			** PUBLIC DISCLOSURE CO Return of Organization Exempt I		ncome Tax	OMB No. 1545-0047		
Forr	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2023		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
-			ar year, or tax year beginning and	ending				
	heck if pplicab	le: C Name of	forganization		D Employer identificat	ion number		
	Addre	ess UPTU	RN, INC.					
	Name	pe Doing b	usiness as		81-4574412			
	Initial return Final return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite 600	E Telephone number (202)677-2	359		
	termir	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	827,647.		
	Amen return	- , -	INGTON, DC 20005		H(a) Is this a group retur			
			nd address of principal officer: HARLAN YU		for subordinates?			
	pendi		AS C ABOVE		H(b) Are all subordinates includ			
IT	ax-ex	empt status:		or 527				
	Vebsi		UPTURN.ORG		H(c) Group exemption n	umber		
κF	orm o	f organization:	X Corporation Trust Association Other	L Year	of formation: 2016 M S	tate of legal domicile: DC		
Pa	irt I	Summary						
-	1		e the organization's mission or most significant activities: UPTU			AND		
Activities & Governance		JUSTICE	IN THE DESIGN, GOVERNANCE, AND US	SE OF 1	ECHNOLOGY.			
rna	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets			
ove	3					32		
ي م	4		lependent voting members of the governing body (Part VI, line 1b)					
es			of individuals employed in calendar year 2023 (Part V, line 2a) \ldots			15		
iviti			of volunteers (estimate if necessary)			3		
Acti			d business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
					Prior Year	Current Year		
e	8		and grants (Part VIII, line 1h)		3,761,223.	772,336.		
Revenue	9	0	ce revenue (Part VIII, line 2g)		11,288.	2,000. 52,477.		
Вe	10		come (Part VIII, column (A), lines 3, 4, and 7d)		<u>1,860.</u> 3,781.	834.		
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,778,152.	827,647.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	027,047.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14 15	•	to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,566,915.	1,776,062.		
ses	15 162		undraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	iud h		ing expenses (Part IX, column (D), line 25) 15, 0		•			
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		214,479.	218,231.		

1,996,758. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** or Net Assets c Fund Balancr 20 Total assets (Part X, line 16) 6,352,640. 21 Total liabilities (Part X, line 26) 56,498. 6,296,142. 22 Net assets or fund balances. Subtract line 21 from line 20

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Part 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.

1

,781,394.

1

,994,

End of Year

-1,166,646.

5,262,965.

5,129,496.

133,469.

1100,001100	ng and complete sporaration of proparor (outor than officier) to succe of an information of this proparor	has any hiterreager
	Antrol	6/21/24
Sign	Signature of officer	Date
-	HARLAN YU, PRESIDENT & EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer,'s signature	Date Check PTIN
Paid	RICHARD J. LOCASTRO, CPA Rubard b. Locastro 6	5/21/2024 self-employed P00288314
Preparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	
	BETHESDA, MD 20814-2930	Phone no. 301 - 951 - 9090
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
		000

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 •

293.

Form 990 (2023)

_	990 (2023) UPTURN, INC.		81-4	574412 Page
Par		•		
		note to any line in this Part III		X
1			TOTON COVEDNANCE	AND HOP
	Statement of Program Service Accomplishments Decket if Schwelds O contains arrogenese or note to any line in this Part III " thy describe the organization's ministin: " TURN ADVANCES EQUITY AND JUSTICE IN THE DESIGN, GOVERNANCE, AND U TECHNOLOGY. " the organization undertake any significant program services during the year which were not listed on the Form 980 or 980 e527 (ve.' describe these new services on Schedule 0. the organization's program services accompliantent to reach the conducts, any program services? (ve.' describe these changes on Schedule 0. the organization's program service accompliantents for each of is three largest program services, as measured by expense to 10 (percents) = 1 (AND USE		
	OF TECHNOLOGY.			
2	Did the organization undertake any significant prog	ram services during the year which	were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
				-
3			any program services?	Yes X No
	, o	plishments for each of its three larg	est program services as measured	by expenses
	o . o	•		, ,
4a		58 including grapts of \$		2,000.
	· · · ·	OTHERS TO ENSURE	OUR WORK 15 RESPO	NOIVE,
	INFORMED, AND GROUNDED.			
	OUD DROCRAM ADEAC INCLUDE	CRIMINAL THOMSOF	DEFORM FOUNT FMDI	OVMENT
		AND BUILDING A ST	TRONG SOCIAL SAFET	Y NET.
	· · ·			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	() (, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
44	Other program services (Describe on Schoolds O.)			
4d		unts of \$) (Revenue \$)
4e				· · · · · · · · · · · · · · · · · · ·
				Form 990 (202
32002	12-21-23 SE	_	ONTINUATION(S)	
		•		3467
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Form 990 (2023)	UPTURN,		
Part IV Checklist	of Required Sch	edules	

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

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Form	990 (2023) UPTURN, INC. 81-4574	412	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive more than \$23,000 in honcash contributions? If yes, complete Schedule M	29		- 23
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		- 23
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
9E -	Part V, line 1	34 35a		X
		3 58		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
00		38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O constraints are required to complete the analysis in this Part V	- 50		<u> </u>
	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 C			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form **990** (2023)

332004 12-21-23

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Form Par	990 (2023) UPTURN, INC. 81-4574 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	412	P	age 5
1 01	Statements negatiding Other ins Things and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	
24	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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:			
a h	Gross income from members or shareholders N/A 11a Gross income from other sources. (Do not net amounts due or paid to other sources against Image: Comparison of the sources against Image: Comparison of the sources against			
D				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{2b}$	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.	Le	000	(2023)
332005	5 12-21-23	LOUU	220	(2023)

6 2023.04000 UPTURN, INC.

