** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Inspection

Department of the Treasury Internal Revenue Service

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

A F	For the	2022 calendar year, or tax year beginning and	ending		
B (Check if applicable	C Name of organization		D Employer identific	cation number
	Addre:	UPTURN, INC.			
	Name chang			81-45744:	12
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,
	Final return	1015 15TH ST NW	600	(202)677	-2359
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,778,152.
	Ameno	WASHINGTON, DC 20005		H(a) Is this a group re	
	Applic tion pendir			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Vebsit			H(c) Group exemption	
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2016 N	1 State of legal domicile: DC
P	_		DN 7 D17	ANCEC ECITES	7 AND
e	1	Briefly describe the organization's mission or most significant activities: $\ { t UPTU} { t USTICE} { t IN} { t THE} { t DESIGN} , { t GOVERNANCE} , { t AND} { t USTICE} , { t USTICE} , { t AND} { t USTICE} , { t USTICE} , { t USTICE} , { t USTICE} , { t $			AND
au					
/err	3			1 1	4
é	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
م س	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	13
iţį	6	Total number of volunteers (estimate if necessary)			3
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		· · ·		Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		2,653,344.	3,761,223.
Revenue	9	Program service revenue (Part VIII, line 2g)		39,650.	11,288.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,136.	1,860.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	3,781.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,696,130.	3,778,152.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,493,239.	1,566,915.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	_ b	Total fundraising expenses (Part IX, column (D), line 25) 10, 9		215,143.	214,479.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,708,382.	1,781,394.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		987,748.	1,996,758.
	19	nevertue less experises. Subtract life 10 front life 12	Be	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		4,369,468.	6,352,640.
ASS	21	Total liabilities (Part X, line 26)		70,084.	56,498.
E E	1	Net assets or fund balances. Subtract line 21 from line 20		4,299,384.	6,296,142.
Pa	art II	Signature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig		Signature of officer		Date	
Her	е	HARLAN YU, PRESIDENT & EXECUTIVE DIRECTOR			
		Type or print name and title	T r	Doto In F	DTIN
n. '		Print/Type preparer's name RICHARD J. LOCASTRO, CPA Preparer's signature Preparer's s		Date Check Check Color of Self-employ	PTIN
Paid			no	-	
	oarer	Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 800N		Firm's EIN 5	2-1392008
use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		Dhono no 3 N	1-951-9090
Ma.	the I	S discuss this return with the preparer shown above? See instructions		[Priorie no. 3 0	X Yes No
ivia)	y uii⊂ II	io alboado alia fotalli with the preparel allowii above! Occ illatiuctiolia			

	990 (2022) UPTURN, INC. 81-45/4412 Page	_
Pai	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	-
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
•	UPTURN ADVANCES EQUITY AND JUSTICE IN THE DESIGN, GOVERNANCE, AND USE	
	OF TECHNOLOGY.	
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
-	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		_)
	UPTURN BELIEVES TECHNOLOGY SHOULD ADVANCE JUSTICE, NOT AMPLIFY RACIAL	_
	AND ECONOMIC INEQUITIES. WE DRIVE POLICY CHANGE THROUGH RIGOROUS RESEARCH, LEGAL AND POLICY ADVOCACY, AND TIMELY COLLABORATIONS. WE WORK	_
	ACROSS DISCIPLINES, BRINGING COMPUTER SCIENCE, QUANTITATIVE, AND LEGAL	_
	AND POLICY EXPERTISE TO BEAR ON THE MOST PRESSING CIVIL RIGHTS	_
	CHALLENGES. WE SEEK OUT PARTNERSHIPS WITH LOCAL AND NATIONAL ADVOCATES,	
	LITIGATORS, ACADEMICS, AND OTHERS TO ENSURE OUR WORK IS RESPONSIVE,	
	INFORMED, AND GROUNDED.	_
	OUR PROGRAM AREAS INCLUDE CRIMINAL JUSTICE REFORM, EQUAL EMPLOYMENT,	_
	FAIR HOUSING, FAIR CREDIT, AND BUILDING A STRONG SOCIAL SAFETY NET.	_
	(CONTINUED ON SCHEDULE O)	
4b	(Code:) (Expenses \$	_)
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$	_)
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$\frac{\text{including grants of \$}}{1,575,791}.	_
-10		

Form **990** (2022)

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Form 990 (2022) UPTURN, INC. Part IV Checklist of Required Schedules

