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Form	J	3	

Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\*

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.



AI	For the	e 2021 calendar year, or tax year beginning and	ending			
B	Check if	<b>C</b> Name of organization		D Employer identific	ation number	
á	applicab	" Millionair Club, Inc.				
	Addre					
	Name chang			91-060751	L3	
	Initial		Room/suite	E Telephone number		
	Final return	2515 Western Ave		206-728-5	5627	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,898,500.	
	Amen return	$ded$ $G_{OO} + 10$ $W\lambda$ 0.9121		H(a) Is this a group re	turn	
	Applic tion	F Name and address of principal officer: Angina Hall		for subordinates	? Yes X No	
	pendi	<sup>ng</sup> same as C above		H(b) Are all subordinates in	cluded? Yes No	
1	Tax-ex	empt status: 🚺 501(c)(3) 🔲 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions	
٦V	Websi	te:▶ www.upliftnw.org		H(c) Group exemptior	n number 🕨	
κ	Form o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other ►	<b>L</b> Year	of formation: 1921 N	State of legal domicile: WA	
Pa	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: See S	Schedu	le 0		
ő						
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u>    16</u> 16	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	ent voting members of the governing body (Part VI, line 1b) <i>v</i> iduals employed in calendar year 2021 (Part V, line 2a)			
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				
viti	6	Total number of volunteers (estimate if necessary)			205	
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		2,237,048.	2,450,473.	
Revenue	9	Program service revenue (Part VIII, line 2g)		3,021,531.	7,067,376.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		295,611.	246,227.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,778.	-4,211.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,556,968.	9,759,865.	
	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.	
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,489,033.	5,743,321.	
Sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)		1 51 4 0 50		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,514,973.	2,569,353.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,004,006.	8,312,674.	
	19	Revenue less expenses. Subtract line 18 from line 12		552,962.	1,447,191.	
S OF			Be	ginning of Current Year	End of Year	
Assets (	20	Total assets (Part X, line 16)		5,900,690.	7,228,719.	
a As	7	Total liabilities (Part X, line 26)		779,178.	681,308.	
Inet		Net assets or fund balances. Subtract line 21 from line 20		5,121,512.	6,547,411.	
Pa	art II	Signature Block				

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

Sign Here	Signature of officer Kevin Kennedy, Preside: Type or print name and title	nt	Dat	ie					
Paid	Print/Type preparer's name Matt S. Smith	Preparer's signature Matt S. Smith	Date 06/29/2	2 Check PTIN if self-employed P01920313					
Preparer	Firm's name 🕒 Greenwood Ohlund			n's EIN ▶ 91-0873571					
Use Only	Firm's address 🖌 4241 21st Ave W	Suite 400							
	Seattle, WA 9819	9	Pho	one no. (206) 782-1767					
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

	Millionair Club, Inc.
Form	990 (2021) DBA Uplift Northwest 91-0607513 Page 2
Pa	rt 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:
	Our mission is to provide jobs and job-readiness services to
	individuals experiencing poverty and homelessness in the Puget Sound
	Region. Our temporary staffing social enterprise connects workers to
	employers across a wide variety of industries.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	
	If "Yes," describe these new services on Schedule O.
2	
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 7,059,370. including grants of \$ ) (Revenue \$ 6,640,799.
	The Temporary Staffing Social Enterprise provides employment
	opportunities for individuals as a pathway towards achieving their work
	goals. In 2021, 663 men and women connected with a temporary job in a
	network of 354 employers throughout the greater Seattle area. This
	resulted in 184,196 hours of temporary work and earned Millionair
	Club's clients \$4 million in wages. In addition, 61 people moved into
	a permanent job.
4b	(Code:) (Expenses \$ 452,327. including grants of \$ ) (Revenue \$ 426,577.
чы	The "Kasota" is a lease for 47 single-room-occupancy units by the
	organization to provide workers who are homeless access to scarce
	affordable housing in downtown Seattle. Housing allows our clients to
	concentrate on achieving employment goals while living in affordable
	housing.
4c	(Code:) (Expenses \$92,418. including grants of \$) (Revenue \$) (Re
	<u>Client services includes all the job readiness support services. In</u>
	2021, 458 new men and women were hired into the employment program and
	59 individuals moved into permanent employment. In addition to the 502
	people who worked through the temporary staffing social enterprise, 96
	people received free prescription eye glasses; 5 people got medical
	assistant training; 2 people obtained OSHA safety training; 50 people
	received a free laptop computer.
<u> </u>	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 7,604,115.
	Form <b>990</b> (2021

Part IV	Checklist of	f Require	d Schedule	es	
Form 990 (2			Uplift		west
		Mil]	lionair	Club,	Inc.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	
•		1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
U		3		х
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> 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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

					5u)
Part IV	Che	ecklist of Require	d Schedule	es (continue	
Form 990 (2			Uplift		
			lionair	•	

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			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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
<b>~</b>	"Yes," complete Schedule L, Part IV	28c	х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
94	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		_ <u></u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	х	

 Millionair Club, Inc.