Form	990 (2023) UPTURN, INC.		81-4574			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	structions.			
	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
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	3	-		
	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.		2			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		-	_		х
•	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		<u></u>
3			-	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99		filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r 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 read					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue	Code.)			
				40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristic and procedures to ensure their operations are consistent with the exception is executed to accurate the exception of the excepti			10b		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body		filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	below		110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	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 inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	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 arrangem					v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		S	166		
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filedCA , IL , MD , MA , N	Y				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an		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 Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		-	l finano	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 boo	ks and	records			
	HARLAN YU - $(202)677-2359$					
	1015 15TH ST NW, 600, WASHINGTON, DC 20005				000	(000
332006	12-21-23 7			Form	990	(2023)
	1					

2023.04000 UPTURN, INC.

Form 990 (INC.		Page 7
Part VII	Compensation of Officers,	Directors	, Trustees, Key Employees, Highest Compensated	
	Employees, and Independe	ent Contra	ictors	
	Check if Schedule O contains a res	ponse or not	e to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Ke	y Employees	s, and Highest Compensated Employees	
1a Comple	ete this table for all persons required	to be listed.	Report compensation for the calendar year ending with or within the organization's ta	x 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck i ss per	more rson i) than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) HARLAN YU PRESIDENT & EXECUTIVE DIRECTOR	40.00	x		x				192,944.	0.	26,940.
(2) MITRA EBADOLAHI	40.00									
SENIOR PROJECT DIRECTOR	40.00					Х		158,035.	0.	23,943.
(3) MINGWEI HSU SENIOR QUANTITATIVE ANALYST	40.00	-				x		155,785.	0.	15,999.
(4) JOHN LOGAN KOEPKE	40.00	\vdash						133,703.	0.	<u> </u>
PROJECT DIRECTOR	40.00					x		122,035.	0.	19,412.
(5) NATASHA DUARTE	40.00									
PROJECT DIRECTOR						Х		122,035.	0.	19,307.
(6) EMILY PAUL	40.00									
PROJECT DIRECTOR	1.00	\vdash				Х		117,705.	0.	17,154.
(7) NABIHA SYED	1.00								•	
SECRETARY	1 0 0	X		Х				0.	0.	0.
(8) PAUL OHM	1.00	x		х				0.	0.	0
TREASURER (UNTIL 11/2023) (9) BRANDI COLLINS-DEXTER	1.00	^		~				0.	0.	0.
BD MEM, THEN TREAS (TRANS 12/2023)	1.00	x		х				0.	0.	0.
										Form 990 (2023)

Form 990 (2023) UPTURN ,									81-457	4412 Page 8				
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A) Name and title	Average hours per week	hours per (do box week offic				age Position (do not check more than on box, unless person is both a				than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations				
1b Subtotal c Total from continuation sheets to Part VI								868,539.	0	. 0.				
d Total (add lines 1b and 1c)2Total number of individuals (including but n								868,539. eceived more than \$100,	000 of reportable	<u>. 122,755.</u> 8				
compensation from the organization3 Did the organization list any former officer,										Yes No				
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportable	e co	mpe	nsa	tion	and	oth	er compensation from t	he organization	3 X 4 X				
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>con</i> Section B. Independent Contractors	accrue compen	satio	on fr	om	any	unre				5 X				
1 Complete this table for your five highest co the organization. Report compensation for										sation from				
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation				
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	l to t	thos C		ted	above) who received mo	ore than					
										Form 990 (2023)				

			2023) UPTURN, INC.				81-4574	412 Page 9
Pa	rt \	VIII	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Ū,			Fundraising events 1c					
iifts ar A			Related organizations 1d					
s, Bili			Government grants (contributions) 1e					
Sig		f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	772,336.				
d <u>t</u> i		g	Noncash contributions included in lines 1a-1f					
<u> </u>		h	Total. Add lines 1a-1f		772,336.			
				Business Code				
8	2	a	HONORARIUM	900099	2,000.	2,000.		
Program Service Revenue		b						
Senue		С						
leve		d						
<u> </u>	1	е						
ā		f	All other program service revenue					
			Total. Add lines 2a-2f		2,000.			
	3	•	Investment income (including dividends, intere					
			other similar amounts)		52,477.			52,477.
	4		Income from investment of tax-exempt bond p	1				
	5	5	Royalties					
				(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	d	assets other than inventory 7a					
		h	Less: cost or other basis					
e		5	and sales expenses					
enu		c	Gain or (loss)					
Jev.			Net gain or (loss)	1				
Other Revenue	8		Gross income from fundraising events (not					
g			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events					
	9	a	Gross income from gaming activities. See					
			Part IV, line 19 9a	ļ				
		b	Less: direct expenses9b					
			Net income or (loss) from gaming activities					
	10	a	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold					
		С	Net income or (loss) from sales of inventory	Duration of the				
S			DETMDIDGED EVDENCES	Business Code	024			014
eor	11		REIMBURSED EXPENSES	900099	834.			834.
Miscellaneous Revenue		b						<u> </u>
Bev		C A						<u> </u>
Ξ			All other revenue	L	834.			
	12		Total. Add lines 11a-11d		827,647.	2,000.	0.	53,311.
33200					02,701/0		. J.	Form 990 (2023)

