PUBLIC INSPECTION COPY

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



A	For th	e 2021 calendar year, or tax year beginning and	ending		
Β	Check if applicab	le: C Name of organization		D Employer identific	ation number
	Addre	UPWARD BOUND HOUSE			
	Name	pe Doing business as		95-428892	26
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	1104 WASHINGTON AVENUE		310-458-7	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,844,835.
	Amer	SANIA MONICA, CA 90405		H(a) Is this a group re	
	Appli tion pend		LASCO	for subordinates	
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		tempt status: $X = 501(c)(3) = 501(c)() + (insert no.) = 4947(a)(1)$	or 527	1	list. See instructions
_		ite: WWW.UPWARDBOUNDHOUSE.ORG		H(c) Group exemption	
	-orm o art I	f organization: X Corporation Trust Association Other ► Summary	L Year		I State of legal domicile: CA
	1	Briefly describe the organization's mission or most significant activities: MOVI	NG HOM	FI.FCC FAMTI.T	דכ שדיים
e	'	CHILDREN BACK INTO PERMANENT HOUSING	NG HOM	TTMA COTTO	
Governance	2	Check this box	sed of more	than 25% of its net ass	ete
veri	3				17
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
ა ა	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			52
itie	6	Total number of volunteers (estimate if necessary)			50
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		7,836,864.	6,714,841.
nue	9	Program service revenue (Part VIII, line 2g)		77,383.	125,304.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,503.	4,690.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-14,466.	-9,683.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,908,284.	6,835,152.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,428,919.	2,363,698.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1 O	0.	0.
ă	. b	Total fundraising expenses (Part IX, column (D), line 25) • 401, 2		3,349,931.	3,716,587.
_	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,778,850.	6,080,285.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,129,434.	754,867.
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)		11,926,206.	12,367,890.
ASSE	21			2,426,328.	2,096,004.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		9,499,878.	10,271,886.
		Signature Block		- , == - , • . • •	

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

Sign Here	Signature of officer CHRISTINE MIRASY-GLASCO, EXECUTIVE DIRECT	Date CTOR					
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check DTIN					
Paid	LISA M. CUMMINGS, CPA LISA M. CUMMINGS,	CP 11/15/22 self-employed P00043433					
Preparer	Firm's name COHNREZNICK LLP	Firm's EIN ▶ 22-1478099					
Use Only	CHRISTINE MIRASY-GLASCO, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name LISA M. CUMMINGS, CPA Firm's name COHNREZNICK LLP Firm's name COHNREZNICK LLP Firm's address 621 CAPITOL MALL, SUITE 2150 SACRAMENTO, CA 95814 Phone no.916-442-9100 y the IRS discuss this return with the preparer shown above? See instructions X Yes						
	SACRAMENTO, CA 95814 Phone no.916-442-9100						
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No					
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)					

	990 (2021) UPWARD BOUND HOUSE	95-4288	3926	Ра
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			
	THE MISSION OF UPWARD BOUND HOUSE IS TO ELIMINATE HOMELE	SSNESS Z	AMONG	
	FAMILIES WITH CHILDREN BY PROVIDING HOUSING, SUPPORTIVE)
	ADVOCACY. THE ORGANIZATION OFFERS HOMELESS FAMILIES SHOR			
	MEDIUM-TERM CRISIS HOUSING AS WELL AS RAPID RE-HOUSING S			
2	Did the organization undertake any significant program services during the year which were not listed on the			
-			Yes	v
				177
	If "Yes," describe these new services on Schedule O.			v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	
	If "Yes," describe these changes on Schedule O.			
1	Describe the organization's program service accomplishments for each of its three largest program services, as			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total exp	penses, an	d
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$2,862,049. including grants of \$) (Rever		125,3	
	INTERIM HOUSING - IN 2021, THE ORGANIZATION SERVED 262 F	AMILIES	(ADUI	LT;
	AND CHILDREN), A 24% INCREASE COMPARED TO THE NUMBER OF	FAMILIE	S SERV	ΖE:
	IN 2020. OF THE 227 FAMILIES WHO EXITED THE ORGANIZATIO			
	80% MOVED TO PERMANENT HOUSING AND 33% INCREASED THEIR I			-
	EMPLOYMENT. WESTSIDE HOUSING STABILITY PROGRAM - THE PR			
	OF FAMILY PLACE (SANTA MONICA), A TRANSITIONAL HOUSING F			
	ONE-BEDROOM APARTMENTS) OFFERING PSYCHOSOCIAL AND MENTAL			
	SERVICES TO HOMELESS FAMILIES FOR UP TO 9 MONTHS, AND FA		סמית די	
	(CULVER CITY), AN INTERIM HOUSING FACILITY (18-STUDIO UN			r
	•		FERINC	
	SUPPORTIVE SERVICES TO HOMELESS FAMILIES. FAMILY SHELTER			
	SHELTER (18 STUDIO UNITS) OFFERING COMPREHENSIVE SERVICE			I I I I I I I I I I I I I I I I I I I
	FOR UP TO 4-5 MONTHS. THROUGH ITS STRATEGIC PARTNERSHIP	WITH ST	Γ.	
4b	(Code:) (Expenses \$2,460,885. including grants of \$) (Rever			
	PERMANENT HOUSING - THE ORGANIZATION OPERATES RAPID REHO	<u>USING (B</u>	RRH)	
	SERVICES FROM OFFICES LOCATED WITHIN THE COMPTON UNIFIED	SCHOOL		
	DISTRICT AND THE FIRST UNITED METHODIST CHURCH OF COMPTO	N. RRH	MOVES	3
	HOMELESS FAMILIES FROM SHELTERS INTO PERMANENT HOUSING A	S OUICKI	LY AS	
	POSSIBLE BY PROVIDING PROACTIVE LANDLORD OUTREACH AND HO			
	ASSISTANCE, COUPLED WITH INDIVIDUALIZED FINANCIAL ASSIST			
	SECURITY DEPOSITS, SHORT-TERM RENT SUBSIDIES). ONCE IN			
	FAMILIES PARTICPATE IN TIME-LIMITED, INTENSIVE, IN-HOME			
	DESIGNED TO ADDRESS PARENT, CHILD AND FAMILY BARRIERS TO			
				- - -
	SCHOOL STABILITY, ECONOMIC SECURITY AND OVERALL WELL-BEI			X I
	TERM SUBDIES END, UBH CONTINUES TO PROVIDE SUPPORT THROU			
	SUPPORTIVE SERVICE REFERRALS UP TO A YEAR AFTER EXIT FRO	M PROGRA	ΑМ•	
4c	(Code:) (Expenses \$77,643. including grants of \$) (Rever			
	HEALTH & WELLNESS - WELLNESS AND FARM PROGRAM - THE FARM			
	LOCATED IN SANTA MONICA, PROVIDES AND ENVIRONMENT FOR PA			
	CHILDREN TO LEARN HOW TO GROW AND PREPARE THEIR OWN FOOD	THROUGI	H FUN	
	INTERACTIVE WORKSHOPS AND HANDS-ON INSTRUCTION, WITH THE	GOAL OI	2	
	INCREASING FOOD SECURITY AND PROMOTING HEALTHY EATING HA		HEAL	гн
	LIVING PROGRAM - THE PROGRAM USES AN URBAN FARM (OWNED B			
	ORGANIZATION) AS A THERAPEUTIC OUTLET TO TEACH LIFE SKIL		VIDE -	JO
		PARENT A		
	THEIR CHILD(REN), DEPENDING ON AGE, PARTICIPATE IN THE S			
			N /	
	PLANTING, CARE AND CULTIVATION OF CROPS AS WELL AS CLASS	по ти		
	NUTRITION, COOKING AND HEALTHY LIVING.			
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 5,400,577.			
1e				_
le			Form 9	90
	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S	;)	Form 9 9	90

Form	aan	(2021
FUIIII	330	(2021

 Form 990 (2021)
 UPWARD
 BOUND
 HOUSE

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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
d	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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		- 23
a		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	- 23
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
132003	12-09-21	⊢orm	330	(2021)

Form	990	(2021)
	330	(2021)

 Form 990 (2021)
 UPWARD
 BOUND
 HOUSE

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05h		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u></u>
26	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 92		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	Х	
132004	(gambling) winnings to prize winners?			(2021)
			1	()