 Form 990 (2021)
 DBA Uplift Northwest

 Part 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,	I I			163	
Lu	filed for the calendar year ending with or within the year covered by this return	2a	680			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ . See instruction	-		LU		
3a				3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	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 A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?	Ũ		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?		0	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 ser	vices	provided to the payor?	7a		Х
				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uired			
	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 or	ontrad	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h						
8						
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	1.0	1			
-	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a				
U	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> 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				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	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	t inco	me?	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	-				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

#### Millionair Club, Inc. DBA Uplift Northwest

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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		Х
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		Х
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		х
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	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	1.00		
17	List the states with which a copy of this Form 990 is required to be filed <b>None</b>			
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 onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	;)		
	X       Own website       X       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	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Lee Humanson - $206-957-3847$			
	2515 Western Ave Seattle WA 98121			

Form 990 (2021)

title	Average	Position (do not check more than one	Reportable	Reportable	Estimated

(D)

Name and title	Average hours per	box	not c , unles	Pos heck ss per	more rson i	1 than o s both pr/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	nstitutional trustee	Officer		Isated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Angina Hall	40.00	-	-	0	×	Ξω	<u>ц</u>			
Executive Director	10000			x				180,285.	0.	11,756.
(2) Chris Rylko	40.00									
Chief Operating Officer						x		130,584.	0.	0.
(3) Ian Downs	40.00									
Director of Social Enterprises						x		130,414.	0.	0.
(4) Lee Humason	40.00									
Sr. Director of Accounting						x		109,541.	0.	0.
(5) Angele Leaptrot	40.00									
Sr. Director of Programs						x		104,302.	0.	0.
(6) Chris Gehrke	10.00									
President		Х		х				0.	Ο.	0.
(7) Mike Complita	5.00									
Vice President		Х		Х				0.	0.	0.
(8) Kevin Kennedy	5.00									
Treasurer		Х		Х				0.	0.	0.
(9) Anne Schlosser	3.00									
Secretary		Х		Х				0.	0.	0.
(10) Benjamin Okeke	1.00									
Trustee		Х						0.	0.	0.
(11) Bridgitte Kliene-Dudek	1.00									
Trustee		Х						0.	0.	0.
(12) Chrissy Blaneney	1.00									
Trustee		Х						0.	0.	0.
(13) David McIntosh	1.00									
Trustee		Х						0.	0.	0.
(14) Funmi Popoola	1.00									
Trustee		Х						0.	0.	0.
(15) Holly Gardner	1.00									
Trustee		Х						0.	0.	0.
(16) Jon Kiehnau	1.00									
Trustee		Х						0.	0.	0.
(17) Lisa Tuttle	1.00									
Trustee		Х						0.	0.	0.

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

Employees, and Independent Contractors

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

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

Millionair Club, Inc. DBA Uplift Northwest

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.

(C)

• 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.

(A)

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

(B)

132007 12-09-21

(E)

(F)

Form	990	(2021)

# Millionair Club, Inc. DBA Uplift Northwest

Form 990 (2021) DBA Uplif	t North	we	st	:					91-06	507!	513	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	(do		Pos		۱ than d	ne	Reportable	Reportable		Est	imated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensatio	n	am	ount of
	week		cer ar I	10 a 0	Irecto	or/trus	tee)	from	from related			other
	(list any hours for	recto						the	organization	I	•	pensation
	related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	,C/		om the
	organizations	rustee	trus		ee	npen		1099-NEC)	1099-NEC)		•	nization related
	below	ndividual trustee or director	nstitutional trustee		nploy	st coi	ar L	· · · · ·				nizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				5	
(18) Lynell Smith	1.00											
Trustee		х						0.		0.		Ο.
(19) Neal Starkman	1.00											
Trustee		Х						0.		0.		0.
(20) Scott Lindsay	1.00											
Trustee		Х						0.		0.		0.
(21) Tony Whatley	1.00											
Trustee		Х						0.		0.		0.
						-						
						-						
								655,126.		0.	11	,756.
1b Subtotal c Total from continuation sheets to Part VI								0.000,120.		0.		0.
								655,126.		0.	11	.,756.
2 Total number of individuals (including but no	ot limited to th							· · ·	000 of reportable	-		.,,,,,,,,
compensation from the organization		030	note	u ac	0000	<i>)</i>	010					5
												Yes No
3 Did the organization list any former officer,	director. trust	ee. k	ev e	empl	love	e. or	hio	hest compensated empl	ovee on	ĺ		
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the su											_	
and related organizations greater than \$150											4	Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich i	oers	on .		-			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	rs th	hat received more than \$	100,000 of comp	ensat	ion fro	m
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)			(C	
Name and business								Description of s	ervices	С	ompen	sation
Washington Safety & Secur												
10867 26th Ave S, Burien,	WA 981	68						Security Serv	vices		616	5,455.
							_					
9 Total number of independent contractors for		ot 1:	nita	4 + ~ -	the			abovo) who received	ro than			
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		JUII	inte(	. 10	105		ieu	above, who received mu	ne unan			

Millionair Club, Inc.Form 990 (2021)DBA Uplift NorthwestPart VIIIStatement of Revenue

