** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

OMB No. 1545-0047

А	ror the	20 19 calendar year, or tax year beginning and	enaing		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	UPTURN, INC.			
	Name change	Doing business as		81-45744	12
	Initial return		Room/suite	E Telephone number	•
Г	Final return/		600	(202)677	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	989,116.
	Ameno			H(a) Is this a group re	
Г	Application			for subordinates	
	pendin	g SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1	list. (see instructions)
		e: ► WWW.UPTURN.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ▶	I Year	_ ` ' _ ' _ '	State of legal domicile: DC
		Summary			- Ctate of logal actions
		Briefly describe the organization's mission or most significant activities: UPTU	RN ADV	ANCES EOUIT	Y AND
Activities & Governance		JUSTICE IN THE DESIGN, GOVERNANCE, AND US			
na.		Check this box if the organization discontinued its operations or dispose			sets
Ş.				3	3
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)		·····	2
დ		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			11
iţie		Total number of violunteers (estimate if necessary)		·····	2
÷		Total runnel of volunteers (estimate in recessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, line 39		·····	0.
	·	Net differenced business taxable income from 1 offi 990-1, life 39		Prior Year	Current Year
	8	Contributions and grants (Part VIII line 1h)		3,835,492.	970,677.
ne		Contributions and grants (Part VIII, line 1h)		0.	5,300.
Revenue		Program service revenue (Part VIII, line 2g)		0.	2,073.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,894.	11,066.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,847,386.	989,116.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		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)		815,800.	809,744.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		013,000.	0.00,744.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Ä	_b			237,090.	369,442.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,052,890.	1,179,186.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,794,496.	-190,070.
<u>_ (</u>	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Find Balances		T	Ве	ginning of Current Year 3,781,251.	End of Year
SSE	20	Total assets (Part X, line 16)		31,903.	4,133,900. 574,622.
let A	21	Total liabilities (Part X, line 26)		3,749,348.	3,559,278.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,749,340.	3,339,210.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	o and atatam	anta and to the heat of my	/ knowledge and bolish it is
		thes of perjury, I declare that I have examined this return, including accompanying schedule: t, and complete. Declaration of preparer (other than officer) is based on all information of wh			/ Knowledge and Deller, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	nch preparer	las any knowledge.	
٠.		Signature of officer		I Date	
Sig		HARLAN YU, PRESIDENT & EXECUTIVE DIRECT	сшОр	Buto	
He	re	Type or print name and title	CIOK		
			П	Date Check	PTIN
D-'	,	Print/Type preparer's name Proparer's signature		if	
Pai		RICHARD J. LOCASTRO, CPA Keeland J. Locast	10	5/12/2020 self-employe	
		Firm's name GELMAN, ROSENBERG & FREEDMAN	*	Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		, ,	01 \ 051 0000
		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

ra	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: UPTURN ADVANCES EQUITY AND JUSTICE IN THE DESIGN, GOVERNANCE, OF TECHNOLOGY.	AND USE
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total erevenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 942,799. including grants of \$) (Revenue \$ UPTURN BELIEVES TECHNOLOGY SHOULD ADVANCE JUSTICE, NOT AMPLIFY AND ECONOMIC INEQUITIES. WE DRIVE POLICY CHANGE THROUGH RIGORO	US
	RESEARCH, LEGAL AND POLICY ADVOCACY, AND TIMELY COLLABORATIONS ACROSS DISCIPLINES, BRINGING COMPUTER SCIENCE, QUANTITATIVE, A AND POLICY EXPERTISE TO BEAR ON THE MOST PRESSING CIVIL RIGHTS CHALLENGES. WE SEEK OUT PARTNERSHIPS WITH LOCAL AND NATIONAL A	ND LEGAL DVOCATES,
	LITIGATORS, ACADEMICS, AND OTHERS TO ENSURE OUR WORK IS RESPONINFORMED, AND GROUNDED.	SIVE,
	OUR PROGRAM AREAS INCLUDE CRIMINAL JUSTICE REFORM, EQUAL EMPLOFAIR HOUSING, FAIR CREDIT, AND BUILDING A STRONG SOCIAL SAFETY (CONTINUED ON SCHEDULE O)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$,
4d		
10	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 942,799 •)
4e	Total program service expenses ► 942,799.	Farm 990 (2010