2021.05000 UPWARD BOUND HOUSE 17331115 147227 0303268-0303268.0990

Form	990 (2021) UPWARD BOUND HOUSE 95-4288	926	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	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		
	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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).			
а	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	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		<u> </u>
-	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	•		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	000	
132005	12-09-21 5	Form	390	(2021)

17331115 147227 0303268-0303268.0990 2021.05000 UPWARD BOUND HOUSE 03032681

Form	990 ((2021)
------	-------	--------

UPWARD BOUND HOUSE

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a reasonable or note to any line in this Dout	N/I
Check if Schedule O contains a response or note to any line in this Part	VI

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	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 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
-	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v
	on Schedule O how this was done	12c	X	X
13	Did the organization have a written whistleblower policy?	13	A X	
14 1	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	- 23	X
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
JUd		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 $\blacktriangleright CA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	• •		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	lfinan	rial	
	statements available to the public during the tax year.	mail	ordi	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
.0	CHRISTINE MIRASY-GLASCO - 310-458-7779			
	1104 WASHINGTON AVENUE, SANTA MONICA, CA 90403		000	(a -)
	3 12-09-21	Form	1 990	(202

Form 990 (2021)	UPWARD BOUND HOUSE	95-4288926	Page 7						
Part VII Compen	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors									
Check if Sc	chedule O contains a response or note to any line in this Part VII								
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Er	nployees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 									

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

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	uau	recio	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) CHRISTINE MIRASY-GLASCO	40.00									
CEO & PRESIDENT				Х				194,823.	0.	12,789.
(2) ALBERT P. VERA	1.00									
DIRECTOR		Х						0.	0.	0.
(3) BOOKER PEARSON	1.00									
DIRECTOR		Х						0.	0.	0.
(4) CINDY MAROUN	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) CINDY MCQUADE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) GLENDA MARTINEZ	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) JAMIE TIERNEY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JANE SPIEGEL, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KIM DEFENDERFER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KITTY WALLACE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) LISA ELSON	1.00									-
DIRECTOR		Х						0.	0.	0.
(12) RAY HOFMEISTER	1.00									-
DIRECTOR		Х						0.	0.	0.
(13) RENEE ORDENEAUX	1.00									•
DIRECTOR (OUTGOING)	1	Х						0.	0.	0.
(14) REVEREND PATRICIA FARRIS	1.00									•
DIRECTOR	1	Х						0.	0.	0.
(15) RUSS WHITTENBURG	1.00									•
DIRECTOR		Х						0.	0.	0.
(16) RYAN LEGGIO	5.00	I								<u> </u>
SECRETARY		Х		X				0.	0.	0.
(17) TOM WILSON	1.00									<u>^</u>
DIRECTOR		Х						0.	0.	0.
132007 12-09-21				_	-					Form 990 (2021)

Form 990 (2021)														
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)			(C Posi				(D)	(E)			(F)	
Nam	ne and title	Average hours per		not c	heck ı	more	than c		Reportable compensation	Reportable			imate ount c	
		week					s both r/trust		from	compensatio from related			ount c	
		(list any	ctor						the	organization			pensat	ion
		hours for	or dire				ted		organization	(W-2/1099-MIS	;C/	fro	om the	;
		related organizations	ustee (truste		e	pensa		(W-2/1099-MISC/	1099-NEC)		•	anizatio	
		below	lual tri	tional		ploye	st com yee	L	1099-NEC)				l relate nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orgu	mzatio	110
(18) TRACY EDWARI	DS	5.00												
TREASURER			Х		X				0.		0.			0.
(19) YSETTE WITTE	EVEEN	1.00	v						0		0			^
DIRECTOR			Х						0.		0.			0.
				-										
1b Subtotal									194,823.		0.	12	2,78	39.
	tinuation sheets to Part VI								0.		0.		,	0.
	s 1b and 1c)								194,823.		0.	12	2,78	39.
2 Total number of	f individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			
compensation f	rom the organization 🕨												V	1
• Did the evenesia	ation list our former officer							la : a			1		Yes	No
•	ation list any former officer,			•	•	•		Ŭ	• • •			3		Х
	" <i>complete Schedule J for</i> s al listed on line 1a, is the su											3		<u> </u>
	anizations greater than \$150											4	x	
	listed on line 1a receive or a													
	organization? If "Yes," com											5		Х
Section B. Independ														
•	able for your five highest co	•	•							•	ensat	tion fro	m	
the organization	n. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.		(0		
(A) (B) Name and business address NONE Description of services								С	(C omper		1			
										•				
								T						
	f independent contractors (ir	•	ot lin	niteo	d to f	thos C		ted	above) who received mo	pre than				
	mpensation from the organiz					<u> </u>	,					Form	990 (2	021)

132008 12-09-21

Form **990** (2021)

