus 10% of the exce	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	000,000 \$	225,00	0 plus 5% of the exces	s over \$1,500,000.			
Over \$17,000,000	\$	1,000,0	000.				
g Grassroots nontaxable amount (en	ter 25% of line 1	lf)			105,820.	0.	
h Subtract line 1g from line 1a. If zero	o or less, enter -	0			0.		
i Subtract line 1f from line 1c. If zero	o or less, enter -0)			0.		
j If there is an amount other than zer	ro on either line	1h or l	ine 1i, did the organiza	tion file Form 4720	_		
reporting section 4911 tax for this	year?					Yes No	
(Some organizations th	nat made a sec	tion 50	raging Period Under)1(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.	
		-	ditures During 4-Yea				
Calendar year (or fiscal year beginning in)	(a) 2017		(b) 2018	(c) 2019	(d) 2020	(e) Total	
2a Lobbying nontaxable amount	543,1	69.	510,685.	488,250.	423,281.	1,965,385.	
b Lobbying ceiling amount (150% of line 2a, column(e))						2,948,078.	
c Total lobbying expenditures		0.	0.	0.	0.		
d Grassroots nontaxable amount	135,7	92.	127,671.	122,063.	105,820.	491,346.	
e Grassroots ceiling amount							
(150% of line 2d, column (e))						737,019.	
f Grassroots lobbying expenditures		0.	0.	0.	0.		

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity. Yes				Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3	tion	
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	ines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the	organization
------	--------	--------------

Employer identification number 80-0535933

	UP2US INC.		80-0535933
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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 v	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	5	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , ,	
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (for example, recreation		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		ganization during the tax
	year ►	, , , , ,	5
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	►	5	5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatior	n easements during the year
	► \$		U
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
	··· · · · · · · · · · · · · · · · · ·		N N
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial ga	
	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		• • •
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020
	12-01-20		
		21	

21		
2020.06000	UP2US	INC.

Sche	dule D (Form 990) 2020 UP2US I							80-05			_{age} 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e	• 🗌 •	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further tl	ne organizatio	on's exei	mpt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit of							_	_	_	_
D.	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" or	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7.4		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	able:					A		
_									Amoun	[
	Beginning balance										
	Additions during the year										
f	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											<u></u>
	•	(a) Current year		rior year	(c) Two yea			years back	(e) Four	vears	back
1a	Beginning of year balance							<u>,</u>			
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment										
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administer	red for th	ne organiz	ation	ſ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the								3b		L
Par	t VI Land, Buildings, and Equipm	<u>u</u>	wment it	unus.							
	Complete if the organization answere) Part IV	line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or c			t or other		Accumulat	bed	(d) Boo	k valu	
	Description of property	basis (investr		. ,	(other)		preciation			value	5
1a	Land		,		. /						
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colum	nn (B), line 1	0c.)						0.
								Cabadul-		- 000	0000

Schedule D (Form 990) 2020

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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
	(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.)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, lin	e 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(3)(4)	
(4)	
(4) (5)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

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(9)

X

Sche	dule D (Form 990) 2020 UP2US INC.			80-	0535933 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	I2a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,235,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	781.		
b	Donated services and use of facilities	2b	166,078.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	166,859.
3	Subtract line 2e from line 1			3	8,069,087.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,069,087.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total expenses and losses per audited financial statements			1	5,753,670.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	166,078.	-	
b	Prior year adjustments	2b		_	
С	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	166,078.
3	Subtract line 2e from line 1			3	5,587,592.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,587,592.
Pa	t XIII Supplemental Information.				

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

PART X, LINE 2:

UP2US RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS

DETERMINED THAT UP2US HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE

FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. UP2US IS NO LONGER

SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE

YEARS PRIOR TO AUGUST 31, 2018.

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SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2020					
Department of the Treasury		organization entered more than \$15 Attach to Form 990						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		Inspection
Name of the organization	UP2US I						80-0535	
	complete this par	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	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 email solicitations tations dicitations on have a written o red in Form 990, P) highest paid indiv	f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
	ich the organizatio	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

