Form	9	9	0
Departm	nent o	f the '	Treasury
Internal	Rever	ue Se	ervice

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

6

OMB No. 1545-0047

		Inspection
--	--	------------

AF	or th	ne 2017 calendar year, or tax year begin	ning		, 2017	, and end	ling			, 20	
		C Name of organization	-					D Employer id	entificatior	number	
Bc	heck if ap	UPWARDLY GLOBAL									
	Addre chang							94-3346	5127		
	Name	e change Number and street (or P.O. box if mail is r									
	Initial	I return 582 MARKET STREET				1207		(415) 83	4-9901	L	
	Term	City or town, state or province, country, and	nd ZIP or foreign	postal code)						
	Amer returr	n SAN FRANCISCO, CA 9410)4					G Gross receip		5,95	3, <u>42</u> 6.
	Applie pendi		JINA KF					H(a) Is this a gro subordinates		Yes	s X No
		505 8TH AVENUE, SUITE	1100 NEW	YORK,	NY 100	18		H(b) Are all subord	linates included?	Yes	s No
		xempt status: X 501(c)(3) 501(c) () ┥ (insert	t no.)	4947(a)(1)	or 5	527	If "No," atta	ch a list. (see	instructions)	
		ite: ▶ WWW.UPWARDLYGLOBAL.ORG						H(c) Group exem			
		8	Association	Other 🕨	•	L Year	r of format	ion: 1999 M	State of leg	gal domicile	e: CA
Pa	art I	Summary									
	1	Briefly describe the organization's mission or	-						RRIERS	FOR	
nce		SKILLED IMMIGRANTS AND REFU		INTEG	KATE TH	IS POPU					
erna	2	THE PROFESSIONAL U.S. WORKF									
Governance	2	Check this box if the organization dis							s. 3		14.
	3	Number of voting members of the governing Number of independent voting members of the							4		13.
Activities &	5	Total number of individuals employed in cale	ndar vear 2017	/Dort \/ li	(1, 1110 + 10)		• • • •		5		74.
ivit		Total number of volunteers (estimate if necess	``						6		2,675.
Act		Total unrelated business revenue from Part VI							7a		0
		Net unrelated business taxable income from F							7u 7b		0
							<u></u>	Prior Year		Current	Year
	8	Contributions and grants (Part VIII, line 1h)					- I	5,028,23	31.	5,66	53,006
Revenue	9	Program service revenue (Part VIII, line 2g)			COP	Y FOR		185,85		18	36,400
eve	10	Investment income (Part VIII, column (A), line	s 3, 4, and 7d)		PUBLIC I	NSPECTION		8(01.		-3,439
R	11	Other revenue (Part VIII, column (A), lines 5,						-99,60)2.	-6	58,187
	12	Total revenue - add lines 8 through 11 (must						5,115,28	30.	5,77	7,780
	13	Grants and similar amounts paid (Part IX, colu	ımn (A), lines 1	-3)					0.		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)							0.		0
S	15	Salaries, other compensation, employee bene						4,201,07	79.	3,72	20,926
Expenses	16a	Professional fundraising fees (Part IX, column	(A), line 11e)					63,72	25.	14	13,104
ă	b	Total fundraising expenses (Part IX, column (D	D), line 25) 🕨 _		786,389)	_				
	17	Other expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e))			•	1,532,96)4,864
	18	Total expenses. Add lines 13-17 (must equal	Part IX, columr	n (A), line 2	25)			5,797,77			58,894
- 0	19	Revenue less expenses. Subtract line 18 from	line 12					-682,49			08,886
Net Assets or Fund Balances							Begin	ning of Current		End of Y	
sse 3ala	20	Total assets (Part X, line 16)					·	2,678,89			92,720
et A Ind I	21	Total liabilities (Part X, line 26)					•	220,20			25,143