Image: Section of the section of the section sectors of the sector sector sectors of the sectors sectors of the sectors of the sectors sector sectors of the sectors sectors of the sectors of the sectors of the sectors sectors of the sectors				Check if Schedule O		ins a respo	nse	or note to anv lin	e in this Part VIII			
B Membership dues 10 b Fundhaling events 10 covernment grants (contributions) 11 15 f All dues to include adow 11 generation 11 12 generation 11 12 generation 12 12 generation 11 12 generation 11 12 generation 12 12 generation <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>(A)</th><th>Related or exempt</th><th>Unrelated</th><th>Revenue excluded</th></t<>									(A)	Related or exempt	Unrelated	Revenue excluded
gas AnANAGEMENT FEE REVENUE Suitness Code mean b OTHER INCOME 531110 63,109. 63,109. c RESIDENT MANAGER RENT 531110 9,600. 9,600. c REMORAT S31110 47,766. 47,766. c REMORAT S31110 4,829. 4,829. d AUMORY INCOME 531110 4,829. 4,829. g Total. Add lines 2a.2! 125,304. 3 a Investment income (including dividends, interest, and other similar amounts) 4,690. 4,690. 4 Income from investment of tax-axempt bond proceeds 5 6 6 c Renst income or (loss) 6 6 6 r Gross rents 6a 6 6 6 r Gross rents 6a 6 6 6 6 r Gross rents 6a 6 6 6 6 d Net rail income or (loss)<	ts ts	1	а	Federated campaigns		1a						
gas 2 a MANAGEMENT FEE REVENUE 531110 63,109. b OTHER INCOME 531110 47,766. 47,766. c RESIDENT MANAGER RENT 531110 9,600. 9,600. d JAUNDRY INCOME 531110 4,829. 4,829. d JAUNDRY INCOME 531110 4,829. 4,829. g Total. Add lines 2a2! 125,304. 9 g Gross rents Ga 9 9 g Gross rents Ga 9 9 g Gross renths	ran		b	Membership dues		1b						
generation 2 a MANAGEMENT FEE REVENUE 531110 63,109. b OTHER INCOME 531110 47,766. 47,766. c RESIDENT MANAGER RENT 531110 9,600. 9,600. d IAUNDRY INCOME 531110 4,829. 4,829. e d IAUNDRY INCOME 531110 4,829. 4,829. if al other program service revenue 125,304. 9 9 g Total. Add lines 2a?! 125,304. 9 9 a Gross rents 6a 0 4,690. 4,690. 4 income from investment of taxexempt bord proceeds 9 9 9 9 a Gross rents 6a 0 0 0 0 b Less: rental expenses 0 0 0 0 0 b Less: cost or other basis and sales appress 7a 10 0 0 0 0 0 b Less: circet expenses 7a 10 9 0 0 0 0 0 0 0 b Less: circet expenses 7a 7a 133,111.0 0 0 0 0	Å G		с	Fundraising events		1c		153,111.				
gas 2 a MANAGEMENT FEE REVENUE builties Code mean b OTHER INCOME 531110 63,109. 63,109. c RESIDENT MANAGER RENT 531110 9,600. 9,600. d JAUNDRY INCOME 531110 4,829. 4,829. e d JAUNDRY INCOME 531110 4,829. 4,829. g Total. Add lines 2a:7 125,304. 125,304. 125,304.	ar A											
gas 2 a MANAGEMENT FEE REVENUE 531110 63,109. b OTHER INCOME 531110 47,766. 47,766. c RESIDENT MANAGER RENT 531110 9,600. 9,600. d JAUNDRY INCOME 531110 4,829. 4,829. d JAUNDRY INCOME 531110 4,829. 4,829. g Total. Add lines 2a2! 125,304. 9 g Gross rents Ga 9 9 g Gross rents Ga 9 9 g Gross renths	s, G		е	Government grants (contr	ibutic	ons) 1e	5,	307,889.				
gas 2 a MANAGEMENT FEE REVENUE 531110 63,109. b OTHER INCOME 531110 47,766. 47,766. c RESIDENT MANAGER RENT 531110 9,600. 9,600. d JAUNDRY INCOME 531110 4,829. 4,829. d JAUNDRY INCOME 531110 4,829. 4,829. g Total. Add lines 2a2! 125,304. 9 g Gross rents Ga 9 9 g Gross rents Ga 9 9 g Gross renths	i Si	t	f	All other contributions, gifts,	grants	s, and						
gas 2 a MANAGEMENT FEE REVENUE 531110 63,109. b OTHER INCOME 531110 47,766. 47,766. c RESIDENT MANAGER RENT 531110 9,600. 9,600. d JAUNDRY INCOME 531110 4,829. 4,829. d JAUNDRY INCOME 531110 4,829. 4,829. g Total. Add lines 2a2! 125,304. 9 g Gross rents Ga 9 9 g Gross rents Ga 9 9 g Gross renths	but			similar amounts not included	abov	e 1f	1,	253,841.				
gas 2 a MANAGEMENT FEE REVENUE builties Code mean b OTHER INCOME 531110 63,109. 63,109. c RESIDENT MANAGER RENT 531110 9,600. 9,600. d JAUNDRY INCOME 531110 4,829. 4,829. e d JAUNDRY INCOME 531110 4,829. 4,829. g Total. Add lines 2a:7 125,304. 125,304. 125,304.	d Otri	1	g	Noncash contributions included in	lines 1a	a-1f 1g \$	6					
2 a MANAGEMENT FEE REVENUE b OTHER INCOME 531110 63,109. 63,109. c RESIDENT MANAGER RENT d LAUNDRY INCOME 531110 47,766. 47,766. g Total. Add ince 2a 21 d at other similar amounts) 531110 4,829. 4,829. g Total. Add ince 2a 21 d at other similar amounts) 125,304. 9,000. 4,690. 4 income from investment of tax exempt bood proceeds 125,304. 9,000. 4,690. 6 a Gross rents 6 a 0,0 Real 0,0 Personal 4,690. 4,691. 6 a Gross rents 6 a 0,0 Real 0,0 Personal 0 0 7 a Gross amount from sales of assist other hain warm of loss) 0,0 Real 0,0 Other 0 0 a Gross income from indratising events (not including \$ 153,111. of c Gain or (loss) 0 0 0 0 a Gross income from indratising events (not including \$ 153,111. of contributions reported on line (1c). See Part IV, line 18 0 -9,683. -9,683. 9 a Gross income from fundrating events (not including \$ 10,80; from sales of inventory e Net income or (loss) from fall a	and		h	Total. Add lines 1a-1f				►	6,714,841.			
95 0 THER INCOME 531110 47,766. 47,766. 0 LAUNDRY INCOME 531110 9,600. 9,600. 1 1 10 other program service revenue 531110 9,600. 9,600. 9 10 other program service revenue 125,304. 9 9 3 Investment income (including dividends, interest, and other similar amounts) 125,304. 125,304. 4 Income from investment of tax exempt bond proceeds 125,304. 9 4,690. 4 Income from investment of tax exempt bond proceeds 125,304. 9 9 5 Royaties 10 9 100. 4,690. 4,690. 4 Income from investment of tax exempt bond proceeds 10 <								Business Code				
g Total. Add lines 2a-21 ▶ 125,304. 3 investment income (including dividends, interest, and other similar amounts). ▶ 4,690. 4 income from investment of tax exempt bond proceeds ▶ 4,690. 5 Royalties (i) Real (ii) Personal ↓ 6 a Gross rents 6a (ii) Securities ↓ 6 a Gross rents 6a (iii) Personal ↓ 6 a Gross amount from sales of action cons or (loss) ↓ ↓ ↓ 7 a Gross amount from sales of action cons or (loss) ↓ ↓ ↓ 6 c Gain or (loss) (ii) Securities (iii) Other ↓ a Gross income from fundraising events ↓ ↓ ↓ a Gross income from fundraising events ↓ ↓ ↓ a Gross income from fundraising events ↓ ↓ ↓ a Gross income from gaming activities. See ↓ ↓ ↓ 9 a Gross income from gaming activities. ↓ ↓ ↓ 9 a Gross income from gaming activities. ↓ ↓ ↓ 9 a Gross income from gaming activities. ↓ ↓ ↓	e	2			ΕF	REVENU	E					
g Total. Add lines 2a-21 ▶ 125,304. 3 investment income (including dividends, interest, and other similar amounts). ▶ 4,690. 4 income from investment of tax exempt bond proceeds ▶ 4,690. 5 Royalties (i) Real (ii) Personal ↓ 6 a Gross rents 6a (ii) Securities ↓ 6 a Gross rents 6a (iii) Personal ↓ 6 a Gross amount from sales of action cons or (loss) ↓ ↓ ↓ 7 a Gross amount from sales of action cons or (loss) ↓ ↓ ↓ 6 c Gain or (loss) (ii) Securities (iii) Other ↓ a Gross income from fundraising events ↓ ↓ ↓ a Gross income from fundraising events ↓ ↓ ↓ a Gross income from fundraising events ↓ ↓ ↓ a Gross income from gaming activities. See ↓ ↓ ↓ 9 a Gross income from gaming activities. ↓ ↓ ↓ 9 a Gross income from gaming activities. ↓ ↓ ↓ 9 a Gross income from gaming activities. ↓ ↓ ↓	e vic	I										
g Total. Add lines 2a-21 125,304. 3 Investment income (including dividends, interest, and other similar amounts). 4,690. 4 income from investment of tax exempt bond proceeds 4,690. 5 Royatties 0 6 a Gross rents 6a 6 a Gross amount from sales of assets other than inventory Ta 7a 7 a Gross amount from sales of assets other than inventory Ta 7a 7 a Gross income from fundralsing events (not including \$ 153,111. or con contributions reported on line 10, See Part IV, line 18 9a 9 a Gross income from gaming activities. See Part IV, line 18 9a 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a Gross sales of inventory, less returns and allowances > 9 a Gross sole of from gaming activities. See Code Total Add lines 11a 11d b 10a Cores sales of inventory, less returns and allowances > > 9 a Gross sole of from sales of inventory > <td>Se</td> <td></td> <td></td> <td></td> <td></td> <td>R RENT</td> <td></td> <td></td> <td></td> <td>9,600.</td> <td></td> <td></td>	Se					R RENT				9,600.		
g Total. Add lines 2a.21 125,304. 3 Investment income (including dividends, interest, and other similar amounts) 4,690. 4 Income from investment of tax exempt bond proceeds 4,690. 5 Royatties 6a 6 a Gross rents 6a 6 a Gross amount from sales of rent income or (loss) 7a 7 a Gross income from thufraising events (not including \$ 153,111. or con contributions reported on line 10; See Part V, line 18 6a 9 a Gross income from fundraising events -9,683. 9 a Gross income from gaming activities. See Part V, line 19 9a 9 a Gross income from gaming activities. See Part V, line 19 9a 9 a Gross income from gaming activities. See Part V, line 19 9a 9 a Gross income from gaming activities. See Part V, line 19 9a 9 a Gross income from gaming activities	ram leve		d	LAUNDRY INCOM	E			531110	4,829.	4,829.		
g Total. Add lines 2a-21 ▶ 125,304. 3 investment income (including dividends, interest, and other similar amounts). ▶ 4,690. 4 income from investment of tax exempt bond proceeds ▶ 4,690. 5 Royalties (i) Real (ii) Personal ↓ 6 a Gross rents 6a (ii) Securities ↓ 6 a Gross rents 6a (iii) Personal ↓ 6 a Gross amount from sales of action cons or (loss) ↓ ↓ ↓ 7 a Gross amount from sales of action cons or (loss) ↓ ↓ ↓ 6 c Gain or (loss) (ii) Securities (iii) Other ↓ a Gross income from fundraising events ↓ ↓ ↓ a Gross income from fundraising events ↓ ↓ ↓ a Gross income from fundraising events ↓ ↓ ↓ a Gross income from gaming activities. See ↓ ↓ ↓ 9 a Gross income from gaming activities. ↓ ↓ ↓ 9 a Gross income from gaming activities. ↓ ↓ ↓ 9 a Gross income from gaming activities. ↓ ↓ ↓	'ogi F		е									
3 Investment income (including dividends, interest, and other similar amounts) 4, 690. 4, 690. 4 Income from investment of tax exempt bond proceeds 5 5 Royatties (i) Real (ii) Personal 6 Gross rents 6a (ii) Real (iii) Personal 6 Gross rents 6a (iii) Real (iii) Personal 6 Gross rents 6a (iii) Real (iii) Personal 6 Gross rents 6a (iii) Personal (iii) Personal 6 Gross rents 6a (iii) Personal (iiii) Personal 6 Gross rents 6a (iii) Personal (iiii) Personal 6 Not rental income or (loss) (iii) Personal (iiii) Personal (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Р	1							105 001			
ether similar amounts) 4,690. 4,690. 4 income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (ii) Personal 6 (ii) Real (iii) Personal 6 (iii) Real (iii) Personal 6 (iii) Real (iii) Personal 7 A cross rents 6a 6 (iiii) Real (iii) Personal 7 A cross amount trom sales of assets other than inventory 7 A cross amount trom sales of assets other than inventory 7 A cross income from fundraising events (not invictions reported on line 1c). See Part IV, line 18 8 Gross income from gaming activities. > -9,683. -9,683. 9 A to income or (loss) from fundraising events > -9,683. -9,683. 9 A to income or (loss) from gaming activities. > -9,683. 9 A to income or (loss) from gaming activities. > -9,683. 9 A to income or (loss) from sales of inventory.			g					····· /	125,304.			