Northwest

		Check if Schedule O contains a response of	or noto to any lin	o in this Part VIII			
		Check in Scheddle O contains a response o			(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
		Fordemated communities de					30010113 012 014
ants ints	18	Federated campaigns 1a		-			
รัฐอี		Membership dues 1b Fundraising events 1c	341,250.	-			
Ę,	C		J41,230.	-			
ila.	C	Related organizations   1d     Government grants (contributions)   1e	525,816.	-			
Contributions, Gifts, Grants and Other Similar Amounts	e	<b>3</b> ( )	525,010.	-			
utio	т	All other contributions, gifts, grants, and	583 407				
ē₽			583,407. 34,741.	-			
Lo D	g			2,450,473.			
0 0	<u> </u>	Total. Add lines 1a-1f	Business Code	2,430,473.			
	•	Employment Fees		6,640,799.	6 640 799		
ice	2 a	Rental Income	531110	426,577.	426,577.		
ue v			221110	420,577.	420,577.		
S u S	C						
Be	c						
Program Service Revenue	e						
-	T	All other program service revenue		7,067,376.			
	3	Total. Add lines 2a-2f Investment income (including dividends, intere		7,007,570			
	5	other similar amounts)		73,326.			73,326.
	4	Income from investment of tax-exempt bond p					, , , , , , , , , , , , , , , , , , , ,
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6 9	Gross rents 6a	(.)	-			
		Less: rental expenses 6b		1			
		Rental income or (loss) 6c		1			
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a 301</b> , <b>964</b> .		1			
	b	Less: cost or other basis					
e		and sales expenses76129,063.					
Revenue	c	Gain or (loss) 7c 172,901.					
Jev		Net gain or (loss)		172,901.			172,901.
erF		Gross income from fundraising events (not		,			
đ		including \$ 341,250. of					
-		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	9,572.				
	c	Net income or (loss) from fundraising events	►	-9,572.			-9,572.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	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 sold10b					
	c	Net income or (loss) from sales of inventory	<b>&gt;</b>				
S			Business Code	E 261			F 261
eou	11 a	Soft Goods	900099	5,361.			5,361.
Miscellaneous Revenue	b		<u> </u>				
Bey	c						
Σ	C	All other revenue	►	5,361.			
	<u>е</u> 12	Total revenue. See instructions		9,759,865.	7.067.376.	0.	242,016.
	-		····· 🚩	<u> </u>		· · ·	, ~ _ ~ •

# Millionair Club, Inc. DBA Uplift Northwest

	1 990 (2021) DBA Uplift N rt IX   Statement of Functional Expense	Iorthwest		91-06	07513 <sub>Page</sub> 1
	ion 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nolete column (A)	
	Check if Schedule O contains a response				
	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	<b>(D)</b> 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	192,041.	179,199.	6,196.	6,646
6	Compensation not included above to disqualified		-		-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,844,782.	4,520,803.	156,322.	167,657
8	Pension plan accruals and contributions (include	1/011//010	1,020,0000		2017007
0	section 401(k) and 403(b) employer contributions)	51,810.	48,345.	1 672	1 793
•	Other employee benefits	131,029.	122,266.	1,672. 4,228.	1,793 4,535 18,122
9		523,659.	488,641.	16,896.	18 122
0	Payroll taxes	525,059.	400,041.	10,090.	10,122
1	Fees for services (nonemployees):	210 100	05 700	2 665	100 707
а	Management	218,190.	85,798.	3,665.	128,727
b	Legal	10,012.	05 001	10,012.	1 450
с	Accounting	29,931.	25,201.	3,273.	1,457
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,545.		16,545.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	20,511.	20,250.	171.	90
12	Advertising and promotion	18,881.	16,939.	451.	90 1,491
13	Office expenses	149,098.	75,157.	13,566.	60,375
14	Information technology	136,585.	97,838.	10,315.	28,432
15	Royalties				
6	Occupancy	373,889.	358,812.	8,651.	6,426
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	130,874.	123,166.	4,246.	3,462
23		69,235.	60,275.	6,200.	2,760
.3 :4	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	05,255	00,275	0,1000	2,700
а	Contract Labor Staffing	1,174,218.	1,174,218.		
b	Program Expenses	221,384.	207,207.	5,511.	8,666
c	<u></u>	-,		. ,	- , - • •
d					
u e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	8,312,674.	7,604,115.	267,920.	440,639
25 26	Joint costs. Complete this line only if the organization	5,512,0740	,,	201,5200	440,000
26	Juni cusis. Complete this fille only if the organization				

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Mil]	lionair	Club,	Inc.
DBA	Uplift	North	west

91-0607513 Page 11

		<u>Check if Schedule O contains a response or note to any line in this Part X</u>			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	834,754.	1	1,149,445.
	2	Savings and temporary cash investments	205,939.	2	279,696.
	3	Pledges and grants receivable, net	87,236.	3	43,495.
	4	Accounts receivable, net	551,160.	4	1,555,116.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	59,821.	9	41,690.
	10a	Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D10a3,199,717.Less: accumulated depreciation10b2,394,988.	935,600.	10c	804,729.
	11	Investments - publicly traded securities	2,692,985.	11	2,773,330.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	533,195.	15	581,218.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,900,690.	16	7,228,719.
	17	Accounts payable and accrued expenses	187,149.	17	625,448.
	18	Grants payable		18	
	19	Deferred revenue	66,213.	19	55,860.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	525,816.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	779,178.	26	681,308.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
čě		and complete lines 27, 28, 32, and 33.	4 500 005		
Fund Balances	27	Net assets without donor restrictions	4,592,285.	27	5,985,925.
Ba	28	Net assets with donor restrictions	529,227.	28	561,486.
pun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
tÅ	31	Retained earnings, endowment, accumulated income, or other funds	E 101 E10	31	
Se	32	Total net assets or fund balances	5,121,512.	32	6,547,411.
	33	Total liabilities and net assets/fund balances	5,900,690.	33	7,228,719.

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

	Millionair Club, Inc.							
	990 (2021) DBA Uplift Northwest	91-06	07513	Pag	<sub>ge</sub> 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
					<b>~ -</b>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,759					
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,312					
3								
4								
5	Net unrealized gains (losses) on investments	5	62	2,9	29.			
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	- 8 4	1,2	21.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6,547	7,4	11.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?		3a		x			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
2	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
				000				

Form **990** (2021)