	22 rt II	Net assets or fund balances. Subtract line 21 Signature Block	from line 20.				•	2,458,69	<u>، ۱</u>	2,90	57,577
		nalties of perjury, I declare that I have examined this	s return includir		anving sched	ules and stat	tomonts a	and to the hest o	f my knowl	edge and	haliaf it is
true	e, corre	ect, and complete. Declaration of preparer (other than	officer) is based	on all infor	mation of wh	ich preparer	has any kr	nowledge.			
								11/1	4/2018	1	
Sig	n	Signature of officer						Date	1, 2020		
Не	re	▶ JINA KRAUSE-VILMAR			PRESI	DENT &	CEO				
		Type or print name and title									
		Print/Type preparer's name	Preparer's signa			Date		Check	if PTIN		
Paic		SCOTT THOMPSETT	Seth Shompse	XV		11/1	4/201		, ,)74149	0
	parer	Eirm's name CRANT THORNTON LI	LP				_, _, _		36-605		
USe	Only	Firm's address > 757 THIRD AVENUE, 4TH FL		, NY 1001	L7-2013				212-59		0
Мау	the I	RS discuss this return with the preparer shown					<u></u>			X Yes	No
For	Pape	rwork Reduction Act Notice, see the separate	e instructions.							Form 9	90 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter filer's identifyin	g num	ber, see instructions
Type or	Name of exempt organization or other filer, see in	nstructions.	Em	ployer identification nu		
print	UPWARDLY GLOBAL 94-3346127					
File by the	UPWARDLY GLOBAL					
due date for					SN)	
filing your 582 MARKET STREET 1207 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. State State						
instructions.						
Enter the R	eturn Code for the return that this application	is for (file	a separate application for e	ach return)	• • •	01
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 o	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-B		02	Form 1041-A			08
Form 4720	(individual)	03	Form 4720 (other than in	ndividual)		09
Form 990-P	F	04	Form 5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
-	CADRIA HIBBERT		·			
Ihe book	s are in the care of ► 505_8TH_AVENUE	NEW YOR	K NY 10018			
Talanhar	No No No 212 210 9929					
	The No. \blacktriangleright _212_219-8828 panization does not have an office or place of					
	for a Group Return, enter the organization's fo					
	le group, check this box \blacktriangleright . I					nd attach
	he names and EINs of all members the extens		are of the group, check the		u	
	est an automatic 6-month extension of time u		11/15 . 2018	. to file the exempt	orga	nization return
	organization named above. The extension is			_^ '	0	
	C C	0				
► X	calendar year 20 17 or					
	tax year beginning	, 20_	, and ending	,	20_	
2 If the t	tax year entered in line 1 is for less than 12 m	nonths, che	ck reason: 🔄 Initial retur	rn	۱	
	Change in accounting period					
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the ten	tative tax, less any		
	fundable credits. See instructions.				3a \$	0.
	application is for Forms 990-PF, 990-T,			idable credits and		2
	ated tax payments made. Include any prior yea				3b \$	0.
	ce due. Subtract line 3b from line 3a. Include	• • •	ent with this form, if requir	rea, by using EFTPS		
	ronic Federal Tax Payment System). See instru				3c \$	
Caution. If yo	ou are going to make an electronic funds withdrawa	il (direct deb	it) with this Form 8868, see F	orm 8453-EO and Form	18879	+EO for payment

instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

UPWARDLY	GLOBAL

Fo	rm 990 (2017) Page 2
F	Part III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ELIMINATE EMPLOYMENT BARRIERS FOR SKILLED IMMIGRANTS AND
	REFUGEES AND INTEGRATE THIS POPULATION INTO THE PROFESSIONAL
	U.S. WORKFORCE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$	3,897,955 including grants of \$) (Revenue \$	5,817,201.)
	JOBSEEKER	SERVICES PROGRAM	I PROVIDED WORKSHOPS, IN	DIVIDUAL JOB	
	SEARCH CO	ACHING, ASSISTANO	CE, AND MENTORING TO UNE	MPLOYED AND	
	UNDEREMPL	OYED LOW INCOME	MMIGRANTS, REFUGEES, AN	D POLITICAL	
	ASYLEES W	ITH 1,670 COMPLET	ING OUR TRAINING PROGRA	M. WE PLACED	
	915 JOBSE	EKERS AT AN AVERA	AGE SALARY OF \$52,000.		

4b	(Code:) (Expenses \$	123,283. includ	ing grants of \$) (Revenue \$	Ę	541,400.)	
	EMPLOYER N	ETWORK PROGRAM	PROVIDED U.S.	EMPLOYERS	WITH ACCESS	ТО			
	HIGHLY SKI	LLED, DIVERSE,	AND MOTIVATED	IMMIGRANT	PROFESSIONAL	LS. WE			
	BUILD STRO	NG LONG-TERM RE	LATIONSHIPS W	ITH EMPLOYI	ERS THAT SHIP	FΤ			
	AWARENESS,	HIRING PRACTIC	CES, AND COMPAN	NY CULTURE	AROUND IMMIC	GRANT			
	INCLUSION.	JOBVERSITY IS	A SOCIAL VENTU	JRE GEARED	TOWARDS SYST	TEMS			
	LEVEL CHAN	GE IN THE ECONO	MIC INTEGRATIO	ON OF NEWCO	DMERS. IT DEI	LIVERS			
	DIGITAL PR	ODUCTS AND SERV	VICES TO NEWCON	MERS, AND 7	THE ORGANIZAT	FIONS			
	THAT SERVE	THEM, TO BUILI	D TOWARDS A MOR	RE DIVERSE	AND INCLUSIV	/E			
	WORKFORCE.	IN 2017, THE	JOBVERSITY PRO	OGRAM SERVI	ED 7 PARTNER				
	ORGANIZATI	ONS.							

4c	(Code:)	(Expenses \$	inc	luding grant	s of \$) (Revenue \$)
4d	Other program service	es (Describe in Sch	edule O.)				
	(Expenses \$	including g	rants of \$) (Revenue \$)	
4e	Total program service	e expenses 🕨	4,021,	238.			
JSA	020 1.000						Form 990 (2017)
	0638MN 700J			V 17-7	7.2F	0195019-00005	PAGE 3

Form 9	90 (2017)		F	Page 3
Part	V 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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	—		
Ũ	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 temporarily restricted	_		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
_	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,"	44.5	v	
ь	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	441		v
_	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2017)

Form 990 (2017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		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 Schedule J.	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	······································	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 102 Note. All Form 000 filters are required to complete Schedule O	20	Х	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Δ	

Form **990** (2017)

Page 4

Form 990 (2017)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u>-</u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the humber of Forms W-20 included in the Fa. Enter-o- in hot applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	Х	
2-	reportable gaming (gambling) winnings to prize winners?	1c	21	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
, N	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
h	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		- 21
D	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	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?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	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? <i>If "No," provide an explanation in Schedule O</i>			

Form 9	990 (2017) UPWARDLY GLOBAL 94-3346	5127	F	Page 6
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 in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		37
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	80	Х	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	00	А	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	
0000		0000	Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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 arrangement			
	with a taxable entity during the year?	16a		X
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record CADRIA HIBBERT 505 8TH AVENUE NEW YORK, NY 10018 212-219-8828	s: 🕨		

CADRIA	HIBBERT	505	8TH	AVENUE	NEW	YOF

Form **990** (2017)