4 Income from investment of tax exempt bond proceeds 5 Royatites 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 7 a 6 a 7 a 7 a 6 a 7 a a a a a a a a a a a a a a a a a a a a a a a a a b b c a b c c b c b a a <		3		,	•				1 600			4 600
5 Royalties (i) Real (ii) Personal 6 (iii) Real (iii) Personal 6 6 6 6 6 6 7 a Gross rents 6 6 6 6 6 6 6 7 a Gross amount from sales of assets other than inventory 6 7 a Gross amount from sales of assets other than inventory 7a 7 b Less: cost or other basis and sales expenses 7a 7 a Gross income from fundraising events (not including \$ 153,111. of contributions reported on line 10; See 7a 9 a Gross income from fundraising events -9,683. 9 a Gross income from gaming activities. See 9a 9 a Gross alaes of inventory, less returns and allowances 9a 9 a dallowances 10a 10a Gross sales of inventory, less returns and allowances 10a 10a Gross alaes of inventory, less returns and allowances 10a 10a Gross alaes of inventory 10a 10a Coss alaes of inventory, less returns and allowances 10a		_							4,690.			4,690.
6 a Gross rents 6a (i) Real (ii) Personal b Less: rental income or (loss) 6a (iii) Personal c Rental income or (loss) 6c (iii) Personal d Net rental income or (loss) 6c (iii) Personal g rents 6a (iii) Personal g rents 6a (iii) Personal g rents 6a (iii) Personal g rents (iii) Personal (iii) Personal g rents (iii) Personal (iii) Personal g rents (iiii) Personal (iiii) Personal g rents (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							•	-				
6 a Gross rents 6 a b Less: rental expenses 6 b c Rental income or (loss) 6 c d Net rental income or (loss)		5		Royalties	·							
b Less: rental expenses 6. c Rental income or (loss) 6c d Net rental income or (loss) 6c assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) 7c c Gain or (loss) 7c d Net gain or (loss) 7b a Gross income from fundraising events (not including \$153,111. of c ontributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9b b Less: direct expenses 9b b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of i		•		a		(I) Real		(II) Personal				
c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net net state sta												
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7a 7a 7a												
7 a Gross amount from sales of assets other than inventory				. ,								
assets other than inventory 7a b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c s a Gross income from fundraising events (not including \$153, 111 of contributions reported on line 1c). See path 2 Part IV, line 18 8a 0. b Less: direct expenses 8b 9, 683. c Net income or (loss) from fundraising events -9, 683. -9, 683. 9a Gross income from gaming activities. See 9a 9a 9a Gross income from gaming activities. See 9a 9b 9b b Less: direct expenses 9a 9b 9b 9c b Less: direct expenses 9a 9b 9c 683. 10a Gross sales of inventory, less returns and allowances 10a 10a 10a 10a b					, <u></u>	(i) Securit	 ioe	(ii) Other				
990 b Less: cost or other basis and sales expenses 7b 7c c Gain or (loss) 7c 7c 7c d Net gain or (loss) 7c 7c 7c 8 Gross income from fundraising events (not including \$153,111. or contributions reported on line 1c). See Part IV, line 18 8a 0. 9 A Gross income from gaming activities. See Part IV, line 19 9a -9,683. -9,683. 9 Gross income from gaming activities. See Part IV, line 19 9a -9,683. -9,683. 9 A Gross salco firom gaming activities 9a 9a -9,683. -9,683. 10 Gross salce of inventory, less returns and allowances 9b - - - 0 Gross sales of inventory, less returns and allowances 10a - - - 0 Less: cost of goods sold 10b - - - - 0 All other revenue - - - - - - 0 - - - - - - - - - - -		1	а		7-		103					
and sales expenses Tb c Gain or (loss) Tc d Net gain or (loss) To a Gross income from fundraising events (not including \$153, 111. or of contributions reported on line 1c). See Part IV, line 18 Ba 0. b Less: direct expenses Bb 9, 683. -9, 683. c Net income or (loss) from fundraising events -9, 683. -9, 683. g a Gross income from gaming activities. See Part IV, line 19 9a -9 b Less: direct expenses 9b -9 683. -9, 683. g a Gross income from gaming activities -9 -9, 683. -9, 683. b Less: direct expenses 9b -9 683. -9, 683. 10 a Gross sales of inventory, less returns and allowances 10a 10a -9 68 b Less: cost of goods sold 10b -9 -9 -9 -9 a All other revenue -9 -9 -9 -9 -9 -9 -9 a All other revenue -9 -9 -9 -9 -9 -9			L		7a							
c Gain or (loss) 7c d Net gain or (loss) 7c 8 a Gross income from fundraising events (not including \$ 153,111. or contributions reported on line 1c). See a 0 0 0 10 Less: direct expenses 9a 9 a Gross income from gaming activities -9,683. 9 a Gross sales of inventory, less returns and allowances 9b 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Eas: code 11 a Business Code 11 a a Code 11 a b Code 11 a c Code 11 a b Code 11 a 11 a Code 12 Total revenue. See instructions 12 Total revenue. See instructions 6,835,152. 12 Total revenue. See instructions 6,835,152.	Ð		D		76							
\$\vec{b}\$ \$\vec{b}\$ \$\vec{1}\$ 153,111. or \$\vec{b}\$ \$\vec{c}\$ \$\vec{c}\$ \$\vec{b}\$ \$\vec{b}\$ \$\vec{c}\$ \$\vec{c}\$ \$\vec{b}\$ \$\vec{b}\$ \$\vec{c}\$ \$\vec{b}\$ \$\vec{c}\$ \$\vec{b}\$ \$\vec{b}\$ \$\vec{b}\$ \$\vec{c}\$ \$\vec{b}\$ \$\vec{c}\$ \$\vec{b}\$ \$\vec{b}\$ \$\vec{b}\$ \$\vec{b}\$ \$\	nue		~									
E including \$ 153,111. of contributions reported on line 1c). See Part IV, line 18 b b Less: direct expenses a 0 a b a a a a b a c d a a	leve											
E including \$ 153,111. of contributions reported on line 1c). See Part IV, line 18 b b Less: direct expenses a 0 a b a a a a b a c d a a	er H											
contributions reported on line 1c). See Ba 0. b Less: direct expenses Bb 9,683. c Net income or (loss) from fundraising events -9,683. -9,683. 9 a Gross income from gaming activities. See 9a -9 Part IV, line 19 9a 9b -9 b Less: direct expenses 9b -9 c Net income or (loss) from gaming activities > -0 10 a Gross sales of inventory, less returns and allowances 10a -0 b Less: cost of goods sold 10b - - c Net income or (loss) from sales of inventory > - - b Less: cost of goods sold 10b - - - c - - - - - - c - - - - - - - c - - - - - - - - - - - - - - - - - -		0	a									
Part IV, line 18 Ba 0. b Less: direct expenses Bb 9,683. c Net income or (loss) from fundraising events -9,683. -9,683. 9 a Gross income from gaming activities. See Part IV, line 19 9a -9 b Less: direct expenses 9b -9 c Net income or (loss) from gaming activities - - 10 a Gross sales of inventory, less returns and allowances 10a - - b Less: cost of goods sold 10b - - - c Net income or (loss) from sales of inventory > - - - b Less: cost of goods sold 10b - - - - c c . <td>0</td> <td></td>	0											
b Less: direct expenses Bb 9,683. c Net income or (loss) from fundraising events -9,683. 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 10 a gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c d All other revenue e Total revenue. See instructions 6,835,152.				•		,	82	0.				
c Net income or (loss) from fundraising events > -9,683. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 0 b C 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c d 11 a b c d d d 12 Total revenue. See instructions			b									
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold to b c Net income or (loss) from sales of inventory b Less: cost of goods sold 10 a c Net income or (loss) from sales of inventory b Less: cost of goods sold 10 a c Net income or (loss) from sales of inventory b c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions									-9,683.			-9,683.
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 11 a Business Code b C c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions						-						
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory b Business Code 11 a b c d d d 12 Total revenue. See instructions b c d 12 Total revenue. See instructions b c d 12 c c c c d c d d 12 b c c d												
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b C c All other revenue e Total revenue. See instructions 6,835,152. 125,304. 0.			b									
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b Business Code c Image: Code d All other revenue e Total revenue. See instructions b Image: Code b Image: Code b Image: Code b Image: Code c Image: Code d All other revenue e Total revenue. See instructions b Image: Code c Image: Code d All other revenue e Total revenue. See instructions b Image: Code c Image: Code c Image: Code d All other revenue e Total revenue. See instructions b Image: Code c Image: Code c Image: Code d All other revenue b Image: Code image: Code <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>s</td><td> ►</td><td></td><td></td><td></td><td></td></t<>							s	►				
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b Business Code c Image: Code d All other revenue e Total revenue. See instructions b Image: Code b Image: Code b Image: Code b Image: Code c Image: Code d All other revenue e Total revenue. See instructions b Image: Code c Image: Code d All other revenue e Total revenue. See instructions b Image: Code c Image: Code c Image: Code d All other revenue e Total revenue. See instructions b Image: Code c Image: Code c Image: Code d All other revenue b Image: Code image: Code <t< td=""><td></td><td>10</td><td>а</td><td>Gross sales of inventory, I</td><td>ess r</td><td>eturns</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		10	а	Gross sales of inventory, I	ess r	eturns						
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory							10a					
Business Code Image: Code Image: Code b Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code c Image: Code Image: Code Image: Code d All other revenue Image: Code Image: Code e Total. Add lines 11a-11d Image: Code Image: Code 12 Total revenue. See instructions Image: Code Image: Code Image: Code			b				10b					
11 a			с	Net income or (loss) from	sales	of inventor	ry					
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 6,835,152. 125,304. 0. −4,993	s							Business Code				
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 6,835,152. 125,304. 0. −4,993	si o	11	а									
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 6,835,152. 125,304. 0. −4,993	ane		b									
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 6,835,152. 125,304. 0. −4,993	eve		с									
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 6,835,152. 125,304. 0. −4,993	Aisc B		d	All other revenue								
	-		e	Total. Add lines 11a-11d		<u></u>					-	
		12		Total revenue. See instruction	ons			►	6,835,152.	125,304.	0.	-4,993. Form 990 (2021