Public Charity Status and Public Support  Tombel Ht engineerization is a sector SU(3) organization or a sector  Sector Public Charity Status and Public Support  Tomosempt charitable trust.  Do to new visuage/FormB016 in increasion or the latest information  Million air C Liub, Tinc.  Employee destination annube  Sector Public Charity Status.  A school described in sector TOD(1)(1)(A)(A), Charity C Liub, C Constantian, C C	SCHE	DULE A			OMB No. 1545-0047							
	(Form 9	90)			•					2021		
Description         ▶ Attach to Form 980 or Earn 980 or Earn 980 cF.         Deepeding           Name of the organization         Millionair Club, Inc.         Endpoint destination number 91 - 0607513           Part I         Reason for Public Charty Status. (All organizations must complete this part) See instructions.         Endpoint destination number 91 - 0607513           Part I         Reason for Public Charty Status. (All organizations must complete this part) See instructions.         The organization in ord partiet tourishon because it is (or lines 11 through 12, check only one box)           1         A church, convention of Autorbas described in section 170(b)(1)(A)(i).         A horganization operated to run be service organization described in section 170(b)(1)(A)(ii).           2         A schold ensearch organization organization described in section 170(b)(1)(A)(iii).         Enter the hospital's name, chy, and status.           5         An organization many receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(i). (Complete Part II)           6         A federal, state, on local governmental unit described in section 170(b)(1)(A)(i)(i). (Complete Part II)           7         An organization that normally receives (1) more than 33 1/3% of its support from contributions, while of the college or university.           9         A narganization that normally receives (1) more than 33 1/3% of its support from contributions, and gover cockpital week of the public set of the public set of the suporotion organization organization secton (20)(1) sector SO(2)(1)(				• •				or a section		<b>ZUZ I</b>		
Name of the organization         Main if if is not a problem (and the action is not a detail of the action and the action involution.         Employer identification number of a constraint of the action action is not a problem (and the action action is not a problem (and the action action is not a problem (and the action ac					Attach to Form 990 or F	orm 990-	EZ.					
DBA         Up1 ft         Not three st         91-0607513           The organization and a point foundation based on T20(b) (1) (A)(b).         A church, convention of churches or association of churches described in section T20(b) (1)(A)(b).         A church, convention of churches or association of churches described in section T20(b) (1)(A)(b).         A church, convention of churches or association described in section T20(b) (1)(A)(b).         A church, convention of churches or association described in section T20(b) (1)(A)(b).           3         A hospital or is acoperative hospital service organization described in section T20(b) (1)(A)(b).         Enter the hospital's name, chy, and state:           city, and state:         — comparization portexific or operative downed or operated by a governmental unit described in section T20(b) (1)(A)(b).           1         A field state, or local government and organization described in section T20(b) (1)(A)(b).           2         A community trust described in section T20(b) (1)(A)(b).           3         A community trust described in section T20(b) (1)(A)(b).           4         A community trust described in section T20(b) (1)(A)(b).           4         A community trust described in section T20(b) (1)(A)(b).           6         A community trust described in section T20(b) (1)(A)(b).           7         A community trust described in section T20(b) (1)(A)(b).           6         A community trust described in section T20(b) (1)(A)(b).           7         A c						ons and th	ie latest ir	nformation.	Employer	•		
Part II         Reason for Public Charity Status. (All organizations must complete this part) See instructions.           The organization is not a privite domation because it is: (For lines 11 through 12, check control (not part).         A church, convention of churches, or association of churches described in section 1700(11(A)(i).           A school described in section 1700(1)(A)(ii). (Attan Schedule E (Form 950))         A hooganization operated in conjunction with a hospital described in section 1700(11(A)(ii). Enter the hospital's name, city, and state.           A modical research organization observated in conjunction with a hospital described in section 1700(11(A)(v)).         A hooganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700(11(A)(v)).           I a comparization nation many increases a substantial part of its support form a governmental unit of norm the general public described in section 1700(11(A)(v)).           9 An arganization nationarganization described in section 1700(11(A)(v)).           9 An arganization organization described in section 1700(11(A)(v)).           9 An arganization arganization described in section 1700(11(A)(v)).           9 An arganization arganization described in section 1700(11(A)(v)).           9 An arganization arganization arganization arganization arganization arganiza	Name of	the organizatio			-							
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<ul> <li>city, and state:</li></ul>	3	A hospital or a	cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
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section 170(b)(1)(A)(v). (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       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)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt fruncinous, subject to certain exceptions, and (2) no more than 33 1/3% of its support from goss investment income and unrelated business taxable income (ses section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         13       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         14       An organization organized scuences and scuences of the subporting organization scuences of the subporting organization and complete lines 12e, 12e, and 12g.         14       Type II. A suporting organization apperated, supervised or controlic												
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9       An agricultural research organization described in section 170(b) (1(A)(k) operated in conjunction with a land-grant college or university:         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organization be exclusively to rest benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization set to power to regularly appoint or controlled by its supported organization(5). Uplically by giving the supported organization operated, supervised, or controlled by its supported organization(5), by power to regularly appoint or controlled in connection with its supported organization(5), by having control or management of the supporting organization operated in connection with its supported organization(5) the power to regularization operated in connection with its supported organization(6) that its instructionally integrated. A supporting organization operated in connection with its supported organization(6) that its not functionally integrated. A supporting organization operated in connection with its supported organization(6) that is not functionally integrated. A supporting organization operated in connection with its suppo	8	•		. ,	(1)(A)(vi) (Complete Part	• 11.)						
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12       An organization organization adsorbed in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, or controlled by its supported organization(s), typically by giving organization. You must complete Part IV, Sections A and B.         b       Type II. A supporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) (see instructions). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated organizations         g       Check this box												
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<ul> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly apoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization[(i) bit organization]).</li> <li>who me of supported (ii) EIN (iii) bit organization[iii) bit organization[iiii) bit organization[iiii) bit organization[iiii bit organization]</li> <li>(i) Name of supported organizations</li> <li>(ii) Name of supported organizations</li> <li>(iii) Name of supported organization[iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>				-								
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c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization (s) (described on lines 1-10 above (see instructions))       (v) Amount of monetary (vi) Amount of other support (see instructions)         in your governing document?       Yes       No       support (see instructions)         vision       above (see instructions))       Ves       No       support (see instructions)		control or m	anagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (iv) Amount of monetary organization (iv) Amount of monetary support (see instructions) (v) Amount of monetary (v) Amount of mo		¬ ~	. ,	•								
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e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported organization       (ii) File organization (described on lines 1-10 above (see instructions))         yes       No         yes       No				с с	<b>c</b> ,	•		•	anallenti	61633		
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g       Provide the following information about the supported organization (s).       (ii) Name of supported organization       (iii) Type of organization (described on lines 1-10) above (see instructions))       (iv) Is the organization listed in your governing document?       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Image: state of the support (see instructions)       (vi) Amount of other support (see instructions)         Image: state of the support of the			•					<b>31</b> / <b>31</b>	<i>,</i> ,			
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Image: State of the support of the support (see instructions)       Image: State of the support (see instructions)       Image: State of the support (see instructions)       Image: State of the support (see instructions)         Image: State of the support (see instructions)       Image: State of the support (see instructions)       Image: State of the support (see instructions)       Image: State of the support (see instructions)         Image: State of the support of the support (see instructions)       Image: State of the	f Ent	er the number o	f supported c	organizations								
Image: supported organization     (m) function organization       organization     (m) function organization       in your governing document?     (m) function or other support (see instructions)       yes     No						(iv) Is the orac	nization listed					
above (see instructions))     Tes     No			rted	(II) EIN		in your governi	ng document?			. ,		
Image: Second		organization			above (see instructions))	Yes	No					
Image: Second												
Image: Constraint of the second sec												
Image: Constraint of the second sec												
Total												
Total												
Total												
Total												
	Total											