UPTURN, INC.

Form 990 (2023) UPTURN , INC . Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a respon	se or note to any line in t (A)		(C)	(D)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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						
2	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
Ŭ	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	219,883.	131,930.	76,959.	10,994.		
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	1,226,149.	1,203,984.	19,928.	2,237.		
8	Pension plan accruals and contributions (include						
-	section 401(k) and 403(b) employer contributions)	120,913.	118,748.	1,947.	218.		
9	Other employee benefits	93,490.	118,748. 89,536.	1,947. 3,498.	456.		
10	Payroll taxes	115,627.	107,533.	7,126.	968.		
11	Fees for services (nonemployees):						
а	Management						
b	Legal	4,040.		4,040.			
с	Accounting	68,953.		68,953.			
	Lobbying						
	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A), amount, list line 11g expenses on Sch 0.)	9,739.	9,739.				
12	Advertising and promotion						
13	Office expenses	22,553.	1,044.	21,508.	1.		
14	Information technology	16,130.	1,137.	14,993.			
15	Royalties						
16	Occupancy	20,559.	19,120.	1,267.	172.		
17	Travel	42,155.	42,155.				
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	1 - 0 - 0	10 050				
	Conferences, conventions, and meetings	15,052.	12,359.	2,693.			
20	Interest	1,406.		1,406.			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	2,196.		2,196.			
23	Insurance	2,190.		2,190.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),						
	amount, list line 24e expenses on Schedule 0.)	C 000	C 000				
а	OTHER PROGRAM COSTS	6,290.	6,290.	000			
b	RECRUITING	4,092.	3,283.	809.			
С	TAXES & LICENSES	3,100.		3,100.			
d	SUBSCRIPTIONS	1,966.		1,966.			
	All other expenses	1,994,293.	1 716 050	222 200	1E 046		
25	Total functional expenses. Add lines 1 through 24e	1,334,433.	1,746,858.	232,389.	15,046.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						

Form 990 (2023) UPTURN, INC. Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
		i	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	905,919.	1	348,352
	2	Savings and temporary cash investments	1,804,547.	2	2,140,017
	3	Pledges and grants receivable, net		3	2,758,997
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, direc			
		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 defin			
		under section 4958(f)(1)), and persons described in section 4958(c)(3	i)(B)	6	
ر م	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥8	9	Prepaid expenses and deferred charges	1 12 010	9	7,375
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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		15	8,224
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	5,262,965
	17	Accounts payable and accrued expenses		17	133,469
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule I		21	
ا م	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or	35%		
				22	
ت	23	Converse manufacture and material and the version of the second		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thir			
		parties, and other liabilities not included on lines 17-24). Complete P	art X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	56,498.	26	133,469
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	1,706,289.	27	1,301,147
	28	Net assets with donor restrictions		28	3,828,349
		Organizations that do not follow FASB ASC 958, check here			
Net Assets of Fund Balances		and complete lines 29 through 33.			
<u>ة</u>	29	Capital stock or trust principal, or current funds		29	
Sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As:	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances		32	5,129,496
-	33	Total liabilities and net assets/fund balances		33	5,262,965

Form 990 (2023)