17331115 147227 0303268-0303268.0990

9 2021.05000 UPWARD BOUND HOUSE

Form 990 (2021) UPWARD
Part VIII Statement of Revenue UPWARD BOUND HOUSE

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	207,612.	165,606.	16,986.	25,020.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		1 200 024	142 000	011 051
7	Other salaries and wages	1,751,268.	1,396,934.	143,283.	211,051.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	040 000	100 500		20.020
9	Other employee benefits	249,203.	198,782.	20,389.	30,032. 18,754.
10	Payroll taxes	155,615.	124,129.	12,732.	18,754.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	<u> </u>	20 440		10 604
С	Accounting	62,094.	38,448.	6,015.	17,631.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		452 969	200 142	10 570	25 147
	column (A), amount, list line 11g expenses on Sch 0.)	453,868.	399,143.	19,578.	<u>35,147.</u> 19,925.
12	Advertising and promotion	<u>19,925.</u> 38,281.	20 970	2 0 2 5	5,377.
13	Office expenses		29,879. 28,561.	3,025.	
14	Information technology	33,449.	20,301.	1,013.	3,075.
15	Royalties	671,896.	660,876.	4,095.	6 025
16		16,597.	13,078.	3,394.	<u>6,925</u> 125.
17	Travel	10,097.	13,070.	5,394.	123.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	24,797.	500.	24,040.	257.
19 00	Conferences, conventions, and meetings	44,/J/•		<u>44,040</u> .	437.
20	Interest				
21	Payments to affiliates	180,636.	169,944.	10,692.	
22 22	Depreciation, depletion, and amortization	63,039.	54,489.	3,204.	5,346.
23 24	Insurance Other expenses. Itemize expenses not covered	05,059.	54,409.	5,204.	5,540.
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES	1,820,688.	1,819,050.	1,638.	0.
b	REPAIRS & MAINTENANCE	209,519.	208,022.	568.	929.
c	BAD DEBT	52,065.	52,065.		
d	TAXES & LICENSES	24,969.	24,880.	79.	10.
	All other expenses	44,764.	16,191.	6,929.	21,644.
25	Total functional expenses. Add lines 1 through 24e	6,080,285.	5,400,577.	278,460.	401,248.
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 The infollowing SOP 98-2 (ASC 958-720)				
					- 000 (222)

Form 990 (2021)

UPWARD BOUND HOUSE 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)

Page 10 95-4288926

132010 12-09-21

17331115 147227 0303268-0303268.0990

10

2021.05000 UPWARD BOUND HOUSE

UPWARD BOUND HOUSE

	990 (; rt X	2021) UPWARD BOUND H Balance Sheet	OUSE		95-4288926 Page 11				
I UI		Check if Schedule O contains a response or not	e to anv	line in this Part X					
			<u> </u>		(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			4,638,898.	1	5,340,568.		
	2	Savings and temporary cash investments			154,191.	2	154,337.		
	3	Pledges and grants receivable, net			1,560,770.	3	1,371,955.		
	4	Accounts receivable, net		4					
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, subst							
		controlled entity or family member of any of thes		5					
	6	Loans and other receivables from other disqualit		r					
		under section 4958(f)(1)), and persons described				6			
s	7	Notes and loans receivable, net		Г		7			
Assets	8	Inventories for sale or use				8			
As	9	— · · · · · · · · · · · · · · · · · · ·			103,116.	9	75,715.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	7,942,927.					
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3,200,615.	4,792,884.	10c	4,742,312.		
	11	Investments - publicly traded securities			84,558.	11	121,405.		
	12	Investments - other securities. See Part IV, line 1				12			
	13	Investments - program-related. See Part IV, line ⁻	11	[13			
	14	Intangible assets		I	145,278.	14	143,418.		
	15	Other assets. See Part IV, line 11			446,511.	15	418,180.		
	16	Total assets. Add lines 1 through 15 (must equa			11,926,206.	16	12,367,890.		
	17	Accounts payable and accrued expenses			237,927.	17	279,460.		
	18	Grants payable				18			
	19	Deferred revenue			27.	19	0.		
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete I	Part IV c	of Schedule D		21			
S	22	Loans and other payables to any current or form	er office	er, director,					
litie		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%					
Liabilities		controlled entity or family member of any of thes	e perso	ns		22			
_	23	Secured mortgages and notes payable to unrela	ted thire	d parties	2,149,625.	23	1,784,638.		
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24			
	25	Other liabilities (including federal income tax, pa							
		parties, and other liabilities not included on lines	17-24).	Complete Part X	20 540		21 225		
		of Schedule D			38,749.	25	31,906.		
	26	Total liabilities. Add lines 17 through 25			2,426,328.	26	2,096,004.		
S		Organizations that follow FASB ASC 958, che	ck here						
jče		and complete lines 27, 28, 32, and 33.					0 507 705		
alar	27				7,556,358.	27	8,587,785.		
ä	28				1,943,520.	28	1,684,101.		
ŭ		Organizations that do not follow FASB ASC 9	58, che	ckhere 🕨 🛄					
г		and complete lines 29 through 33.							
ts c	29	Capital stock or trust principal, or current funds				29			
sse	30	Paid-in or capital surplus, or land, building, or ec		Г		30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F	0 400 070	31	10 271 000		
Re	32	Total net assets or fund balances		I	<u>9,499,878.</u> 11,926,206.	32	10,271,886.		
	33	Total liabilities and net assets/fund balances			11,940,400.	33	12,367,890. Form 990 (2021)		