	(Complete only if you checked	-		•			•		
	fails to qualify under the tests			-	r lailed to quality u		organization		
Sol	ction A. Public Support	noted below, ploa		,					
		()	(1) 00 (0)	( ) 00/0	( 1) 0000	() 000 (	(0		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	1000764	2245000	0710550	0000040	0450472	11740644		
	include any "unusual grants.")	1098764.	3245809.	2710550.	2237048.	24504/3.	11742644.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1098764.	3245809.	2710550.	2237048.	2450473.	11742644.		
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)						1146563.		
	Public support. Subtract line 5 from line 4.						10596081.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	1098764.	3245809.	2710550.	2237048.	2450473.	11742644.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	79,918.	84,438.	83,503.	70,206.	73,326.	391,391.		
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								
	assets (Explain in Part VI.)	973.	2,227.	8,673.	5,386.	5,361.	22,620.		
11	<b>Total support.</b> Add lines 7 through 10						12156655.		
	Gross receipts from related activities,	etc. (see instructio	ans)			12 20	,184,158.		
	First 5 years. If the Form 990 is for th	,	,	iourth or fifth tax y	vear as a section 50		/101/1001		
15	organization, check this box and stop	•							
Sec	tion C. Computation of Publi								
	Public support percentage for 2021 (I		-	column (f))		14	87.16 %		
15	Public support percentage from 2020					15	72.91 %		
	33 1/3% support test - 2021. If the c						7-		
104									
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2020. If the organization</li></ul>		-		line 15 is 22 1/20/		······································		
L.									
47-	and <b>stop here</b> . The organization qual								
1/a	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 fact			-		vi now the organiz			
	meets the facts-and-circumstances te	-		• • • •					
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets th						<b>.</b> —		
	organization meets the facts-and-circu		-						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a				
						Schedule A	(Form 990) 2021		

 Millionair Club, Inc.

 Schedule A (Form 990) 2021
 DBA Uplift Northwest
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 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	-	-		<u>.</u>	-	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, <sup>-</sup>	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					<u>т г</u>	
15	Public support percentage for 2021 (I	, (),	<b>,</b>	column (f))		15	%
16	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves					<u>г г</u>	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a	-	•				▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins	tructions	

Calendar year (or fiscal year beginning in)

(a) 2017

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(f) Total

(e) 2021

**(d)** 2020

(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

(c) 2019

**(b)** 2018

qualify under the tests listed below, please complete Part II.) Section A. Public Support

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1

Yes

No

## Schedule A (Form 990) 2021 DBA 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.)

Millionair Cl	.ub, Inc.
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DBA Uplift Northwest

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1 4				
			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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

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

			oorting organiza	
Section C	C. Type II	Supporting	Organizatio	ons

Schedule A (Form 990) 2021

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 Image: Test and test and

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>,ai</i> ( <i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaiea<i>ieaiea<i>ieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>iaaiaaiaaaaaaaaaa<i>aaa</i></i></i></i></i></i></i></i></i></i></i></i></i></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.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 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.*

Yes No

	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add I	ines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	tion of gross income or for management, conservation, or			
maint	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	egate fair market value of all non-exempt-use assets (see			
	ctions for short tax year or assets held for part of year):	4.		
	ge monthly value of securities	1a		
	ge monthly cash balances	1b		
	narket value of other non-exempt-use assets	1c		
	(add lines 1a, 1b, and 1c)	1d		
	bunt claimed for blockage or other factors			
	in in detail in Part VI):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	istructions).	4		
5 Net v	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	bly line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minin	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjus	ted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minim	num asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	ne tax imposed in prior year	5		
	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

# Millionair Club, Inc. Schedule A (Form 990) 2021 DBA Uplift Northwest Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

91-0607513 Page 6

Sche Par	dule A (Form 990) 2021         DBA Uplift Not           t V         Type III Non-Functionally Integrated 509(		nizations (continue		L-0607513 Page 7
	on D - Distributions		nizations (continue	<u>a)</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mot ourooses		1	Ourient real
2					
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.	ũ i		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(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				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 DBA Uplift Northwest	91-0607513 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
Schedule A, Part II, Line 10, Explanation for Other Income:	
Soft Goods	

Millionair Club, Inc.