16230513 745960 34670

81-4574412 Page **3**

Form 990 (2019) 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 		+
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	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,"	4.		X
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
۲1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	as most go remains on the ray column by y, into the state of the same of the s			

932003 01-20-20

Part IV	Checklist of Required Schedules (continued

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		. v	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Х	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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%			
07	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Α.
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_ v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· al	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	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.	
	(gambling) winnings to prize winners?	1c	X	

932004 01-20-20

34670__1

81-4574412

Form 990 (2019) 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C -		х
L	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	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: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	4.		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Г	990	(0040

Form 990 (2019) UPTURN, INC. 81-4574412 Page

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.

					Λ			
Sec	tion A. Governing Body and Management							
		1 1	_	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a .	<u>1</u>					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b 2	2					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other						
	officer, director, trustee, or key employee?		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the							
•	of officers, directors, trustees, or key employees to a management company or other person?		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		X			
5			5		X			
_	Did the organization become aware during the year of a significant diversion of the organization's as		6		X			
6	Did the organization have members or stockholders?		10		- 21			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		l_		v			
_	more members of the governing body?		7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				37			
	persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?		8a	X				
b	Each committee with authority to act on behalf of the governing body?		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)						
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such c							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	., 20.0.0g						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		120					
C			100	х				
40	in Schedule O how this was done		12c	X				
13	Did the organization have a written whistleblower policy?		13	X				
14	Did the organization have a written document retention and destruction policy?		14	Λ				
15	Did the process for determining compensation of the following persons include a review and approv	•						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37				
	The organization's CEO, Executive Director, or top management official		15a	Х	77			
b	Other officers or key employees of the organization		15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a						
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's						
	exempt status with respect to such arrangements?		16b					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, IL, MD, MA, N	IY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a		3)s only	/) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.	. ()						
		on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		nd fina	ncial				
	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 bo	ooks and records						
20	HARLAN YU - (202)677-2359							
	1015 15TH ST NW, NO. 600, WASHINGTON, DC 20005							
	1015 1511 B1 IM, NO. 000, WADIIINGTON, DC 20005							

932006 01-20-20

34670__1

Form 990 (2019) 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	or any related	orga	aniza	ation	cor	nper	nsat	ed any current officer, of	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	\vdash					<i>,</i>	from the	from related organizations	other
	(list any hours for	direct				_		organization	(W-2/1099-MISC)	compensation from the
	related	se or	stee			nsate		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		,		and related
	below	idual	tution	La la	Key employee	est co loyee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) HARLAN YU	40.00								_	
PRESIDENT & EXECUTIVE DIRECTOR		Х		Х				185,909.	0.	24,583.
(2) NABIHA SYED	1.00									
TREAS. THEN SEC. (TRANS. 12/17/19)		Х		Х				0.	0.	0.
(3) PAUL OHM	1.00							_	_	_
SEC. THEN TREAS. (TRANS. 12/17/19)	10.00	Х		Х				0.	0.	0.
(4) AARON RIEKE	40.00							455 400		00 000
MANAGING DIRECTOR						Х		175,128.	0.	23,970.
		-								
		-								
		-								
		-								
		-								
		1								
		1								
		1								
		1								
		1								
	1									
			ı				ı			

Form **990** (2019)

Form 990 (2019) UPTURN, INC. 81-4574412 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Fai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, an	a Hi	ıgne	st C	ompensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	box	not cl , unles cer an	ss pe	itior more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount 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)	organizations (W-2/1099-MIS	s	com fr orga	pensa om the anizat d relat	e ion ed
1b c	Subtotal Total from continuation sheets to Part V								361,037.		0.		8,5	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r								361,037. eceived more than \$100	,000 of reportable	0. e	4	8,5	53.
	compensation from the organization						•						Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	ompe	ensa	atior	n and	d otl	her compensation from	the organization		4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	/ unr			dual for services		5		Х
	tion B. Independent Contractors Complete this table for your five highest co								that received mare than	\$100,000 of com		'		
1 —	the organization. Report compensation for	-	-						n the organization's tax		——			
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	Co	(C omper	nsatio	n
	Total number of independent contractors (\$100,000 of compensation from the organi	-	ot lii	mite	d to		se lis	stec	a above) who received m	nore than			000	
											F	orm :	990 (2	2019)