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

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Form **990** (2022)

	Part IV	Checklist of Required Schedules	(continued))
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	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? 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	24u		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
c=	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		JO	22	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2022) UPTURN, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			37
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvicae r	provided to the navor2	7a		X
	TENSOR III III III III III III III III III I			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		uired	710		
C	to file Form 8282?	as req	ulled	7c		х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		,,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	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		
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:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		NT / 7	40		
а	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.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c				
			•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			i no		
	excess parachute payment(s) during the year?			15		Х
	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 investmen	t incor	ne?	16		Х
-	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 ac	tivitie	8			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Form **990** (2022)

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

_	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management				П					
		. ا	I	ا ا		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4						
	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.			٦						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?				2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			. L	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. L	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		Х			
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?			7	7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
-				١,	7b		х			
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			ľ						
		-	-		За	Х				
_						X				
b	Each committee with authority to act on behalf of the governing body?			۲	3b	- 21				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				_		.			
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				Γ			
				_	_	Yes	No			
	Did the organization have local chapters, branches, or affiliates?			1	0a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	s, affiliates,							
	•			. 1	0b	Х				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	lescribe							
	on Schedule O how this was done			1	2c	Х				
13	Did the organization have a written whistleblower policy?				13	X				
14	Did the organization have a written document retention and destruction policy?			. [1	14	X				
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			1	5a	Х				
	Other officers or key employees of the organization				5b		Х			
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	vith a							
	taxable entity during the year?			1	6a		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				5 u					
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· · · · · · · · · · · · · · · · · · ·							
	exempt status with respect to such arrangements?	izatioi	15	4	6b					
Sec	tion C. Disclosure				UU					
	List the states with which a copy of this Form 990 is required to be filedCA, IL, MD, MA, N	v								
17 10			T (200tion FO1/-)	2)c =	- A d	c:!-!	ole.			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	iu 99l	7-1 (SECTION SOLIC)(J)S Or	ııy) a	avallal	JIE			
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy, a	nd fir	nanc	ıal				
	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 an	d records							
	HARLAN YU - (202)677-2359									
	1015 15TH ST NW, 600, WASHINGTON, DC 20005									

Form 990 (2022) UPTURN, INC. 81-4574412 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		((C)		oute	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	Pos heck ss pe	ition more rson i	than of the state	n an	Reportable compensation from	Reportable compensation from related	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 AND EXECUTIVE DIRECTOR	40.00	x		x				194,365.	0.	26,008.
(2) MINGWEI HSU	40.00							131,3031	•	20,000:
SENIOR QUANTITATIVE ANALYST						x		152,260.	0.	15,662.
(3) JOHN LOGAN KOEPKE	40.00									
PROJECT DIRECTOR						X		118,435.	0.	18,392.
(4) NATASHA DUARTE	40.00									
PROJECT DIRECTOR						Х		118,585.	0.	17,903.
(5) EMILY PAUL	40.00									
PROJECT DIRECTOR		<u> </u>				X		110,875.	0.	18,666.
(6) MITRA EBADOLAHI	40.00	1							_	
SENIOR PROJECT DIRECTOR						X		105,219.	0.	15,342.
(7) NABIHA SYED	1.00	٠,,								
SECRETARY	1 00	Х		Х				0.	0.	0.
(8) PAUL OHM TREASURER	1.00	х		x				0.	0.	0.
(9) BRANDI COLLINS-DEXTER	1.00	Α		^		\vdash		0.	0.	· ·
BOARD MEMBER	1.00	Х		x				0.	0.	0.
								<u> </u>	0.	•
						_				
-										
	1					_				
	•	_	_	_	_	_	_	•		

Form 990 (2022)

81-4574412 Page 8 UPTURN, INC. Form 990 (2022)