Form **990** (2021)

	990 (2021) UPWARD BOUND HOUSE	<u>95-</u>	4288926	Pag	_{ge} 12			
Pa	t 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	6,835	(1, 1)	$\frac{52}{5}$			
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>6,080</u> 754					
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,499					
5	Net unrealized gains (losses) on investments	5	17	1,14	<u>41.</u>			
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,		10 001	~	~ ~			
Der	column (B))	10	10,271	.,88	36.			
Pa	t 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 on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			v				
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X 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?		<u>2</u> c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0						
	Act and OMB Circular A-133?			X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir			v				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				(2021)			

Form **990** (2021)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

T

Nan	ne of t	the organization							identification number		
De			RD BOUND H						5-4288926		
	rt I	Reason for Public (ee instruction	S.			
	organ	ization is not a private found									
1		A church, convention of ch	,			n 170(b)(1	1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative					-				
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:									
5		An organization operated for section 170(b)(1)(A)(iv). (0		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
	X										
'	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \						
9	\square	An agricultural research org				nd in coniu	unction with a	land grant	collogo		
3		or university or a non-land-				-		-	-		
		, ,	frank college of agric			name, city	, and state of	the college			
40		university:	II	than 00 1/00/ of its summ					d avecas vasa inte fuera		
10		An organization that norma									
		activities related to its exen		•					•		
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	πer June 30, 1975.		
		See section 509(a)(2). (Co									
11		An organization organized a	-	•	•						
12		An organization organized a	-	•	-			•			
		more publicly supported or	-						check the box on		
	_	lines 12a through 12d that	• •					-			
а		Type I. A supporting orga	-		• • •	-					
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	ipporting		
	_	organization. You must o									
b		Type II. A supporting org	-				-		-		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
	_	organization(s). You mus	•								
С		Type III functionally inte						ly integrate	d with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	oorting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	ation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	reness		
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga					Type I, Type	II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information			(iv) Is the orga	nization listed					
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your governi Yes	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)		
Tota	al										

UPWARD BOUND HOUSE

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.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3493438.	4382495.	7149518.	7836864.	6714841.	29577156.			
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	2402420	4000405		B 006064	681 40 44				
	Total. Add lines 1 through 3	3493438.	4382495.	7149518.	7836864.	6714841.	29577156.			
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)						717,883.			
6	Public support. Subtract line 5 from line 4.						28859273.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2017 3493438.	(b) 2018 4382495.	(c)2019 7149518.	(d) 2020 7836864.	(e) 2021	(f) Total 29577156.			
	Amounts from line 4	3493438.	4382495.	/149518.	/830804.	0/14041.	295//150.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	10 205	10 214	04 100	0 500	4 600	CO 000			
	and income from similar sources	12,385.	19,314.	24,100.	8,503.	4,690.	68,992.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	10 017					12 017			
	assets (Explain in Part VI.)	13,817.					13,817.			
	Total support. Add lines 7 through 10						29659965.			
	Gross receipts from related activities,		,			12	202,687.			
13	First 5 years. If the Form 990 is for th	0								
80	organization, check this box and stor ction C. Computation of Publi									
			-				97.30 %			
	Public support percentage for 2021 (I		•			14 15				
	Public support percentage from 2020									
102	33 1/3% support test - 2021. If the c									
	stop here. The organization qualifies		•		line 15 in 00 1/00/					
Ľ	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
47.	and stop here. The organization qualifies as a publicly supported organization									
1/8	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
Ľ		-					10% Or			
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
40										
18	Private foundation. If the organizatio	T UIU HOL CHECK a		a, 100, 178, 01 170	, oneok this box a		<u>s</u> ▶ <u> </u>			

Schedule A (Form 9	90) 202
--------------	--------	---------

UPWARD BOUND HOUSE

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

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

Sec	ction A. Public Support			-		-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
e	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
	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.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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	•					·
	check this box and stop here	- 0					
	ction C. Computation of Publi						
	Public support percentage for 2021 (li	, (),		column (f))		15	%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from		_			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	id stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in		
13202	23 01-04-22		1 6	-		Schedul	e A (Form 990) 2021

17331115 147227 0303268-0303268.0990 2021.05000 UPWARD BOUND HOUSE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

132024 01-04-21

17331115 147227 0303268-0303268.0990 2021.05000 UPWARD BOUND HOUSE

Part IV	Supporting O	rganizations (cor	tinued)	
	(Form 990) 2021	UPWARD		HOUSE

1

2

Yes No

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

	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.				
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 hangit carried out the purposes of the supported arganization(s) that operated				

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

	ontrolled the suppl	Jilling organization.	
Section C. Type	II Supporting C	Drganizations	

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).*

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>Jul (0000 mod domono)</i>

- 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.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

17 17331115 147227 0303268-0303268.0990 2021.05000 UPWARD BOUND HOUSE Yes No

Sche	edule A (Form 990) 2021 UPWARD BOUND HOUSE			95-4288926 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e 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-functiona	Illy integra	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

18 17331115 147227 0303268-0303268.0990 2021.05000 UPWARD BOUND HOUSE

d Excess from 2020 e Excess from 2021

UPWARD BOUND HOUSE Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

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	6	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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				

Current Year

| 1 |

Schedule A (Form 990) 2021

UPWARD BOUND HOUSE

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:

OTHER INCOME

2017 AMOUNT: \$ 13,817.

132028 01-04-22

SCHEDULE D	
------------	--

Department of the Treasury

Internal Revenue Service

(Form 9	90)
---------	-----

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.

OMB No. 1545-0047 L **Open to Public** Inspection

Name of the organization UPWARD BOUND HOUSE	Employer identification number 95-4288926
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Advised Funds or Other Similar Funds or Advised Funds or Advised Funds or Other Similar Funds or Advised Funds or Advised Funds or Other Similar Funds or Advised Funds or	
organization answered "Yes" on Form 990, Part IV, line 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)	
2 A grand to violate of grante from (during violat)	
4 Aggregate value at end of year	
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun 	de
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferi	
impermissible private benefit?	·
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	,
	orically important land area
	tified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
year 🕨	-
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
▶\$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?	YesNo
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	nent and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	at describes the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal	ance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	. • \$
(ii) Assets included in Form 990, Part XIf the organization received or held works of art, historical treasures, or other similar assets for financial gain,	. • \$
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under FASB ASC 958 relating to these items: 	provide
 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	. ▶ \$ provide . ▶ \$
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under FASB ASC 958 relating to these items: 	. ▶ \$ provide . ▶ \$