 Schedule G (Form 990 or 990-EZ) 2020 UP2US INC.
 80-0535933 Page

 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 gr	USS INCOME ON FORM 990	EE, miles i and ob. Elet e	Territe man grees receip	to groator than \$0,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			ONLINE GALA			(add col. (a) through
0			(event type)	(event type)	(total number)	- col. (c))
anue						
Revenue	1	Gross receipts	79,259.			79,259.
-	_		70 250			70 250
	2	Less: Contributions	79,259.			79,259.
	3	Gross income (line 1 minus line 2)				
	-					
	4	Cash prizes				
	5	Noncash prizes	246.			246.
Direct Expenses	_					
çper	6	Rent/facility costs				
Ш С	7	Food and beverages				
Direc	ľ					
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	246.
_		Net income summary. Subtract line 10 from I				-246.
Pa	ırt I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
۵				(b) Pull tabs/instant		(d) Total gaming (add
ň			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evenue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
		Cash prizes	(a) Bingo		(c) Other gaming	
	1 2 3		(a) Bingo		(c) Other gaming	
Expenses	3	Cash prizes	(a) Bingo		(c) Other gaming	
		Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	3	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
Expenses	3 4	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	Yes %	
Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	☐ Yes%	
Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes%	bingo/progressive bingo	Yes% No	
Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	Yes% No	
Direct Expenses	3 4 5 6 7 8	Cash prizes	Yes% No from line 1, column (d)	bingo/progressive bingo	Yes% No	
6 Direct Expenses	3 4 5 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (c))
b 6 Direct Expenses	3 4 5 7 8 En	Cash prizes	Yes% No for 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (c))
b 6 Direct Expenses	3 4 5 7 8 En	Cash prizes	Yes% No for 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (c))

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 UP2US INC.	80-05	535933	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	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?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo of gaming revenue retained by the third party ▶\$	unt		
с	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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	ITTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, lines 9, 9	9b, 10b,
03208	83 11-25-20 Schedule 37	G (Form	990 or 990	-EZ) 2020

032084 04-01-20

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SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047
		ete if the organizatio					2020
Department of the Treasury		jj	Attach to For		····, ···· _ · ·· ·		Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization UP2US INC	•						Employer identification number $80 - 0535933$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organiz	zations and Domestic	c Governments. C	complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than	5,000. Part II can		ional space is need	ed.	(f) Mothod of	1	.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TRAINING FOR COACHES,
HOLLYWOOD POLICE ACTIVITIES LEAGUE							TRAINERS, AND LEADERS
1358 WILCOX AVENUE							WORKING WITH YOUTH IN
LOS ANGELES, CA 90028	95-4596172	501(C)(3)	92,041.	0.			THEIR COMMUNITIES.
							TRAINING FOR COACHES,
HOLLENBECK POLICE ACTIVITIES							TRAINERS, AND LEADERS
LEAGUE - 126 N. ST. LOUIS STREET -							WORKING WITH YOUTH IN
LOS ANGELES, CA 90033	01-0780689	501(C)(3)	58,839.	0.			THEIR COMMUNITIES.
			l line d deble				▶ 2.
2 Enter total number of section 501(c)(3) and		-					
3 Enter total number of other organizations	s listed in the line 1						D

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

Schedule I (Form 990) 2020

UP2US INC.

80-0535933 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TIPENDS	11	20,200.	٥.		

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

PART I, LINE 2:

SUBGRANTEE RECIPIENTS RECEIVE TRAINING AND SUPPORT ON HOW TO ADMINISTER

AWARDED FUNDS IN ACCORDANCE WITH FEDERAL REGULATIONS. STAFF MEET WITH THE

SUBGRANTEES, AT THE LEAST, ON A MONTHLY BASIS TO REVIEW PROGRAMING

INITIATIVES AND EXPENSES. ANY SELECTIONS MADE TO AWARD AN ORGANIZATION WITH

FUNDING IS CHOSEN BASED ON OPERATIONAL AND PROGRAMMATIC INITIATIVES.

HOUSING STIPENDS ARE PROVIDED TO VOLUNTEERS PARTICIPATING IN THE VISTA

PROGRAM, WITH THE STIPEND BEING PAID DIRECTLY TO THE INDIVIDUAL'S LANDLORD

Schedule I		UP2US	INC.
Part IV	Suppleme	ental Information	

OR OTHER RESONSIBLE PARTY.

Schedule I (Form 990)

032291 04-01-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2020 Open to Public Inspection

Internal Revenue Service		Go	to ww
Name of the organization	۱		

Employer	ider	ntifi	са	tion	n	umber

	UP2US INC.				80-0	5359	933	
Pa	rt I Types of Property				·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminii	•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		75,000.	COST			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?		•	· •		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	/ for which column (a) is chec	ked,			
	describe in Part II.							

Schedule M (Form 990) 2020

032141 11-23-20

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Part II	Suppler	nental	Informati	ion.	Pro
Schedule	M (Form 990)	2020	UP2US	INC	

80-0535933 Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

032142 11-23-20	Schedule M (Form 990) 2020

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43 2020.06000 UP2US INC. 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.



UP2US INC.

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

IMPACT.

FORM 990, PART III, LINE 2

THE ORGANIZATION CONTINUES TO CONDUCT THE SAME PROGRAMS AS IT HAS IN

PRIOR YEARS, BUT HAS CHOSEN DELINEATE ITS PROGRAMS IN A MORE

COMPREHENSIVE MANNER.