Form	1990 (2023) UPTURN, INC.	81	-4574412	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				2
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	82'	7,6	47.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,994	1,2	93.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,16	5,6	46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,29	5,1	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,12	9,4	96.
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEE	DULE A								OMB No. 1545-0047
(Form 99	00)		Public Charity Status and Public Support omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2023
		00							
Department of the Treasury Internal Revenue Service				ttach to Form 990 or Fo Form990 for instructior			ormation.		Open to Public Inspection
Name of	the organization							Employer	identification number
		UPTU							1-4574412
Part I				(All organizations must c			ee instructior	IS.	
Ē.		-		For lines 1 through 12, cl	•				
				n of churches described		n 170(b)(1	I)(A)(i).		
2				Attach Schedule E (Form		(L)(4)(A)(;;	::)		
3	-	-		nization described in se njunction with a hospital			-	(iiii). Enter	the hospital's name
- L	city, and state	-							and noophal o name,
5	An organizati	on operated fo	or the benefit of a col Complete Part II.)	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
6	-			nental unit described in	section 17	'0(b)(1)(A)	(v).		
7 X			-	ntial part of its support fr			.,	he general p	oublic described in
	section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university o	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
40	university:								
10	-		•	than 33 1/3% of its supp t to certain exceptions; a				-	•
				(less section 511 tax) fro	. ,				
			mplete Part III.)			ooo aoqui		gamzation a	
11 🗌				vely to test for public sat	fety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	arry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	7	-	• •	f supporting organizatior				-	
a 🗌			-	upervised, or controlled	• • • •	-			
		•		gularly appoint or elect a	majority o	t the direc	tors or truste	es of the su	ipporting
b 🗌			complete Part IV, Se anization supervised	or controlled in connect	ion with it	s sunnorte	ed organizatio	n(s) by hay	ina
			•	anization vested in the sa			•		•
		-	t complete Part IV,		•			• • • •	
с 🗌	7			g organization operated	in connect	ion with, a	and functiona	lly integrate	d with,
	its supporte	ed organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	rted organiz	zation(s)
			•	ation generally must sat				d an attentiv	veness
	¬ ·	-	-	nplete Part IV, Sections				U. Ture a UI	
e 🗆		0		written determination from nally integrated supporting			турет, туре	п, туре п	
f Ente	er the number of	-	• •			ation.			
			about the supporte						
(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332021 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

UPTURN, INC.

81-4574412 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support													
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total							
1	Gifts, grants, contributions, and													
	membership fees received. (Do not													
	include any "unusual grants.")	970,677.	1269305.	2653344.	3761223.	772,336.	942688	5.						
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	970,677.	1269305.	2653344.	3761223.	772,336.	942688	5.						
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)						801970	6.						
6	Public support. Subtract line 5 from line 4.						140717							
Sec	tion B. Total Support				•									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total							
	Amounts from line 4	970,677.	1269305.	2653344.	3761223.	772,336.	942688	5.						
	Gross income from interest,	-				-								
	dividends, payments received on													
	securities loans, rents, royalties,													
	and income from similar sources	2,073.	25,704.	3,136.	1,860.	52,477.	85,25	0.						
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.)	11,066.	1,390.		3,781.	834.	17,07	1.						
11	Total support. Add lines 7 through 10	,	,				952920	6.						
	Gross receipts from related activities,	etc. (see instructio	ons)			12	59,48							
	First 5 years. If the Form 990 is for th													
	organization, check this box and stor			·····										
Sec	ction C. Computation of Publi													
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	14.77	%						
	Public support percentage from 2022					15	16.62	%						
				n line 13, and line 1	14 is 33 1/3% or m	ore, check this boy	and							
	If a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization													
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box													
	and stop here. The organization qualifies as a publicly supported organization													
17a	10% -facts-and-circumstances test													
	and if the organization meets the fact													
	meets the facts-and-circumstances te			-			г	Х						
b	10% -facts-and-circumstances test	-												
	more, and if the organization meets th	0												
	· •				•		[
18	-		÷ .				• • · · · · · · · · · · · · · · · · · ·							

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 UPTURN, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1 ⁻	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	
ł	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	Ind
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see ins	structions	

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Schedule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Schedule A (Form 990) 2023

UPTURN, INC.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

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Pa	rt IV Supporting Organizations (continued)		1	
			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	110		
h	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b		<u> </u>
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
U	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	aon D. An Type in Supporting Organizations			
4	Did the exception provide to each of its supported exceptions, by the last day of the fifth month of the		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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3	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			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		1	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	tions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
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 instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	<u>3a</u>		
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.	3b		

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Schedule A (Form 990) 2023

_	dule A (Form 990) 2023 UPTURN, INC.			81-4574412 Pag
-	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instruction
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see
	instructions).	-		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	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 Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

81-4574412 Page 8 Schedule A (Form 990) 2023 UPTURN, INC Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

UPTURN QUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND CIRCUMSTANCES"

TEST OF SEC. 1.170A-9(F)(3) OF THE TREASURY REGULATIONS, BASED UPON THE

FOLLOWING:

ITS SUPPORT, AS REPORTED FOR 2023, IS 14.77% THEREBY MEETING THE REQUIREMENT OF SEC. 1.170A-9(F)(3)(I).

UPTURN IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL FUNDING ON A CONTINUOUS BASIS, THEREBY MEETING THE REQUIREMENT OF SEC. 1.170A-9(F)(3)(II). UPTURN HAS CONTINUED TO UNDERTAKE SIGNIFICANT EFFORTS TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT. IN ADDITION TO ACTIVELY SOLICITING NEW FUNDERS VIA ITS WEBSITE, UPTURN HAS OPERATIONALIZED A MULTI-YEAR FUNDRAISING PLAN WITH CLEAR GOALS FOR BOTH INCREASING ITS REVENUE AND BROADENING ITS PUBLIC SUPPORT BASE. IN 2023, UPTURN HAS ACTIVELY SOLICITED NEW FUNDERS AND SPOKEN AT LARGE FUNDER EVENTS.

UPTURN'S PUBLIC SUPPORT, AT 14.77% IS WELL ABOVE THE 10% MINIMUM REQUIRED FOR THE "FACTS AND CIRCUMSTANCES" TEST, THEREBY MEETING THE REQUIREMENT OF SEC. 1.170A-9(F)(3)(III)(A).