Sche		BOUND HOUSE				95-42	88926	Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or O	ther Sin	nilar Assets	s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records,	check any of the f	ollowing that ma	ke signific	ant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt p	urpose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical treas	ures, or other sir	nilar asse	ts			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		e if the organizatio	n answered "Yes	" on Form	n 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contributions	s or other assets	not incluc	bed	_		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:		_				
					L		Amount		
С	Beginning balance					1c			
d	Additions during the year				L	1d			
е	Distributions during the year				L	1e			
f	Ending balance				L	1f	_		
	Did the organization include an amount on F		•			L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.								1
Par	t V Endowment Funds. Complete i					hraa waara haak	(a) Four	vooro k	
_		(a) Current year	(b) Prior year	(c) Two years ba		hree years back	(e) Four		
	Beginning of year balance	76,326.	76,326.	76,32	20.	76,326.		76,3	520.
b	Contributions	11,868.	11 969	12.00	D.4	1 168		11 1	202
c	Net investment earnings, gains, and losses	11,000.	11,868.	12,00	J4.	4,468.		11,2	102.
d	Grants or scholarships								
е	Other expenditures for facilities	11,868.	11,868.	12 00	n 4	1 168		11,2	202
	and programs	11,000.	11,000.	12,00	J4.	4,468.		11,2	.02.
	Administrative expenses	76,326.	76,326.	76,32	26	76,326.		76,3	326
g	End of year balance Provide the estimated percentage of the curr		•	,	20.	70,520.		10,5	
2	Board designated or guasi-endowment	ent year end balance	(interig, column (a) %) field as.					
a b	Permanent endowment 100	%							
		%							
v	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		on that are held an	d administered f	or the ora	anization			
	by:	eelen ei ane ei gamzan			er ine erg		Г	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the						· · · · ·		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, line 1	0.			
	Description of property	(a) Cost or oth	ner (b) Cost	or other	(c) Accum	ulated	(d) Book	value	,
		basis (investme	ent) basis	(other)	deprecia	ation			
1a	Land		2,50	4,109.			2,504	1,10	9.
	Buildings				2,994	,702.	2,151	,46	;8.
	Leasehold improvements								
	Equipment			5,407.		,407.			0.
	Other		9	7,241.	10	,506.		5,73	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	column (B), line 10)c.)		🕨	4,742	2,31	.2.
						Schedule	e D (Form	990) 2	2021

			li a a	
Schedule D	(Form 990) 2021	UPWARD	BOUND	HOUSE

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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-vear market value
(1)	()		,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(3) (4)			
(4)			
(4) (5) (6)			
(4) (5)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9)	15.)		
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			(b) Book value
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of			(b) Book value
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLIENT SAVINGS ACCOUNTS			23,10
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLIENT SAVINGS ACCOUNTS (3) TENANT SECURITY DEPOSITS			23,10
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLIENT SAVINGS ACCOUNTS (3) TENANT SECURITY DEPOSITS (4) OTHER LIABILITIES			23,10
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLIENT SAVINGS ACCOUNTS (3) TENANT SECURITY DEPOSITS (4) OTHER LIABILITIES (5)			23,10 7,67
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLIENT SAVINGS ACCOUNTS (3) TENANT SECURITY DEPOSITS (4) OTHER LIABILITIES (5) (6)			23,10
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLIENT SAVINGS ACCOUNTS (3) TENANT SECURITY DEPOSITS (4) OTHER LIABILITIES (5) (6) (7)			23,10
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLIENT SAVINGS ACCOUNTS (3) TENANT SECURITY DEPOSITS (4) OTHER LIABILITIES (5) (6)			23,10

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 UPWARD BOUND HOUSE	95-4	1288926 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	6,861,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 17,141.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 9,683.		
е	Add lines 2a through 2d	2e	26,824.
3	Subtract line 2e from line 1	3	6,835,152.
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	6,835,152.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	6,089,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 9,683.		
е	Add lines 2a through 2d	2e	9,683.
3	Subtract line 2e from line 1	3	6,080,285.
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	6,080,285.
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE ORGANIZATION IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE, AND IS EXEMPT FROM CALIFORNIA FRANCHISE TAXES UNDER SECTION

23701(D) OF THE STATE REVENUE AND TAXATION CODE.

THE ORGANIZATION HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM

THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX EXEMPT ENTITY

PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT

HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2021.

DUE TO ITS TAX EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO INCOME

TAXES. THE ORGANIZATION IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH

THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL

132054 10-28-21

17331115 147227 0303268-0303268.0990

2021.05000 UPWARD BOUND HOUSE

STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE ORGANIZATION HAS NO OTHER TAX POSITIONS THAT MUST BE CONSIDERED FOR DISCLOSURE. THE ORGANIZATION DOES NOT BELIEVE THEIR FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEARS 2018 AND 2017, RESPECTIVELY, ARE CLOSED. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF APPLICABLE, THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF GENERAL AND ADMINISTRATIVE EXPENSE AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH THE RELATED ACCRUED LIABILITY IN THE STATEMENT OF FINANCIAL POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

9,683.

9,683.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)		organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the ganization entered more than \$15,000 on Form 990-EZ, line 6a.						2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		BOUND HOUSE					Employer ide 95-4288	entification number 8926
	ing Activities. complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
	· · · ·	 ed funds through any of the followin	ig activ	vities.	Check all that apply.			
a 📃 Mail solicitat					overnment grants			
b Internet and c Phone solici	email solicitations	s f Solicita g Special			nment grants events			
d In-person so		g opecial	lunure	lising				
		r oral agreement with any individual				tees,		
		art VII) or entity in connection with p <i>r</i> iduals or entities (fundraisers) pursu			÷	ne fur	ndraiser is to b	
compensated at le								
			(iii) fundr	Did	(1) Q	(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	ustody itrol of	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization
			contrib			lis	ted in col. (i)	
			Yes	No				
Total								
 List all states in whi or licensing. 	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021
132081 10-21-21								

132081 10-21-21

31 2021.05000 UPWARD BOUND HOUSE 17331115 147227 0303268-0303268.0990

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines I and 6D. List e	÷ .	s greater than \$5,000.
			(a) Event #1 HOME RUN FOR KIDS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
a			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	153,111.			153,111.
	2	Less: Contributions	153,111.			153,111.
	3	Gross income (line 1 minus line 2)				
		Cash prizes				
s	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,683.			9,683.
		Direct expense summary. Add lines 4 through	.,		►	9,683.
	11	Net income summary. Subtract line 10 from li				-9,683.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$13,000 0H F0HH 990-E2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Ent	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	cts gaming activities:			Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
	_					
	_				0.1	
13208	2 10	J-21-21			Sche	dule G (Form 990) 2021

Sche	edule G (Form 990) 2021	UPWARD BOUNI) HOUSE	95-	4288926	Page
			nembers?		Yes	
			st, or a member of a partnership or o			
					Yes	
	Indicate the percentage of ga	• ,			13a	
			ne organization's gaming/special eve			
	Name					
	Address 🕨					
15a	Does the organization have a	contract with a third party fro	om whom the organization receives	gaming revenue?	Yes	
			he organization 🕨 💲	and the amount		
	of gaming revenue retained b					
С	If "Yes," enter name and add	ress of the third party:				
	Name 🕨					
	Address 🕨					
16	Gaming manager information	:				
	Name 🕨					
	Gaming manager compensati	ion ▶ \$	_			
	Description of services provid	led ►				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
		nder state law to make charit	able distributions from the gaming p	proceeds to		
	retain the state gaming licens				Yes	
			to be distributed to other exempt or			
_	organization's own exempt ac					
Pai			planations required by Part I, line 2		Part III, lines 9,	9b, 10k
	150, 15C, 16, and 171	o, as applicable. Also provide	any additional information. See inst	tructions.		
13208	3 10-21-21			Sche	edule G (Form	990) 2
211	115 147227 03033	268-0303268.099	33 0 2021.05000 UPWA	RD BOIIND HOUSE		030