Pai	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C	1					
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck		1 than	one	Reportable	Reportable			stimate	
		hours per					is bot or/trus		compensation	compensation		1	nount (of
		week (list any		I		I	T	100)	from	from related		1	other	
		hours for	lirecto						the organization	organizatior (W-2/1099-MI		1	pensarom the	
		related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC		1	anizati	
		organizations	ruste	l trus		ee ,	mpeu		1099-NEC)	10001110	'	ı -	d relate	
		below	dual t	riona	L	nploy	st col	- h	10001120)			1	anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			1											
			1											
			<u> </u>				-					<u> </u>		
			-											
			-	\vdash			-					 		
			-											
			<u> </u>	_										
			4											
			<u> </u>	-			-					-		
			-											
1b	Subtotal			<u> </u>		<u> </u>			799,739.		0.	11	1,9	73.
c	Total from continuation sheets to Part VI	I. Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)								799,739.		0.		1,9	
2	Total number of individuals (including but n								•	000 of reportable				
_	compensation from the organization						-,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			6
													Yes	No
3	Did the organization list any former officer,	director, trusto	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5	Did any person listed on line 1a receive or a	•				-		elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes." com	plete Schedule	<u>ə J f</u>	or st	ıch ı	pers	on					5		X
	tion B. Independent Contractors									100.000 (
1	Complete this table for your five highest co the organization. Report compensation for	•	-								pensa	tion tro	mc	
	(A)	irie caleridai ye	sai e	si iuli	ig w	TUTT	JI WI		(B)	ear.		(0	<u></u>	
	Name and business	address	N	INC	3				Description of s	ervices	С	Compe		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot lir	nited	d to		se lis	ted	above) who received mo	ore than				
	T. II, 300 C. Componidation nom and organia												000	

Form **990** (2022)

Form 990 (2022) UPTURN,
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
nts nts	1 a	Federated campaigns 1a					
ira Ou	ŀ	Membership dues 1b					
s, ((Fundraising events 1c					
ij k	(Related organizations 1d					
s, C	•	Government grants (contributions)					
Sig	1	All other contributions, gifts, grants, and					
he			761,223.				
를		Noncash contributions included in lines 1a-1f	-				
Contributions, Gifts, Grants and Other Similar Amounts	ì	Total. Add lines 1a-1f		3,761,223.			
			Business Code				
	2.	RESEARCH SERVICES	900099	10,488.	10,488.		
je		HONORARIUM	900099	800.	800.		
Program Service Revenue			200022	000.	000.		
n S	(
gra Be							
Š,							
-		All other program service revenue		11 000			
		Total. Add lines 2a-2f		11,288.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		1,860.			1,860.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		A Not rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	()				
		Less: cost or other basis					
ø	•						
Ž		and sales expenses					
eve	•	Gain or (loss)					
her Revenue		Net gain or (loss)					
	8 8	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ŀ	Less: direct expenses 8b					
	(Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
ns	11 .	REIMBURSED EXPENSES	900099	3,781.			3,781.
ned Tue				27.31			
e la	,						
Miscellaneous Revenue	,	All other revenue					
Σ	,	Total. Add lines 11a-11d		3,781.			
	12	Total revenue. See instructions		3,778,152.	11,288.	0.	5,641.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 78,564. 9,585. 220,373. 132,224. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)1,042,251. 1,041,708. 543. Other salaries and wages 7 Pension plan accruals and contributions (include 103,232. 103,124. 108. section 401(k) and 403(b) employer contributions) 92,108. 3,386. 95,847. 353. Other employee benefits 9 105,212. 98,551. 5,946. 10 Payroll taxes Fees for services (nonemployees): Management 11,052. 11,052. Legal 54,419. 54,419. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 31,035. 31,035. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 16,145. 888. 15,257. Office expenses 13 14,056. 670. 13,386. Information technology 14 15 Royalties 39,404. 42,066. 2,377. 285. 16 Occupancy 16,275. 16,275. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10,672. 4,871. 5,801. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,979. 1,979. 23 Other expenses. Itemize expenses not covered 24 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 O.) 9,928. 9,928. OTHER PROGRAM COSTS RECRUITING 3,180. 3,075. 105. 1,340. 1,340. TAXES & LICENSES 1,332. SUBSCRIPTIONS 1,332. 1,000. 1,000. All other expenses 1,781,394. 1,575,791. 194,665. 10,938. Total functional expenses. Add lines 1 through 24e 25 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 (2022)