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Position Average hours per week (list any bours for related line) (do not check more than one box, unless person is both an officer and a director/trustee) Image: Construction of the second organizations below dotted line) Image: Construction of the second organizations		an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
		Û	ee		sated				
(1)TODD A. HARDING BOARD CHAIR (2)AMY G. HENRY	3.00 0. 2.00	X		x			0.	0.	0.
BOARD MEMBER	0.	X					0.	0.	0.
(3) JENNIFER GEISSEL-ZERVIGON	3.00	37					0	0	0
IMMED. PAST CHAIR (THRU 12/17)	0.	X		Х			0.	0.	0.
(4)ALEX LIPMAN BOARD MEMBER	2.00	x					0.	0.	0.
(5)ANA KREACIC	2.00						0.	0.	
BOARD MEMBER	0.	x					0.	0.	0.
(6)BASSEM MOUSSA	2.00	- 25					0.	0.	
BOARD MEMBER	0.	x					0.	0.	0.
(7)GANESH BETANABHATLA	2.00								
BOARD MEMBER	0.	x					0.	0.	0.
(8)HENNING STREUBEL	2.00								
BOARD MEMBER (THRU 12/17)	0.	x					0.	0.	0.
(9)JENNIFER RAMIREZ	3.00								
BOARD VICE CHAIR (THRU 12/17)	0.	x		Х			0.	0.	0.
(10)JUSTIN C. THORNTON	2.00								
BOARD MEMBER	0.	x					0.	0.	0.
(11)KANIARU WACIENI	2.00								
BOARD MEMBER	0.	x					0.	0.	0.
(12)KATHY TAYLOR	2.00								
BOARD MEMBER	0.	Х					0.	0.	0.
(13) PRANAV S. RAMANATHAN	2.00								
BOARD MEMBER	0.	Х					0.	0.	0.
(14)SCOTT MAUVAIS	2.00								
BOARD MEMBER	0.	Х					0.	0.	0.

JSA 7E1041 1.000 Form 990 (2017)

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A construction of the section A individual is the sum of reportable compensation from the organization is the sum of reportable compensation from the organizations greater than \$150,000? 304,810. 0. 11 3 Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual individual individual is the sum of reportable compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual individual is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Image: Complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person Image: Complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person Image: Complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation Compensation Compensation Compensation															
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 4 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					•••		•••			304,810.		0.		11,9) (
reportable compensation from the organization > 4 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual														11,9) (
 B Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>						ed a	bov	e) who	o re	eceived more than	\$100,000 o	f		Yes	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 3 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Section B. Independent Contractors 5 6 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) Description of services Compensation													•		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													3		F
Solid any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation of services C		organization and related organizations gre	eater than	\$15	50,0	00?	' If	"Yes	5,"	complete Schedu	ile J for s	uch	4	х	
Section B. Independent Contractors I Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation of services	5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individ	dual	5		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation (C) Compensation			s, comple		ieut		101	Such	per	30/1	<u></u>		J		L
Name and business address Description of services Compensation	1	Complete this table for your five highest com compensation from the organization. Report c													-
			Iress								ervices	С		ation	
	ΑT								+		-		1 2.14		-
															_
															_

2 Total number of independent contractors (including but not limited to those listed above) who received more than 100,000 in compensation from the organization \triangleright 0.

	Check if Schedule O contains a room	nse or note to on	/ling in this Dart \/II			
	Check if Schedule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
1a	Federated campaigns					
k	Membership dues					
6	0	677,951.				
c						
e	Government grants (contributions) 1e	648,084.				
f	All other contributions, gifts, grants, and similar amounts not included above . 1f	4,336,971.				
g						
r	Total. Add lines 1a-1f		5,663,006.			
		Business Code				
2a	PARTNERSHIP FEE	900099	45,000.	45,000.		
k	JOB BOARD REVENUE	900099	141,400.	141,400.		
0	:					
c	·					
e						
f	All other program service revenue					
ç			186,400.			
3	Investment income (including divide					
	and other similar amounts)		285.			2
4	Income from investment of tax-exempt bon		0.			
5	Royalties	(ii) Personal	0.			
		(II) Personal				
6a	Gross rents					
k	Less: rental expenses					
0						
_ C		(ii) Other	0.			
7a						
	assets other than inventory	-3,724.				
k						
	and sales expenses					
0						
C	3. ()	· · · · · · · •	-3,724.			-3,72
8a	Ŭ					
	events (not including \$677,951.					
	of contributions reported on line 1c).					
	See Part IV, line 18					
k	•					
	3	S	-76,994.			-76,99
9a	See Part IV, line 19					
k c			0.			
10a	Gross sales of inventory, less returns and allowances					
k d		.	0.			
\vdash	Miscellaneous Revenue	Business Code	0.			
14-		900099	8,807.			8,8
11a		500099	0,007.			0,8
			8,807.			
e	Total revenue. See instructions.		0,007.			