Schedule B

#### (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

## 2021

Employer identification number

rtaine er tre ergar		
	Millionair Club, Inc. DBA Uplift Northwest	91-0607513
Organization type		
Filers of:	Section:	

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

	B (Form 990) (2021)		Page <b>2</b>
Name of or Millid	rganization onair Club, Inc.		Employer identification number
	plift Northwest		91-0607513
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
1		\$191,0	00.     Person     X       Payroll     Payroll       Noncash     (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribution           \$	Person     X       Payroll     Payroll       Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$300,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$70,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$525,8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6_		\$90,0	Person X Payroll

	B (Form 990) (2021) rganization		Page <b>2</b> Employer identification number
	onair Club, Inc.		01 0007510
	olift Northwest		91-0607513
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if add		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
7		\$80,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8		\$75,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	ganization Dnair Club, Inc.		Employer identification numb
	plift Northwest		91-0607513
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. Trom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule I	B (Form 990) (2021)			Page <b>4</b>
Name of o	organization			Employer identification number
	onair Club, Inc.			
DBA U	plift Northwest	a ta avvanizatione descuibed in as	ation 504(a)(7) (0) an (40)	91-0607513
Fartin	from any one contributor. Complete columns (a) th	hrough (e) and the following line ent	try. For organizations	
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	aritable, etc., contributions of <b>\$1,000 or</b>	less for the year. (Enter this info. or	nce.) ► \$
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(a) Transfor of sift		
		(e) Transfer of gift	L	
	Transferee's name, address, and	Relationship of tra	ansferor to transferee	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	I	(e) Transfer of gift	l	
		(0)	-	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I			(0) Des	
		(e) Transfer of gift	t	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
		[		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
		(e) Transfer of gift	t	
	Transferee's name, address, and	<b>ZI</b> P + 4	Relationship of tra	ansferor to transferee

60	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	n 990)		anization answered "Yes" on Form 990,		2021
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service		90 for instructions and the latest informatio	n.	Inspection
Nam	e of the organization			Em	ployer identification number
_		DBA Uplift Northwe			91-0607513
Pa		-	d Funds or Other Similar Funds or A	Accour	its. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Eur	nds and other accounts
		al after an	(a) Donor advised funds	( <b>b)</b> Fui	
1 2		nd of year f contributions to (during year)			
2		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fu	inds	
Ū	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	erring	
	impermissible priva		-		
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recrea	tion or education)	storically	important land area
	Protection o	f natural habitat	Preservation of a ce	ertified hi	storic structure
		of open space			
2		<b>.</b> .	ied conservation contribution in the form of a	conserva	
	day of the tax year				Held at the End of the Tax Year
a L					
b			ucture included in (a)		
с 			after 7/25/06, and not on a historic structure	. 20	
u				2d	
3			eased, extinguished, or terminated by the orga		during the tax
Ū	year ►			Lation	
4		where property subject to conservation easily and the	sement is located		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	orcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion ease	ements during the year
	▶				
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easemen	ts during the year
	▶\$				
8			e satisfy the requirements of section 170(h)(4)		
•					
9		<b>c</b>	on easements in its revenue and expense state		
		ounting for conservation easements.	note to the organization's financial statements	linal dest	
Pa			Art, Historical Treasures, or Other	Simila	r Assets.
		the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and b	alance sl	heet works
	of art, historical tre	asures, or other similar assets held for put	blic exhibition, education, or research in furthe	rance of	public
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	ice sheet	works of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtherar	ice of pu	blic service,
	-	ng amounts relating to these items:			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			\$
	• •				\$
2			asures, or other similar assets for financial gai	n, provide	Э
	-	unts required to be reported under FASB A	-	•	•
					\$
			for Form 000	🕨	
LUN	For Paperwork Re	eduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

		air Club,								
		ift Northw							07513	
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar A	ssets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	make sigi	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c	d 🗌 t	Loan or exc	hange progra	am				
b	Scholarly research	e	e 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explai	n how th	ey further th	ne organizatio	on's exemp	ot purpose i	n Part 2	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	on answered '	'Yes" on F	orm 990, P	art IV, I	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other ass	sets not in	cluded		_	
	on Form 990, Part X?							🗆	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	?	🗆	Yes	No No
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part					
		(a) Current year	(b) F	rior year	(c) Two year	rs back (d	<b>s)</b> Three year	s back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 🕨	%								
		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administer	ed for the	organizatio	n	_	
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	t or other	<b>(c)</b> Acc	cumulated		(d) Book v	alue
		basis (investr	ment)		(other)	depr	eciation			
1a	Land				0,750.				50	,750.
	Buildings				5,113.		05,113			0.
	Leasehold improvements				1,720.		05,170			,550.
	Equipment				0,100.		34,421			,679.
	Other			40	2,034.	3	50,284	•		,750.
	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>		X, colun	nn (B), line 1	0c.)				804,	,729.