IN MEETING THE REQUIREMENT OF SEC. 1.170A-9(F)(3)(III)(B), UPTURN HAS RECEIVED SUPPORT FROM A REPRESENTATIVE NUMBER OF PERSONS, RATHER THAN RECEIVING ALL OR MOST OF ITS SUPPORT FROM THE MEMBERS OF A SINGLE FAMILY, OR FROM A SINGLE DONOR, UPTURN IS CURRENTLY FUNDED BY A VARIETY OF FOUNDATION GRANTS AND FEE-FOR-SERVICE PROJECTS. SINCE ITS INCORPORATION IN 2017, UPTURN HAS EACH YEAR CONSISTENTLY INCREASED ITS TOTAL NUMBER OF Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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

FUNDING SOURCES. UPTURN'S CURRENT FUNDRAISING PLAN IS ALSO TARGETED AT A

BROAD BASE OF DONORS. IN THIS RESPECT, UPTURN MEETS THE REQUIREMENT OF

SEC. 1.170A-9(F)(3)(III)(B).

UPTURN ALSO MEETS THE REQUIREMENTS OF SEC. 1.170A-9(F)(3)(III)(C), AS UPTURN IS GOVERNED BY A BOARD OF DIRECTORS WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC, RATHER THAN PERSONAL OR PRIVATE INTERESTS OF PARTICULAR DONORS. UPTURN'S BOARD OF DIRECTORS IS COMPOSED OF PERSONS WITH PARTICULAR KNOWLEDGE OF UPTURN'S FIELD AND AREAS OF WORK, AND REPRESENT A DIVERSE SET OF PUBLIC PERSPECTIVES. IN ADDITION, NONE OF UPTURN'S BOARD MEMBERS SHARE A PERSONAL OR PRIVATE INTEREST WITH ANY OF UPTURN'S CURRENT OR PROSPECTIVE FUNDING SOURCES.

UPTURN HAS A LONGSTANDING ORGANIZATIONAL COMMITMENT TO SERVING THE PUBLIC THROUGH ITS WORK. UPTURN ADVANCES EQUITY AND JUSTICE IN THE DESIGN, GOVERNANCE, AND USE OF TECHNOLOGY. THROUGHOUT ITS PROGRAM AREAS, INCLUDING CRIMINAL JUSTICE, EMPLOYMENT, HOUSING, AND PUBLIC BENEFITS, UPTURN PRIORITIZES WORKING TOGETHER WITH AFFECTED COMMUNITIES AND PERSONS, AS WELL AS ITS STRONG NETWORK OF OTHER PUBLICLY SUPPORTED ORGANIZATIONS. IN THIS MANNER, UPTURN FURTHER DEMONSTRATES ITS PUBLIC SUPPORT AND MEETS THE REQUIREMENT OF SEC. 1.170A-9(F)(3)(III)(D).

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Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2023

Employer identification number

τ	JPTURN, INC.	81-4574412
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 $e_{xclusively}$ 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 $e_{xclusively}$ religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an $e_{xclusively}$ s

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

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

Schedule B (Form 990) (2023)

Name of o	rganization		Employer identification number
UPTURI	N, INC.		81-4574412
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$602,8	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
2		\$ <u>119,2</u>	27. 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
3		\$25,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$25,0	00. (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
323452 12-26	-23	\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

Name of or	ganization		Employer identification number
UPTURN	I, INC.		81-4574412
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	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.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
323453 12-26-	-23	*	

Schedule B (Form 990) (2023)

Page 3

Schedule I	B (Form 990) (2023)		Page 4
Name of o	rganization		Employer identification number
וסוויסוו	N, INC.		81-4574412
Part III	Exclusively religious, charitable, etc., contribut		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious.	b) through (e) and the following line entricharitable, etc., contributions of \$1,000 or letters.	y. For organizations sss for the year. (Enter this info. once.)
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	· · · · · · · · · · · · · · · · · · ·
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(.,	
		(e) Transfer of gift	
	Transferee's name, address, a	and ZID + 4	Polotionship of transform to transform
			Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from		(),	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
		[
		[
323454 12-26	5-23		Schedule B (Form 990) (2023)