Part X | Balance Sheet

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		659,174.	1	905,919
	2	Savings and temporary cash investments		2,501,325.	2	1,804,547
	3	Pledges and grants receivable, net		1,167,739.	3	3,608,962
	4	Accounts receivable, net		34,067.	4	12,288
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ped in section 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
¥	9	Duran aid according to the defended of the control		5,663.	9	13,812
	10a	Land, buildings, and equipment: cost or other	.			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	1,500.	15	7,112	
	16	Total assets. Add lines 1 through 15 (must e		4,369,468.	16	6,352,640
	17	Accounts payable and accrued expenses		70,084.	17	56,498
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet		21		
s	22	Loans and other payables to any current or fo	rmer officer, director,			
Liabilities		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
api		controlled entity or family member of any of the	nese persons		22	
֓֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr	elated third parties		23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lir				
		(0.1.1.1.5)			25	
	26	Total liabilities. Add lines 17 through 25		70,084.	26	56,498
		Organizations that follow FASB ASC 958, c	heck here X			
ses		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		1,559,674.	27	1,706,289
Bal	28	Net assets with donor restrictions		2,739,710.	28	4,589,853
n D		Organizations that do not follow FASB ASC	958, check here			
Fu		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fund	ds		29	
Set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32			4,299,384.	32	6,296,142
_	33	Total liabilities and net assets/fund balances		4,369,468.	33	6,352,640
				•		Form 990 (20

Par	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	1,7	78,1 81,3 96,7 99,3	94. 58.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
Dav	column (B))	10	6,2	96,1	<u>42.</u>		
Par	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 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
b			2t	, X			
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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	•		37			
	review, or compilation of its financial statements and selection of an independent accountant?		20	: X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x		
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		38		 ^		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	eu audit	35				
	or addits, explain with on confedure or and describe any steps taken to didengo such addits			m 990	(2022)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization TIDMITDM TNC **Employer identification number** 1571112

		UPIU.						1-43/4412		
Pa	ırt I	Reason for Public C	Charity Status. ((All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that normal	-					oublic described in		
		section 170(b)(1)(A)(vi). (C	•		3		3			
8		A community trust describe		1)(A)(vi). (Complete Part	: 11.)					
9	一	An agricultural research org			•	ed in coniu	inction with a land-grant	college		
_		or university or a non-land-g				-	-	-		
		university:	, a coego e. age.				, and state of the somega			
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership fees. an	d gross receipts from		
		activities related to its exem								
		income and unrelated busin		•				-		
		See section 509(a)(2). (Cor		(least accurate a reality ma		ooo aoqa				
11		An organization organized a	•	vely to test for public sat	etv. See	section 50	09(a)(4).			
12	一	An organization organized a	•	•	•			purposes of one or		
		more publicly supported org	•	•	-		•	•		
		lines 12a through 12d that of	-							
а		Type I. A supporting orga	* *				· · · · · ·	aivina		
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_				
		organization. You must c			, 5, 5			-pp9		
b		Type II. A supporting orga			ion with its	s supporte	ed organization(s) by hav	vina .		
~	, L	control or management of	· ·					-		
		organization(s). You mus					inio o manago ino cap	55,154		
c		Type III functionally inte			in connect	ion with.	and functionally integrate	ed with		
		its supported organization					• •	,		
d		Type III non-functionally						zation(s)		
Ī		that is not functionally into	=				• • • •			
		requirement (see instructi	-	* *	-			. 611666		
е		Check this box if the orga	•	-						
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	Ente	er the number of supported o		,9	9 9					
		ride the following information		d organization(s).						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
T-/										

(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3835492.	970,677.	1269305.	2653344.	3761223.	12490041.
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	3835492.	970,677.	1269305.	2653344.	3761223.	12490041.
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)						10404393.
6	Public support. Subtract line 5 from line 4.						2085648.
	etion B. Total Support						2003040.
		(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 3835492.	(b) 2019 970,677.	(c) 2020 1269305.	(d) 2021 2653344.	(e) 2022 3761223	(f) Total 12490041.
	***************************************	30334326	310,011.	1200000	2033344.	3701223	12450041.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		2,073.	25,704.	3,136.	1,860.	32,773.
_	and income from similar sources		2,073.	23,704.	3,130.	1,000.	32,113.
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	11 004	11 000	1 200		2 701	20 121
	assets (Explain in Part VI.)	11,894.	11,066.	1,390.		3,781.	
	Total support. Add lines 7 through 10						12550945.
	Gross receipts from related activities,	•	,			12	57,488.
13	First 5 years. If the Form 990 is for the	•	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publi						16.60
	Public support percentage for 2022 (I			olumn (f))		14	16.62 %
	Public support percentage from 2021	•				15	17 . 15 %
16a	33 1/3% support test - 2022. If the o			line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		X
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
					·	0 - 1 1 - 1 - 4	(Form 990) 2022