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

THE ORGANIZATION USES AN OUTSIDE ACCOUNTANT FOR THE PREPARATION OF ITS FORM 990. ONCE THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTANT, A COPY IS SENT TO MANAGEMENT FOR THEIR INITIAL REVIEW. AFTER MANAGEMENT HAS APPROVED THE RETURN, A FULL COPY OF IS SENT TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEW PRIOR TO IT BEING FILED WITH THE INTERNAL REVENUE SERVICE.

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

UP2US HAS A WRITTEN CONFLICT OF INTEREST POLICY, WHICH IS MONITORED AND ENFORCED ANNUALLY. ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST THAT MAY EXIST WITH THE ORGANIZATION AN ANNUAL BASIS. THE DISCLOSURE STATEMENT MUST BE SUBMITTED TO THE ON SECRETARY IDENTIFYING, TO THE BEST OF THE INDIVIDUAL'S KNOWLEDGE, ANY ENTITY OF WHICH SUCH DIRECTOR IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER OWNER (EITHER AS A SOLE PROPRIETOR OR A PARTNER), OR EMPLOYEE AND WITH WHICH THE CORPORATION HAS A RELATIONSHIP, AND ANY TRANSACTION IN WHICH THE CORPORATION IS A PARTICIPANT AND IN WHICH THE DIRECTOR MIGHT HAVE A 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

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Schedule O (Form 990 or 990-EZ) 2020	Page 2			
Name of the organization UP2US INC.	Employer identification number 80-0535933			
CONFLICTING INTEREST. WHETHER AN INDIVIDUAL HAS AN INTERES	T IN A MATTER			
MUST BE DETERMINED BY WHETHER THAT PERSON WOULD DERIVE AN INDIVIDUAL				
ECONOMIC BENEFIT, EITHER DIRECTLY OR INDIRECTLY, FROM THE DECISION ON THE				
MATTER BY THE BOARD OR COMMITTEE. ALL TRANSACTIONS, AGREEMENTS, OR ANY				
OTHER ARRANGEMENTS BETWEEN THE CORPORATION AND A RELATED PARTY, AND ANY				
OTHER TRANSACTIONS WHICH MAY INVOLVE A POTENTIAL CONFLICT OF INTEREST, MUST				
BE REVIEWED BY THE BOARD. ALL RELATED PARTIES WITH THE FINANCIAL INTEREST				
MUST LEAVE THE ROOM IN SUCH DELIBERATIONS ARE CONDUCTED BY THE BOARD. THE				
REMAINING DIRECTORS WILL THEN DETERMINE WHETHER THE CONTEMPLATED				
TRANSACTION IS FAIR, REASONABLE, AND IN THE BEST INTERESTS OF THE				
CORPORATION AT THE TIME OF SUCH DETERMINATION. WITH RESPEC	T TO ANY BOARD'S			
DISCUSSION, DECISION, OR ACTIONS INVOLVING TRANSACTIONS IN WHICH A DIRECTOR				
OR OFFICER HAS A CONFLICT OF INTEREST, THE MINUTES OF THE	GOVERNING BOARD			
WILL REFLECT THE BOARD'S DELIBERATIONS AND VOTING PROCESS.				

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

EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES AND REVIEWS THE PERFORMANCE OF THE FOUNDER AND CEO TO DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS VOTED ON. THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS WHERE THE DISCUSSIONS AND DELIBERATIONS TOOK PLACE REFLECT THIS PROCESS. THE PROCESS WAS LAST UNDERTAKEN IN FY2019.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE FORM 990, ALONG WITH THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE RETURN IS AVAILABLE ON GUIDESTAR.ORG AND OTHER 032212 11-20-20 45

2020.06000 UP2US INC.

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Name of the organization UP2US INC.	Employer identification number 80-0535933
SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STAT	EMENTS, CONFLICT
OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BYLAWS A	RE ALSO AVAILABLE
UPON WRITTEN REQUEST AT 520 EIGHTH AVENUE, 2ND FLOOR, NEW	YORK, NEW YORK
10018 OR BY CALLING THE ORGANIZATION DIRECTLY AT 212-563-3	031.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPO	NSIBILITY FOR
THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND	SELECTION OF
AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FR	OM THE PRIOR
YEAR.	

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Schedule O (Form 990 or 990-EZ) 2020

(Rev. January 2020)

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

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 instructions.				xpayer identification number (TIN)	
print	UP2US INC.				80-0535933	
File by the due date for filing your return. See	he e for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructions.	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10018	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)			01
Applicati	on	Return	Application		Return	
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
 If this i box ▶ [1 rea the ▶ [quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or	Group Exe and atta JULS anization's , an	mption Number (GEN) ch a list with the names and TINs of <u>X 15, 2022</u> , to file return for: d ending <u>AUG 31, 2021</u>	f this is fo all memb	r the whole ers the extension opt organiz	e group, check this
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.	
b If th	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			3b	\$	0.
estimated tax payments made. Include any prior year overpayment allowed as a credit.			30	P	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 88	

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