SCHEDULE C	Po	olitical Campaign a	and Lobbying	g Activities	OMB No	. 1545-0047
(Form 990)	For Orga	anizations Exempt From Income	Tax Under Section 5	501(c) and Section 527	20)23
Department of the Treasury Internal Revenue Service		e if the organization is described to www.irs.gov/Form990 for in				to Public pection
 Section 501(c)(3) org 	ganizations: Com r than section 50	Form 990, Part IV, line 3, or Form plete Parts I-A and B. Do not com P1(c)(3)) organizations: Complete F Part I-A only.	plete Part I-C.			1
If the organization answ • Section 501(c)(3) org • Section 501(c)(3) org	wered "Yes" on ganizations that h ganizations that h	Form 990, Part IV, line 4, or Form nave filed Form 5768 (election unc nave NOT filed Form 5768 (electio	ler section 501(h)): Co n under section 501(h)	mplete Part II-A. Do not)): Complete Part II-B. De	complete Part II-B. o not complete Par	t II-A.
Tax) (see separate inst	ructions), then:	Form 990, Part IV, line 5 (Proxy ions: Complete Part III.	rax) (see separate in	structions) or Form 99	U-EZ, Part V, line (soc (Proxy
Name of organization	UPTURN,	· · · · · · · · · · · · · · · · · · ·	r section 501(c) o		mployer identificat 81-4574 organization	
1 Provide a description	on of the organiz activity expendit	ation's direct and indirect political	campaign activities ir	n Part IV.	\$	
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
 Enter the amount o Enter the amount o If the organization i Was a correction m If "Yes," describe ir 	f any excise tax f any excise tax ncurred a section nade?	incurred by the organization unde incurred by organization manager n 4955 tax, did it file Form 4720 fo	r section 4955 s under section 4955 or this year?		\$ Yes	No
	-	anization is exempt unde		-		
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for se	ction 527		
3 Total exempt functi	ion expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,			
 4 Did the filing organi 5 Enter the names, au made payments. For contributions received 	ization file Form ddresses, and er or each organizat ved that were pro	1120-POL for this year? mployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provice) of all section 527 pol from the filing organiza separate political orga	litical organizations to w ation's funds. Also enter nization, such as a sepa	which the filing orga the amount of poli arate segregated fu	itical
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	s contributions	received and nd directly a separate ganization.
For Paperwork Reduct	ion Act Notice, s	see the Instructions for Form 99	0 or 990-EZ.		Schedule C (Fo	rm 990) 2023

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	URN, INC			81-4	1574412 Page:
Part II-A Complete if the organiz	ation is exe	mpt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).	alanca ta an aff	iliated aroun (and list in	Dort IV apple offiliated	aroun mombor's nom	
A Check if the filing organization b	•	e 1 (Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share of e					
B Check if the filing organization of	checked box A a	ind "limited control" pro	ovisions apply.		
Limits on (The term "expenditure	Lobbying Expension Expensi			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	d lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bot	n columns.		
If the amount on line 1e, column (a) or (b) i	s: The lol	obying nontaxable am	ount is:		
not over \$500,000,	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000,000,	\$100,0	00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,500,00	0, \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,0	00, \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,	\$1,000	,000.			
g Grassroots nontaxable amount (enter 25	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c. If zero or le	ess, enter -0-				
j If there is an amount other than zero on	either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?					Yes N
(Some organizations that m	ade a section 5 See the sepa	rate instructions for lin	have to complete all ones 2a through 2f.)	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
0 - Lobbying pontoyable array					
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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Schedule C (Form 990) 2023

UPTURN, INC.

81-4574412 Page 3

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	X	х		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1	. <u>,407.</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i			1	.,407.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

UPTURN'S LOBBYING ACTIVITIES IN 2023 WERE RELATED TO DIRECT ADVOCACY,

INCLUDING WRITTEN AND ORAL TESTIMONY ON BILLS, LAWS, AND PUBLIC

BUDGETS.

332043 11-06-23

SCI	HEDULE D	Supplementa	al Financial Statements	5	OMB No	. 1545-0047
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l	h	20	J23
	ment of the Treasury	A	ttach to Form 990.			to Public
	Revenue Service		0 for instructions and the latest information		Inspe loyer identificat	
Name	e of the organizati	UPTURN, INC.		Emp	81-4574	
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Account		
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		-	
			(a) Donor advised funds	(b) Fund	is and other acc	ounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5		t end of year on inform all donors and donor advisors in v	writing that the apports hold in denor advise	d fundo		
5	•	on's property, subject to the organization's	0		Yes	No
6		on inform all grantees, donors, and donor a				
•	0	oses and not for the benefit of the donor o	• •	2		
	impermissible priv		· · · · ·	•	Yes	No No
Par	t II Conserv	ation Easements. Complete if the org				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of	a historically i	mportant land a	rea
	Protection c	f natural habitat	Preservation of	a certified hist	toric structure	
		n of open space				
2	•	through 2d if the organization held a qualit	ied conservation contribution in the form of			
	day of the tax year				Held at the End o	rthe lax year
a L						
u c	-	ricted by conservation easements	icture included on line 22			
		vation easements included on line 2c acqu				
u		ture listed in the National Register		2d		
3		vation easements modified, transferred, rel			luring the tax	
	year			0	C C	
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
		orcement of the conservation easements it				No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easer	nents during the	e year
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservat	ion easements	s during the year	ſ
0		 vation easement reported on line 2d above	esticity the requirements of eastion 170(h)			
8	and section 170(h	·	satisfy the requirements of section 170(h)		Yes	No
9		be how the organization reports conservation				
5		d include, if applicable, the text of the footr	-			
		ounting for conservation easements.				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Otl	ner Similar	Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sh	eet works	
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in fu	therance of p	ublic	
	· •	Part XIII the text of the footnote to its finar				
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or research in furthe	erance of pub	lic service,	
	-	ng amounts relating to these items.		•		
		ded on Form 990, Part VIII, line 1				
0	.,		asures, or other similar assets for financial			
2	•	received or held works of art, historical tre- unts required to be reported under FASB A		yain, provide		
а	-	on Form 990, Part VIII, line 1	-	¢	5	
		Form 990, Part X				
		eduction Act Notice, see the Instructions			Schedule D (Fo	rm 990) 2023
	09-28-23	,			• -	,
			30			