932008 01-20-20

1 om 900 (20

34670__1

				, INC.				81-4574	412 Page 9
Pa	rt V	III Statement of Re	evenu	е					
		Check if Schedule O	contain	s a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 .	a Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				T T					
2 5		c Fundraising events							
ifts ar A	Ì	d Related organizations							
s, G	Ì	e Government grants (con		··· —					
ig is	1	f All other contributions, gifts							
he he		similar amounts not include	-	1f	970,677.				
g d	,	g Noncash contributions included i		··· 	-				
a S		h Total. Add lines 1a-1f				970,677.			
					Business Code				
9	2 8	a HONORARIUM			900099	5,300.	5,300.		
ه کِز	ı	b							
S c	(С							
Program Service Revenue	(d							
Pog	(e							
۵.	1	f All other program service	revenu	e					
\rightarrow		g Total. Add lines 2a-2f				5,300.			
	3	Investment income (inclu				0.072			2 072
		other similar amounts)				2,073.			2,073.
	4	Income from investment			: I				
	5	Royalties	········	(i) Real					
	_		1 <u>.</u> –	(i) Real	(ii) Personal				
	6 6	a Gross rents							
	'	b Less: rental expenses	6b						
	(c Rental income or (loss)	6c						
		d Net rental income or (los a Gross amount from sales of		i) Securities	(ii) Other				
	,	assets other than inventory	7a	i) Occurrics	(ii) Other				
		b Less: cost or other basis	74						
e l		and sales expenses	7b						
evenue		c Gain or (loss)							
		d Net gain or (loss)							
Other R		a Gross income from fundrais							
₹		including \$		· ·					
		contributions reported or							
		Part IV, line 18		8a					
	ı	b Less: direct expenses							
	(c Net income or (loss) from	ı fundrai	sing even <u>ts</u>	>				
	9 8	a Gross income from gami	ng activ	ities. See					
		Part IV, line 19		9a					
		b Less: direct expenses							
		c Net income or (loss) from	-						
	10 (a Gross sales of inventory, 							
		and allowances							
		b Less: cost of goods sold							
\dashv		c Net income or (loss) from	sales o	τ inventory	Business Code				
snc	44 -	a MISCELLANEOU	9		900099	11,066.			11,066.
Miscellaneous Revenue						±±,000•			±±,000•
»ela		b c							
isc Re		d All other revenue							
2		e Total. Add lines 11a-11d				11,066.			
	12	Total revenue. See instruct				989,116.		0.	13,139.

12 Total revenue. See instructions

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 respon	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	210,492.	147,344.	52,623.	10,525
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	475,036.	425,955.	44,928.	4,153
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	45,483.	40,966.	4,158. 3,840.	359
9	Other employee benefits	32,200.	27,868.		492
10	Payroll taxes	46,533.	39,151.	6,435.	947
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,615.		2,615.	
С	Accounting	40,717.		40,717.	
d					
е	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	88,842.	87,878.	964.	
12	Advertising and promotion				
13	Office expenses	29,060.	14,178.	14,882.	
14	Information technology	7,747.	79.	7,668.	
15	Royalties				
16	Occupancy	58,376.	49,115.	8,073.	1,188
17	Travel	96,491.	95,056.	1,435.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,867.	6,336.	23,531.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,721.	904.	1,795.	22
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а		5,580.	2,722.	2,858.	
b	HONORARIUM	4,500.	4,500.		
С	SUBSCRIPTIONS	1,777.		1,777.	
d	TAXES & LICENSES	1,149.	747.	385.	17
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,179,186.	942,799.	218,684.	17,703
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

81-4574412 Page **11**

UPTURN, INC.