Schedule D (Form 990) 2021

Mi	1	lic	ona	ir	Club,	Inc
				-	-	

#### DBA Uplift Northwest Schedule D (Form 990) 2021 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value Т

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Assets Held in Trust	417,807.
(2) Beneficial Interest in Assets Held by Seattle Foundation	163,411.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	581,218.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability	(b) Book value
	<b>(b)</b> Book value
1. (a) Description of liability	(b) Book value
1.     (a) Description of liability       (1) Federal income taxes	(b) Book value
I.       (a) Description of liability         (1)       Federal income taxes         (2)       (2)	(b) Book value
1.     (a) Description of liability       (1) Federal income taxes       (2)       (3)	(b) Book value
I.       (a) Description of liability         (1) Federal income taxes       (2)         (3)       (4)	(b) Book value
I.       (a) Description of liability         (1) Federal income taxes       (2)         (2)       (3)         (4)       (5)	(b) Book value
1.       (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)	(b) Book value
I.         (a) Description of liability           (1) Federal income taxes         (2)           (3)         (4)           (5)         (6)           (7)         (7)	(b) Book value

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

Sche	dule D (Form 990) 2021 DBA Uplift Northwest			91-0	0607513	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re			
	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	9,843,	134.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	62,929.			
b	Donated services and use of facilities	2b	20,340.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		269.
3	Subtract line 2e from line 1			3	9,759,	865.
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	9,759,	865.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per l	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	8,417,	235.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		/ -			
а	Donated services and use of facilities	2a	20,340.			
b	Prior year adjustments	2b		-		
С	Other losses			-		
d	Other (Describe in Part XIII.)	· · · · ·	84,221.			
е	Add lines 2a through 2d			2e	<u>    104</u> , 8,312,	561.
3	Subtract line 2e from line 1			3	8,312,	674.
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	. <b>4</b> a		-		
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	8,312,	674.
Pa	t XIII Supplemental Information.					

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

#### Part X, Line 2:

ULNW	is	exempt	from	federal	income	taxes	under	Section	501(c)(3)	of	the
------	----	--------	------	---------	--------	-------	-------	---------	-----------	----	-----

\_\_\_\_\_

Internal Revenue Code.

Part XII, Line 2d - Other Adjustments:

#### Uncollectible receivables

Millionair Club, Inc.

Adjustments:

84,221.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$1				or 19, o	or if the	2021
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati			Inspection
Name of the organization		air Club, Inc. ift Northwest					Employer $0$ 91-060	dentification number
Part I Fundrais		Complete if the organization answ	orod "V	'es" or	Form 990 Part IV			
	complete this part		ereu r	65 01	1 FOITH 330, Fait IV, I		. Form 990-1	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 1000</li> </ul>	tions email solicitations tations dicitations on have a written o red in Form 990, Pa ) highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Y</b>	es 🗌 No be
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. <b>(i)</b>	
			Yes	No				
Total           3         List all states in whore the states in whore the states in	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	∣it is e	xempt from	registration

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

			air Club, Ind			
_			ift Northwest			0607513 Page 2
Pa	rt I	•				
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Celebrity		None	(add col. (a) through
			Waiters Lunc	(a	(total average av)	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue			241 250			241 250
Ве	1	Gross receipts	341,250.			341,250.
	2	Less: Contributions	341,250.			341,250.
	2		511,2500			511/2500
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
Jse	~	Dept/facility.conto				
xpe	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	•	· · · · · · · · · · · · · · · · · · ·				
	8	Entertainment				
	9	Other direct expenses	9,572.			9,572.
		Direct expense summary. Add lines 4 through			►	9,572.
						-9,572.
Ра	rt I	<b>S</b> complete in the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(1) Dull take (instant	1	
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				······································		···· (2) ···· ··· ··· ··· (0)
Ве	1	Gross revenue				
	-					
۵	2	Cash prizes				
sesuedx						
xpe	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	_					
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	Yes %	│	
	Ŭ					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		••••••	
_						
		ter the state(s) in which the organization condu				Yes No
		the organization licensed to conduct gaming ad				Yes No
b	11	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
						Yes No

	Millionair Club, Inc.			
	chedule G (Form 990) 2021 DBA Uplift Northwest		) <u>607513</u>	Page 3
11	1 Does the organization conduct gaming activities with nonmembers?		Yes	No
12	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for			<u> </u>
40	to administer charitable gaming?		Yes	No No
	3 Indicate the percentage of gaming activity conducted in:		120	07
	<ul><li>a The organization's facility</li><li>b An outside facility</li></ul>		13a 13b	<u>%</u>
	<ul> <li>4 Enter the name and address of the person who prepares the organization's gaming/special events books a</li> </ul>			/0
	Name			
	Address			
15a	5a Does the organization have a contract with a third party from whom the organization receives gaming rever	iue?	🗌 Yes	No No
k	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and	the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Address			
16	6 Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	7 Mandatory distributions:			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	No No
k	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations of			
_	organization's own exempt activities during the tax year > \$			
Pa	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii	i) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

	Mil]	lionair	Club,	Inc.
Schedule G (Form 990)	DBA	Uplift	North	vest
Part IV Supplemental I	nformation	(continued)		

Failly	Supplemental information	(continued)	