Sche	dule D (Form 990) 2023 UPTURN ,	INC.						81-45	74412	2 P	age 2
Par	t III Organizations Maintaining Co	llections of Art	, Hist	torical Tre	easures, o	r Other	Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	, and other records	, chec	k any of the f	following that	t make sig	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's colle			•	-			ose in Part	XIII.		
5	During the year, did the organization solicit or r	receive donations of	f art, h	istorical treas	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part 2		e if the	e organizatior	n answered "'	Yes" on F	orm 990	, Part IV, li	ne 9, or		
12	Is the organization an agent, trustee, custodian		iany fo	r contribution	s or other as	eete not i	ncluded				
Ia	on Form 990, Part X?	•							Yes		No
h	If "Yes," explain the arrangement in Part XIII an							∟			
			omig						Amount		
с	Beginning balance						1c				
d d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C										Ī
Par).				
		(a) Current year		Prior year	(c) Two yea			years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end balance	(line 1	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
3a	Are there endowment funds not in the possess	ion of the organizat	ion th	at are held ar	nd administer	red for the	e		-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the o	<u>u</u>	vment	funds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990,	Part I	Ť), Part X, I	ine 10.				
	Description of property	(a) Cost or ot basis (investm			t or other (other)		cumulat		(d) Bool	k valu	е
1a	Land	· · · ·									
	Buildings										
	Leasehold improvements										
	Equipment										
e	Other										
	. Add lines 1a through 1e. (Column (d) must eau		line	10c column	<i>(</i> B))						0.
					·-·			Schedule	D (Form	990)	

D (Form 990) 2

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	(Form 990) 2023	UPTURN,	
Part VII	Investments -	Other Securit	ies

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
) Financial derivatives			
) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
iotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(2)			
(3)			
(4)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Departing of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" co . (a) Description of liability (1) Federal income taxes			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" co . (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" col. (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" co . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII | |

Schedule D (Form 990) 2023

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	edule D (Form 990) 2023 UPTURN, INC.		81-4	574412 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total revenue, gains, and other support per audited financial statements		1	827,647.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			827,647.
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	827,647.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		Э	02//01/0
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	nses per Return	02770170
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expe	nses per Return	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With Expe	nses per Return	1,994,293.
_	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expe	nses per Return	
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expe	nses per Return	
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With Expe	nses per Return	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a	nses per Return	
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2a 2a	nses per Return	
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2a 2b 2c 2d	nses per Return	1,994,293.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d	nses per Return 1 2e	1,994,293.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2b 2c 2d	nses per Return 1 2e	1,994,293.
 1 2 a b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2a 2a 2b 2c 2d	nses per Return 1 2e	1,994,293.
1 2 6 6 8 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2a 2b 2c 2d	nses per Return 1 2e	1,994,293.
1 2 d c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2a 2b 2b 2c 2c 2d 2d 2d	1 2e 3	1,994,293. 0. 1,994,293. 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2a 2b 2b 2c 2c 2d 2d 4a 4b 4b	1 2e 3 4c	1,994,293.

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.

332054 09-28-23

Schedule D (Form 990) 2023

SCI	HEDULE J	Compensation Information	(OMB No. 1	545-004	17
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n n	,
•	-	Compensated Employees		20	ZJ)
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	(Open to	Publi	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior		Employer iden	tificatio	on nur	nber
		UPTURN, INC.	81-457	7441	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form \$	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for persor	nal use			
	Travel for com	panions Payments for business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees	3			
	Discretionary s	spending account Personal services (such as maid, chauffeu	r, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee Written employment contract				
	Independent c	ompensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations $oxed{X}$ Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ก			
	contingent on the re	evenues of:				37
	The organization?			5a		X
b		ation?		5b		X
		r 5b, describe in Part III.				
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ก			
	contingent on the n	5				37
а	The organization?			6a		X
b		ation?		6b		X
_		r 6b, describe in Part III.				
	•	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				v
		les 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				77
-		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in		-		
		53.4958-6(c)?		9		<u> </u>
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schedule	J (Forn	n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023	Schedu						00110 11 00 00
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0.	0.	0.	0.	0.	0.	0.	SENIOR QUANTITATIVE ANALYST (ii)
0.	171,784.	624.	15,375.	0.	0.	155,785.	(3) MINGWEI HSU
0.	0.	0.	0.	0.	0.	0.	SENIOR PROJECT DIRECTOR (ii)
0.	181,978.	8,193.	15,750.	0.	0.	158,035.	(2) MITRA EBADOLAHI (i)
0.				0.	0.		PRESIDENT & EXECUTIVE DIRECTOR (ii)
0.	219,884.	7,849.	19,091.	0.	0.	192,944.	(1) HARLAN YU (1)
reported as deferred on prior Form 990			compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation in column (B)	(E) Total of columns (B)(i)-(D)	(D) Nontaxable (benefits	(C) Retirement and other deferred		-2 and/or 1099-MISC compensation	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	
idual.	amounts for that indivi	ole column (D) and (E)	ction A, line 1a, applicat	rm 990, Part VII, Sec	e total amount of Fo	ividual must equal th	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.
uctions, on row (ii).	described in the instru	related organizations,	tion on row (i) and from	on from the organiza	, report compensatic	orted on Schedule J 90, Part VII.	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.
		ace is needed.	e copies if additional sp	yees. Use duplicat	ompensated Emplo	/ees, and Highest C	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed
Page 2		12	81-4574412			INC.	Schedule J (Form 990) 2023 UPTURN ,