Form 990 (2019) Part X Balance Sheet

<u>Pa</u> r	t X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		840,387.	1	819,936
	2	Savings and temporary cash investments			2	1,609,360
	3	Pledges and grants receivable, net	2,927,440.	3	1,691,601	
	4	Accounts receivable, net		990.	4	18
	5	Loans and other receivables from any currer				
		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
		controlled entity or family member of any of	these persons		5	
	6	Loans and other receivables from other disq	ualified persons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in section 4958(c)(3)(B)		6	
jt l	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
⋖	9	Prepaid expenses and deferred charges		6,934.	9	7,485
	10a	Land, buildings, and equipment: cost or other	er			
		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, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	5,500.	15	5,500	
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)	3,781,251.	16	4,133,900
	17	Accounts payable and accrued expenses		31,903.	17	39,622
	18	Grants payable		18		
	19	Deferred revenue			19	535,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	ete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or t	former officer, director,			
┋		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of	these persons		22	
-	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrel	ated third parties		24	
	25	Other liabilities (including federal income tax,	, payables to related third			
		parties, and other liabilities not included on li	ines 17-24). Complete Part X			
				21 002	25	<u> </u>
	26	Total liabilities. Add lines 17 through 25		31,903.	26	574,622
s S		Organizations that follow FASB ASC 958,	check here ▶ X			
9		and complete lines 27, 28, 32, and 33.		745 754		1 140 010
ala	27	Net assets without donor restrictions		745,754.	27	1,142,910
g	28	Net assets with donor restrictions		3,003,594.	28	2,416,368
<u>.</u> 5		Organizations that do not follow FASB AS	C 958, check here ▶ 📖			
<u>ا</u> و		and complete lines 29 through 33.	_			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur			29	
SSE	30	Paid-in or capital surplus, or land, building, o			30	
ل¥	31	Retained earnings, endowment, accumulate		2 740 240	31	2 550 070
ž	32	Total net assets or fund balances		3,749,348.	32	3,559,278
	33	Total liabilities and net assets/fund balances		3,781,251.	33	4,133,900. Form 990 (2019

81-4574412 Page **12**

Form 990 (2019)

UPTURN, INC.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				$\frac{16.}{86.}$	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3				70.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3 ,	74	9,3	48.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3 ,	55	9,2	78.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	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	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			1	
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired auc	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UPTURN, INC. 81-4574412 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,125,005.	3,835,492.	970,677.	5,931,174.
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					0.00	
4	Total. Add lines 1 through 3			1,125,005.	3,835,492.	970,677.	5,931,174.
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)						5,212,835.
6	Public support. Subtract line 5 from line 4.						718,339.
	ction B. Total Support			1 1			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019 970,677.	(f) Total
	Amounts from line 4			1,125,005.	3,835,492.	9/0,6//.	5,931,174.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					2 072	2 072
_	and income from similar sources					2,073.	2,073.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			991.	11,894.	11,066.	23,951.
	assets (Explain in Part VI.)			991.	11,094.	11,000.	
11	Total support. Add lines 7 through 10	ata (aga inatu sati				12	5,957,198. 5,300 .
12 13	Gross receipts from related activities, First five years. If the Form 990 is for			rd fourth or fifth to			3,300.
13	organization, check this box and stor	- 1			-		▶ X
Sec	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		14	%
15	Public support percentage from 2018					15	
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	0		,		,	ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ū					·
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	_	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•		•		>
18	Private foundation. If the organization						<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	` `	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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					1	
J	are not an unrelated trade or bus- iness under section 513						
4							
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5			-			
/ 8	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here						> L
	ction C. Computation of Publ					 	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					14-1	
17						17	%
18	1 3					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						\

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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		
0-		
9с		
10a		
10b		

Par	Tt 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 in (b) and (c)			
		11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions)	
2	Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations			
1	——————————————————————————————————————					
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
<u>e</u>	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)
	(See instructions.)
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2019

UPTURN, INC. 81-4574412 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

81-4574412

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
1		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	ı
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	_
3		\$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) (d)	
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	1
		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
	Turney additions and Ell 1	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

81-4574412 UPTURN, INC. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Employer identification number

Name of organization

	, INC.			81-4574412
rt III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, chart Use duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	try For organizations	
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
— -				
	Transferracio nama addresa an	(e) Transfer of gif		
-	Transferee's name, address, and	U ZIP + 4	netationship of trai	nsferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_ -				
_		(e) Transfer of gif	t	
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_ - - -		(e) Transfer of gif	 t	
-	Transferee's name, address, and	d ZIP + 4	Relationship of trai	nsferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_				
	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee
-				

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 Open to Public Inspection

Name of the organization

UPTURN, INC.