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

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

Sec	tion A. Public Support	clow, picase comp	oicte i art ii.)				
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, 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						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	, ,		, ,			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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	501(c)(3) organization	on,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2022. If the						7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

Schedule A (Form 990) 2022

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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	art iv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	rs,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	9 1 9 11			
	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	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
а				
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	see instruction	ıs).	
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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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		

Schedule A (Form 990) 2022

instructions)

Schedule A (Form 990) 2022

e Excess from 2022

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 2022, IS 16.62% 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 RECENTLY UNDERTAKEN SIGNIFICANT EFFORTS TO

ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT. IN ADDITION TO ACTIVELY

SOLICITING NEW FUNDERS VIA ITS WEBSITE, UPTURN HAS RECENTLY DEVELOPED A

CONCRETE 4-YEAR FUNDRAISING PLAN WITH CLEAR GOALS FOR BOTH INCREASING ITS

REVENUE AND BROADENING ITS PUBLIC SUPPORT BASE. IT HAS ALREADY TAKEN

INITIAL STEPS TO IMPLEMENT THIS PLAN, INCLUDING DISCUSSIONS WITH BOARD

MEMBERS AND CURRENT FUNDERS ABOUT WHICH NEW FUNDING SOURCES TO PROACTIVELY

PURSUE THIS UPCOMING YEAR.

UPTURN'S PUBLIC SUPPORT, AT 16.62% 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

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.)

FOUNDATION GRANTS AND FEE-FOR-SERVICE PROJECTS. SINCE ITS INCORPORATION IN

2017, UPTURN HAS EACH YEAR CONSISTENTLY INCREASED ITS TOTAL NUMBER OF

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).

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

	UPTURN, INC.	81-4574412				
Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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					
•	ization is covered by the General Rule or a Special Rule . n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.				
X For an orga	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota rom any one contributor. Complete Parts I and II. See instructions for determining a contribu					
Special Rules						
sections 50 contributor	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supprog(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on 990-EZ, line 1. Complete Parts I and II.	and that received from any one				
contributor literary, or	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable educational purposes, or for the prevention of cruelty to children or animals. Complete Parts olumn (b) instead of the contributor name and address), II, and III.	scientific,				
year, contr is checked purpose. D	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Par	zation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule Et IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-the filing requirements of Schedule B (Form 990).	•				

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

UPTURN, INC.

81-4574412

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$, 3,761,223.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audiess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

UPTURN, INC.

81-4574412

1 1 01111	1, 11,01		1 43/4412
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.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		Φ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
+			
-		<u> </u>	
		\$	

Page **4**

Name of organization **Employer identification number** UPTURN 81-4574412 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less 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, 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, 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, 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, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022)

SCHEDULE C (Form 990)

Department of the Treasury

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 81-4574412 UPTURN, Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$______\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

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	UPTURN, INC				.574412 Page 2
Part II-A Complete if the org	janization is exei	mpt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organiza	ation belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying	•			
B Check if the filing organiza	ation checked box A a	nd "limited control" pro	visions apply.		
	its on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion ((grassroots lobbying)			
b Total lobbying expenditures to influ		alter (allere art. La la la la cita al			
c Total lobbying expenditures (add li	•	, , , , , ,			
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) o		obying nontaxable am			
Not over \$500,000	• •	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	,000,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (en	iter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0				
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section 5	eraging Period Under io1(h) election do not l rate instructions for lir	have to complete all o	of the five columns be	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
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))					
	I	1	1		

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 UPTURN, INC. 81-45744 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(k	o)
of the lobbying activity.	Yes	N	0	Amo	ount
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:					
a Volunteers?			X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	_			
c Media advertisements?			X		
d Mailings to members, legislators, or the public?			X		
e Publications, or published or broadcast statements?			X		
f Grants to other organizations for lobbying purposes?	37		X		0 055
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				3,055.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			X		
i Other activities?		_	X	-)
j Total. Add lines 1c through 1i			.,		3,055.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_	X		
b If "Yes," enter the amount of any tax incurred under section 4912			ŀ		
c 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? Part III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	2/ 0	. 500	tion	
501(c)(6).	301(0)(0	<i>)</i> , o	300	tion	
				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	prior year?	?	3		
Part 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 "Nanswered "Yes."	No" OR	(b) F			3, is
Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ıl				
expenses for which the section 527(f) tax was paid).		ŀ			
a Current year			2a		
b Carryover from last year			2b		
c Total		}	2c		
			3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli	tical	ŀ			
expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions		}	4		
Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information			5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lis	atl: Dort II	Λ line	no 1 or	nd 2 (Soo	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	5t), Fait 117	Α, ΙΙΙ Ι	75 I AI	iu 2 (366	
UPTURN'S LOBBYING ACTIVITIES IN 2022 WERE RELATED TO DI	RECT	ΑD	JOC2	ACY,	
INCLUDING WRITTEN AND ORAL TESTIMONY ON BILLS, LAWS, AN					
	ID PUE	BLI	<u> </u>		
BUDGETS.	ID PUE	BLI	<u> </u>		
BUDGETS.	ID PUE	BLI	<u> </u>		