	55	332113 11-06-23
90) 2023	Schedule J (Form 990) 2023	
	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.	Provide the information, explanation, or descriptions required for Pa
		Part III Supplemental Information
Page 3	81-4574412 Page	Schedule J (Form 990) 2023 UPTURN , INC .

SCHE	DUL	ЕΟ
(Form	990)	

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



OMB No. 1545-0047

UPTURN, INC.

Employer identification number 81 - 4574412

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

IN EACH AREA, WE INVESTIGATE SPECIFIC APPLICATIONS OF TECHNOLOGY AND

AUTOMATION THAT MAY HARM HISTORICALLY UNDERPRIVILEGED COMMUNITIES. WE

BELIEVE THAT IT TAKES PROACTIVE ATTENTION TO MAKE SURE THAT TECHNOLOGY

- AND THOSE WHO BUILD AND USE IT - SERVES SOCIETY FAIRLY. WITHOUT CARE,

TECHNOLOGY CAN REINFORCE INEQUITABLE SYSTEMS FOUND EVERYWHERE IN OUR

SOCIETY.

WE PRODUCE INDEPENDENT, PROACTIVE RESEARCH TO CLARIFY AND FRAME OUR PRIORITY ISSUES FOR KEY STAKEHOLDERS, THROUGH PUBLIC REPORTS, LEGAL AND REGULATORY FILINGS, TECHNICAL STUDIES, AND SCHOLARLY ARTICLES. WE PAIR OUR RESEARCH WITH A WIDE RANGE OF POLICY ADVOCACY STRATEGIES, INCLUDING CONGRESSIONAL TESTIMONY, AMICUS BRIEFS, CORPORATE ADVOCACY, AND DIRECT SUPPORT TO ATTORNEYS.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR. A COPY OF THE FORM 990 WAS SHARED WITH THE FULL BOARD PRIOR TO FILING WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL DIRECTORS,

OFFICERS, AND MEMBERS OF BOARD COMMITTEES. ALL COVERED INDIVIDUALS SIGN AN

ANNUAL ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED A COPY OF THE POLICY,

UNDERSTAND IT, AND AGREE TO ABIDE BY ITS TERMS.

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
UPTURN, INC.	81-4574412
WHENEVER A DIRECTOR, OFFICER, OR COMMITTEE MEMBER BECOMES	AWARE OF A

POTENTIAL CONFLICT OF INTEREST, WHETHER FINANCIAL OR OTHERWISE, S/HE MAKES THE SITUATION KNOWN TO THE BOARD OR COMMITTEE (AS THE CASE MIGHT BE) AND PROVIDES ALL FACTS MATERIAL TO UNDERSTANDING THE NATURE AND SCOPE OF THE CONFLICT, INCLUDING WHETHER THE INTERESTED PERSON BELIEVES HIS OR HER ABILITY TO MAKE AN INDEPENDENT DECISION BASED SOLELY ON THE BEST INTEREST OF THE CORPORATION HAS BEEN COMPROMISED.

THE INTERESTED PERSON WITH THE POTENTIAL CONFLICT RETIRES FROM THE MEETING AND DOES NOT PARTICIPATE IN FINAL DISCUSSION AND VOTING ON THE EXISTENCE OF THE CONFLICT. IF A CONFLICT IS FOUND TO EXIST, THE INTERESTED PERSON MAY BE INVITED TO PROVIDE ANY RELEVANT INFORMATION THAT COULD BE OF USE TO THE BOARD IN MAKING ITS DECISION, BUT AGAIN RETIRES AND DOES NOT PARTICIPATE IN THE FINAL DISCUSSION AND VOTING REGARDING THE TRANSACTION.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION WAS REVIEWED AND APPROVED BY THE BOARD'S COMPENSATION COMMITTEE, CONSISTING OF THE TWO INDEPENDENT MEMBERS OF THE BOARD. THE COMMITTEE USED INFORMATION OF EXECUTIVE COMPENSATION PACKAGES FOR SIMILAR ORGANIZATIONS, INCLUDING INFORMATION FROM THEIR FORM 990S, AND DOCUMENTED ITS DECISION IN THE COMMITTEE MEETING MINUTES. THE MOST RECENT REVIEW TOOK PLACE IN OCTOBER 2017.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

332212 11-14-23