Continued)	
120004 11 19 01	Schedule G (Form 990)
132084 11-18-21 34	

SCHEDULE J	Compensation Information	I	OMB No.	1545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n 1	
. ,	Compensated Employees		20	Z I	1
Denotes the filler Transmission	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organizat	on	Employer id	entificatio	on nui	nber
	UPWARD BOUND HOUSE	95-42	28892	6	
Part I Questio	ns Regarding Compensation				
				Yes	No
1a Check the approp	priate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Part VII, Section	A, line 1a. Complete Part III to provide any relevant information regarding these items.				
First-class o	charter travel Housing allowance or residence for perso	nal use			
Travel for co	mpanions Payments for business use of personal re-	sidence			
Tax indemni	fication and gross-up payments Health or social club dues or initiation fee	s			
Discretionar	/ spending account Personal services (such as maid, chauffer	ır, chef)			
b If any of the boxe	s on line 1a are checked, did the organization follow a written policy regarding payment or				
reimbursement o	provision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
2 Did the organizat	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and official	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate which, if	any, of the following the organization used to establish the compensation of the organization's	,			
CEO/Executive D	rector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
establish comper	sation of the CEO/Executive Director, but explain in Part III.				
Compensati	on committee Written employment contract				
Independen	compensation consultant				
Form 990 of	other organizations Approval by the board or compensation c	ommittee			
4 During the year, o	lid any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	related organization:				
	nce payment or change-of-control payment?				X
-	eceive payment from a supplemental nonqualified retirement plan?				X
	eceive payment from an equity-based compensation arrangement?		<u>4c</u>		X
If "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
contingent on the			-		v
					X X
	ization?		5b		
	i or 5b, describe in Part III.				
	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
contingent on the			6-		x
	instian?				X
	ization?		<u>6b</u>		
	or 6b, describe in Part III.				
	I on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
	lines 5 and 6? If "Yes," describe in Part III		. 7		
			8		x
	ception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		•		
			9		
	on 53.4958-6(c)? Reduction Act Notice, see the Instructions for Form 990.		le J (Forr	000	2024
	neuronon Act Notice, see the mail uctions for Form 330.	Schedu		1 990)	1 202 1

132111 11-02-21

35 17331115 147227 0303268-0303268.0990 2021.05000 UPWARD BOUND HOUSE

Schedule J (Form 990) 2021

95-4288926

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CHRISTINE MIRASY-GLASCO	(i)	176,823.	18,000.	0.	0.	12,789.	207,612.	0.	
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

UPWARD BOUND HOUSE

95-4288926

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HELP THEM MOVE INTO PERMANENT HOUSING AS QUICKLY AS POSSIBLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: JOSEPH'S CENTER AS THE SPA 5 FAMILY SOLUTIONS CENTER, THE ORGANIZATION ACCEPTS REFERRALS OF HOMELESS FAMILIES FOR SHELTER AND PROVIDES THESE HOUSING STABILITY SERVICES TO THEM FREE OF CHARGE. SOUTH LOS ANGELES HOUSING STABILITY PROGRAM - THE PROGRAM CONSISTS OF EMERGENCY SHELTER (FOUR FACILITIES IN SOUTH LA) AND RAPID REHOUSING ("RRH") SERVICES FOR HOMELESS FAMILIES. THE FOUR EMERGENCY SHELTERS OFFER 24-HOUR CRISIS HOUSING, AND WRAPAROUND SERVICES, FOR UP TO 4-5 MONTHS PER FAMILY. THE ORGANIZATION CLOSELY COLLABORATES WITH THE SPA 6 FAMILY SOLUTIONS CENTER OPERATED BY SSG/HOPICS TO ACCEPT REFERRALS AND COORDINATE SERVICES. TRANSITIONAL AGE YOUTH ("TAY") PROGRAM - THE PROGRAM IS A COMPREHENSIVE RESIDENTIAL PROGRAM THAT SERVES PREGNANT AND/OR PARENTING TAY BETWEEN THE AGES OF 18 AND 24 AND THEIR CHILDREN FOR UP TO 36 THE PROGRAM, OPERATES OUT OF TWO PROGRAM SITES IN SOUTH LA MONTHS. SUPPORTS AND FACILITATES PARENTING SKILLS, CHILD DEVELOPMENT EDUCATION, EMPLOYMENT AND PERMANENT HOUSING GOALS AMONG ALL PARTICIPANTS.

FORM	990,	, P <i>i</i>	ART VI	, SE	CTION	A,	LINE	8B:								
THERE	E IS	NO	COMM	TTEE	WITH	AU	THORI	гу 1	0	АСТ	ON	BEHALF	OF	THE	GOVERNING	
BODY.																
FORM	990,	, P <i>i</i>	ART VI	, se	CTION	в,	LINE	11E	3:							

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization UPWARD BOUND HOUSE	Employer identification number 95-4288926
FORM 990 IS PREPARED BY OUR OUTSIDE AUDITOR USING INFORMAT	ION SUPPLIED BY
UBH. FOLLOWING COMPLETION OF DRAFTS OF THE AUDITED FINANCI	AL STATEMENTS AND
FORM 990, THE OUTSIDE AUDITOR PROVIDES MANAGEMENT AND THE	FINANCE COMMITTEE
WITH THE DRAFT FOR REVIEW. AFTER INCORPORATING MANAGEMENT'	S AND THE
COMMITTEE'S COMMENTS, THE AUDITOR PROVIDES A REVISED FORM	990 WHICH IS
DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIE	W AND COMMENTS
BEFORE FILING.	

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

EACH DIRECTOR IS REQUIRED TO COMPLETE AN ANNUAL CERTIFICATE OF COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THIS CERTIFICATE AFFIRMS THE READING AND UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY, LISTS THE AFFILIATIONS OF THE INDIVIDUAL AND CERTIFIES THAT THE INDIVIDUAL IS IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. CHANGES OCCURRING DURING THE YEAR IN BOARD MEMBER ASSOCIATIONS ARE COMMUNICATED TO THE BOARD LIAISON FOR UPDATING OF ORGANIZATION CONFLICT OF INTEREST RECORDS.

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

THERE WAS A FORMAL REVIEW OF THE EXECUTIVE DIRECTOR BY THE BOARD OF DIRECTORS (BUT NOT OF OTHER KEY EMPLOYEES). THIS PROCESS ENTAILED SOLICITING INPUT FROM EACH DIRECTOR AS WELL AS FROM THE DIRECT REPORTS OF THE EXECUTIVE DIRECTOR AND A SELF-EVALUATION FROM THE EXECUTIVE DIRECTOR.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

39

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM	990,	PART	XII,	LINE	2C:
------	------	------	------	------	-----

132212 11-11-21

Name of the organization UPWARD BOUND HOUSE	Employer identification number 95-4288926
	·
HE ORGANIZATION'S BOARD OF DIRECTORS HAS RESPONSIB	ILITY FOR OVERSIGHT
F THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECT	ION OF THE
NDEPENDENT AUDITOR. THIS RESPONSIBILITY IS UNCHANG	ED FROM THE PRIOR
EAR.	
2212 11-11-21	Schedule O (Form 990) 2021
40 1115 147227 0303268-0303268.0990 2021.05000 UPWARI	

132161 11-17-21 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

UPWARD BOUND HOUSE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

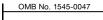
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
UPWARD BOUND SENIOR VILLA, INC 95-4468960							
1104 WASHINGTON AVE					UPWARD BOUND		
SANTA MONICA, CA 90403	SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSE	X	
	1						
	7						
	-						
	1						
	1						
	1						

41

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

Schedule R (Form 990) 2021



2021

95-4288926

Employer identification number

Open to Public Inspection

Schedule R (Form 990) 2021 UPWARD BOUND HOUSE

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	· · · · · · · · · · · · · · · · · · ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	1										
											+
	1										
	{										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

Schedule R (Form 990) 2021 UPWARD BOUND HOUSE

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х				
	Gift, grant, or capital contribution to related organization(s)	1b		Х				
	Gift, grant, or capital contribution from related organization(s)	1c		Х				
	Loans or loan guarantees to or for related organization(s)	1d		X				
	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		X				
g		1g		X				
h	Purchase of assets from related organization(s)	1h		X				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X					
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X				
	Sharing of paid employees with related organization(s)	10	X					
р	Reimbursement paid to related organization(s) for expenses	1p		X				
q	Reimbursement paid by related organization(s) for expenses	1q	X					
r	Other transfer of cash or property to related organization(s)	1r		Х				
s	Other transfer of cash or property from related organization(s)	1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2021 UPWARD BOUND HOUSE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(0)		(f)	(g)	1	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	(U) Predominant income	(e) Are all partners s 501(c)(3 orgs.?	I	Share of	(9) Share of		nnor-	U) Code V-UBI	(J) General (r Porcontago
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)	(3)	total	end-of-year	tior	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	ownership
or onaty		country)	excluded from tax under	orgs.?		income			uons?	of Schedule K-1	partner?	
			360110113 3 12-3 14)	Yes N				Yes	No	(1011111003)	Yes No	<u>'</u>
												ļ
					_							
												1
				$\left \right $								<u> </u>

Schedule R (Form 990) 2021

UPWARD BOUND HOUSE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 1	1-17-21
----------	---------