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

Employer identification number 81-4574412

	UPTURN, INC.				81-4574412
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Si	milar Funds o	r Accoun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor advised	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				_
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	writing that the assets hel	d in donor advised	l funde	
3	are the organization's property, subject to the organization's	-			Yes No
6					les live
6	Did the organization inform all grantees, donors, and donor action the property of the donor action the property of the donor action to the donor action to the donor action to the donor action.				
	for charitable purposes and not for the benefit of the donor or	•		•	□ v _{aa} □ Na
Par	impermissible private benefit? t II Conservation Easements. Complete if the org				Yes No
			on Form 990, Pa	irt IV, line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	tion or education)	1	-	important land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	tion in the form of	a conservat	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and no	t on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				during the tax
	year				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservatio	n easement	s during the year
		,	· ·		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footne		•		
	organization's accounting for conservation easements.				
Par		Art, Historical Trea	sures, or Oth	er Similaı	Assets.
	Complete if the organization answered "Yes" on Form		·		
1a	If the organization elected, as permitted under FASB ASC 958		nue statement and	l halance sh	eet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	·		Torumoo or p	, de la companya de
h	If the organization elected, as permitted under FASB ASC 958			lanca shoot	works of
b					
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurther	ance or put	olic service,
	provide the following amounts relating to these items:			,	•
	(i) Revenue included on Form 990, Part VIII, line 1				
_					\$
2	If the organization received or held works of art, historical trea			aın, provide	
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1			(\$
					\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 UPTURN,	INC.					8	31-45	74412	Page 2
Par	t III Organizations Maintaining Col	lections of A	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accession,	and other record	ls, check	any of the t	following that	t make sig	nificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	•			hange progra					
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explai	n how th	ey further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit or re				•	er similar a	ssets	_	_	
<u> </u>	to be sold to raise funds rather than to be main								Yes	No No
Par	t IV Escrow and Custodial Arrange		lete if the	organizatio	n answered '	"Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part X									
1a	Is the organization an agent, trustee, custodian		•						٦.,	
	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII and	a complete the fo	ollowing t	able:					Amount	
	Designing halance						4-		Amount	
	Beginning balance						1c 1d			
	Additions during the year									
	Distributions during the year Ending balance						1f			
	Did the organization include an amount on Forr								Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch					-	, ·		_ 100	
Par) <u>. </u>			
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four y	ears back
1a	Beginning of year balance									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren		e (line 1g	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									
за	Are there endowment funds not in the possessi	on or the organiz	ation tha	ı are neld ar	iu administer	ea for the			[·	res No
	organization by:									163 140
	(i) Unrelated organizations								3a(i)	+
h	(ii) Related organizations	ne lietad se raqui	red on S	chadula R2					3a(ii) 3b	-
4	Describe in Part XIII the intended uses of the or								30	
Par			A TOTAL TO	arias.						
	Complete if the organization answered "		0, Part IV	, line 11a. S	ee Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Aco	cumulate	d	(d) Book	value
	and the second	basis (invest		` '	(other)		reciation		. ,	
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	1								
	Other									

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

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

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

Schedule D (Form 990) 2022

(9)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

UPTURN, INC.

Employer identification number 81-4574412

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate 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 charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	1

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Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HARLAN YU	(3)	194,365.	0	0	19,091.	6,917.	220,373.	0
PRESIDENT AND EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0	0.		0
(2) MINGWEI HSU	(i)	152,260.	0.	0.	14,875.	787.	167,922.	0
SENIOR QUANTITATIVE ANALYST	(ii)	0.	0.	0.	0	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(E)							
	(ii)							
	(j)							
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							Schedu	Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

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.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization $\mbox{ $UPTURN,$ INC.}$

Employer identification number 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.

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