Employer identification number 81-4574412

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last
	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 str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put	·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		' -
h	Assets included in Form 990, Part X		▶ \$

932051 10-02-19

Schedule D (Form 990) 2019

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

	dule D (Form 990) 2019 UPTURN,								74412	
Par	t III Organizations Maintaining Co	llections of A	rt, His	torical Tr	easures, e	or Other	Simil	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	n, and other record	ds, chec	k any of the	following tha	at make siç	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🖳	Loan or exc	hange progra	am				
b	Scholarly research	e	, [Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explai	in how th	ney further t	he organizati	on's exem	pt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit or r	receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets		_	
	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian							_	7	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	ollowing	table:						
									Amount	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on For						y?		Yes	No
	If "Yes," explain the arrangement in Part XIII. C									
Par	· · ·									
	_	(a) Current year	(b) P	rior year	(c) Two yea	rs dack (c	i) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	•		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment									
0-	The percentages on lines 2a, 2b, and 2c should be a sh									
Зa	Are there endowment funds not in the possess	sion of the organiz	ation tha	at are neid a	ina aaministe	erea for the	e organiz	zation	V	es No
	by:									es No
	(i) Unrelated organizations								3a(i)	+
h	(ii) Related organizations	and listed as requi	rod on S	abadula P2					3a(ii) 3b	-
4	Describe in Part XIII the intended uses of the o								30	
	t VI Land, Buildings, and Equipme		JWINEIIL	iulius.						
	Complete if the organization answered		0 Part Ι\	/ line 11a 9	See Form 990) Part X li	ne 10			
	Description of property	(a) Cost or o			or other		cumulate	-d	(d) Book v	alue
	besomption of property	basis (investr		` ,	(other)	. ,	eciation		(a) DOOK V	aido
12	Land			54010	(Gopi	- 5.5.011			
	Land Buildings									
	Leasehold improvements							- -		
	Equipment							- -		
	Other									

Schedule D (Form 990) 2019

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

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"		-	l -£
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	>	
	an Farm 000 Dart IV line	- 11 11 Coo Form- 000 Dort V line 05	
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 25	(b) Book value
(a) Description of liability (1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	nere if the text of the footnote has been pr	ovided in Part XIII

Schedule D (Form 990) 2019

Par	rt XI Reconciliation of Revenue per Audited Financia		e per Return	•
	Complete if the organization answered "Yes" on Form 990, Part	: IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts	1	989,116.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	989,116.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			989,116.
Pai	rt XII Reconciliation of Expenses per Audited Financi		es per Retu	n.
	Complete if the organization answered "Yes" on Form 990, Part	· · · · · · · · · · · · · · · · · · ·		4 4 5 0 4 0 6
1	Total expenses and losses per audited financial statements		1	1,179,186.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b				
С	Other losses			
d	,			0
е	Add lines 2a through 2d			1 170 106
3	Subtract line 2e from line 1		3	1,179,186.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
а	, , , ,			
	A 111' A 141	·	4.	0.
	Add lines 4a and 4b			1,179,186
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	iiile 16.)	5	1,17,100
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove		, ,	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UPTURN, INC.

Part I Questions Regarding Compensation

Employer identification number 81-4574412

	·		Yes	No
1 a	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations 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:	_		v
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		Х
	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:			
а	The organization?	6a		Х
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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
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 -

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

Schedule J (Form 990) 2019

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 compensation			(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) HARLAN YU	(i)	185,909.	0.	0.	19,091.	5,492.	210,492.	0.
PRESIDENT & EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AARON RIEKE	(i)	175,128.	0.	0.	19,091.	4,879.		
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						I .	l

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

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 or 990-EZ) (2019)

Name of the organization $\begin{tabular}{ll} UPTURN\,, & INC \, . \end{tabular}$

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.