SCHEDU	_E J   Compens	sation Information	OMB No.	1545-004	17
(Form 990	) For certain Officers, Directo	ors, Trustees, Key Employees, and Highest	20	21	
		pensated Employees answered "Yes" on Form 990, Part IV, line 23.	20	<b>Z</b> I	
Department of th		tach to Form 990.	Open to		ic
Internal Revenue		00 for instructions and the latest information.	Inspe		
Name of the	organization Millionair Club, I		Employer identification		nber
Part I	DBA Uplift Northwe Questions Regarding Compensation	ST	91-060751	3	
Faili	Questions Regarding compensation			Vee	Na
1a Check 1	he appropriate box(es) if the organization provided any	of the following to or for a person listed on Form	000	Yes	No
	, Section A, line 1a. Complete Part III to provide any	6	990,		
	st-class or charter travel	Housing allowance or residence for person			
	avel for companions	Payments for business use of personal res			
	x indemnification and gross-up payments	Health or social club dues or initiation fees			
	scretionary spending account	Personal services (such as maid, chauffeu			
<b>b</b> If any o	f the boxes on line 1a are checked, did the organization	follow a written policy regarding payment or			
-	sement or provision of all of the expenses described ab		1b		
	organization require substantiation prior to reimbursing				
	s, and officers, including the CEO/Executive Director, re		2		
3 Indicate	which, if any, of the following the organization used to	establish the compensation of the organization's			
CEO/E>	ecutive Director. Check all that apply. Do not check any	y boxes for methods used by a related organization	on to		
establis	h compensation of the CEO/Executive Director, but exp	blain in Part III.			
Cc	ompensation committee	Written employment contract			
🗌 Ind	dependent compensation consultant	X Compensation survey or study			
X Fc	rm 990 of other organizations	Approval by the board or compensation c	ommittee		
4 During	the year, did any person listed on Form 990, Part VII, Se	ection A, line 1a, with respect to the filing			
organiz	ation or a related organization:				
a Receive	a severance payment or change-of-control payment?		4a		X
<b>b</b> Particip	ate in or receive payment from a supplemental nonqual	ified retirement plan?	4b		X
<b>c</b> Particip	ate in or receive payment from an equity-based comper	nsation arrangement?	<u>4c</u>		X
If "Yes"	to any of lines 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.			
-	ction 501(c)(3), 501(c)(4), and 501(c)(29) organization	-			
	sons listed on Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n		
•	ent on the revenues of:		_		v
a The org	anization?		<u>5a</u>		X X
	ated organization?		<u>5b</u>		Λ
	on line 5a or 5b, describe in Part III.	the organization pay or appressive any componential	n		
-	sons listed on Form 990, Part VII, Section A, line 1a, did ent on the net earnings of:	ne organization pay or accrue any compensatio			
•	C C		6a		Х
	anization? ated organization?				X
	on line 6a or 6b, describe in Part III.				
	sons listed on Form 990, Part VII, Section A, line 1a, did	the organization provide any ponfixed payments			
	cribed on lines 5 and 6? If "Yes," describe in Part III				Х
	ny amounts reported on Form 990, Part VII, paid or accr				
	pontract exception described in Regulations section 53.4		8		х
initial or		and the second of the second o	10		
9 If "Yes"	on line 8, did the organization also follow the rebuttable ions section 53.4958-6(c)?	e presumption procedure described in			

Millionair Club, Inc. DBA Uplift Northwest

Schedule J (Form 990) 2021

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 compensation	C and/or 1099-NEC		(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) Angina Hall	(i)	156,285.	24,000.	0.	2,240.	9,516.	192,041.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							ļ
	(ii)							

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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

	HEDULE M rm 990)	M Noncash Contributions						OMB No. 1545-0047	
	<ul> <li>Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>								с
Name	e of the organizatior						ver identification		nber
Par	tl Turnen of	DBA Uplift No Property	orthwe	st			91-0607	513	
Fai	TT Types of	Property	(a)	(b)	(c)		(d)		
			(a) Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		od of determin contribution ar	0	6
1									
2		sures							
3		erests							
4		tions							
5		ehold goods							
6		nicles							
7									
8		ту					<b>—</b> —		
9		y traded	X	4	27,041.	FMV Dat	e of Re	ceir	<u>pt</u>
10		/ held stock							
11	Securities - Partner trust interests	rship, LLC, or							
12	Securities - Miscell	aneous							
13	Qualified conserva Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid	ential							
16	Real estate - Comr	nercial							
17									
18									
19	Food inventory								
20		supplies							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specime	ns							
24	Archeological artifa								
25	Other 🕨 ( <u>E</u>	<b>yeglasses</b> )	X	1	7,700.	FMV			
26	Other 🕨 (	)							
27	Other (	)							
28	Other 🕨 (	)			1 1				
29		8283 received by the organiz	-						
	for which the organ	nization completed Form 828	33, Part V, D	onee Acknowledge	ement 29				
								Yes	No
30a		d the organization receive by							
		ast three years from the date					20-		х
L		for the entire holding period?					<u>30a</u>		Δ
		he arrangement in Part II. tion have a gift acceptance p	olicy that re	ouires the review of	of any nonstandard contribu	tions?	24		x
31 325	-	tion hire or use third parties (	•	-	•		31		Δ
32a	contributions?			•			32a		x
	If "Yes," describe i				<b></b>				
33		didn't report an amount in c	olumn (c) foi	r a type of property	tor which column (a) is che	cked,			
	describe in Part II.	<b>.</b>						0.00	000
LHA	For Paperwork	Reduction Act Notice, see	the instruct	uons for Form 990	l.	Sch	nedule M (Form	n 990)	2021

Millionair	Club, Inc.
DBA Uplift	Northwest

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Schedule M (Form 990) 2021
Part II Supplementa **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O	Supplemental Information to Form 990 or 990	<b>F7</b>	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-62	2021
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	Millionair Club, Inc. DBA Uplift Northwest		identification number 607513

Form 990, Part I, Line 1, Description of Organization Mission:

The purpose of the Millionair Club Charity dba Uplift Northwest is to

provide jobs and support services to those who are homeless,

unemployed, underemployed, and impoverished.

Form 990, Part VI, Section B, line 11b:

The Form 990 will be sent to the Finance Committee Chair along with

instructions on how to interpret the Form 990 and then to the Board.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is signed annually by each Board member and

reviewed at the January Board meeting.

Form 990, Part VI, Section B, Line 15a:

The Executive Committee is provided the Nonprofit Times and Archbright

compensation reports and the 990 of other nonprofits to determine the

Executive Director's level of compensation. This occurs after the

Collective Board provides its annual evaluation.

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

Available upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Uncollectible receivables