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b. 7b. Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 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 0 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 304,810 304,810 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 2,779,129 7 Other salaries and wages 2,285,492. 43,062 450,575. 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 384,935 301,995 41,760. 41,180 252,052. 200,826. 18,915 32,311. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 21,052 21,052 **b** Legal 222,217 222,217 c Accounting d Lobbying 0 143,104. 143,104. e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 373,739 382,975 7,308 -16,544. (A) amount, list line 11g expenses on Schedule O.) 1,261 15,736 9,378 12 Advertising and promotion 5,097. 49,408. 34,377. 9,390. 5,641. 13 Office expenses -8,035 929. -9,913. 949. 14 Information technology 0 15 Royalties 455,282 362,349 20,603 72,330. Occupancy 16 44,306. 103,093. 48,310. 10,477 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 28,363. 304 27,991 68. 22 Depreciation, depletion, and amortization 18,237. 18,237. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,211. 4,024. -930 117. **a**MISCELLANEOUS 111,055 79,361. 29,939 1,755. **b**LICENSE AND SERVICE FEE cPROFESSIONAL DEVELOPMENT 4,920. 11,506 6,108. 478 d e All other expenses 5,268,894 4,021,238 461,267 786,389. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

Form 990 (2017)

following SOP 98-2 (ASC 958-720)

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orm 990 (Part X				Page I
	Check if Schedule O contains a response or note to any line in this Pa	art X.		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	367,187.	1	615,295
2	Savings and temporary cash investments	287,134.	2	401,819
3	Pledges and grants receivable, net	1,712,261.	3	1,888,562
4	Accounts receivable, net	0.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S	organizations (see instructions). Complete Part II of Schedule L	0.	6	
Assets 8 2	Notes and loans receivable, net	0.	7	
	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	31,500.	9	68,963
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 206,503.	00 450		00.00
	Less: accumulated depreciation	99,452.		82,860
11	Investments - publicly traded securities	0.		
12	Investments - other securities. See Part IV, line 11	0.		
13 14	Investments - program-related. See Part IV, line 11	0.	13 14	
14	Intangible assets	181,362.		235,21
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,678,896.	15	3,292,72
17	Accounts payable and accrued expenses	220,205.	17	257,64
18	Grants payable	0.	18	23,701
19	Deferred revenue	0.	19	67,50
20	Tax-exempt bond liabilities	0.	20	- ,
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		
	Loans and other payables to current and former officers, directors,			
Itie	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0.	22	
⊐ ₂₃	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25.	220,205.	26	325,143
ces	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ue 27	Unrestricted net assets	630,510.	27	740,753
ng 28	Temporarily restricted net assets	1,828,181.	28	2,226,824
29	Permanently restricted net assets	0.	29	
Ĩ	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
5				
0 30 30	Capital stock or trust principal, or current funds		30	
30 30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30 31	
10 30 30 31 32 32	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds			
8 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	2,458,691.	31	2,967,577

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. 1 1 Total expenses (must equal Part VII, column (A), line 12) 1 5,777,780. 2 Total expenses (must equal Part IX, column (A), line 25) 2 5,268,894. 3 Revenue less expenses. Subtract line 2 from line 1 3 508,886. 4 2,458,691. 5 6 0. 5 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,458,691. 5 Net unrealized gains (losses) on investments 5 0. 0 6 Donated services and use of facilities 7 0. 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 8 0. 0 0. 10 2,967,577. Part XII Financial Statements and Reporting X X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 12 Separate basis Consolidated basis, or both: Separate basis Sonolidated basis, or both: Yes	Form 99	90 (2017)			Pa	ge 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 5,777,780. 2 Total expenses (must equal Part IX, column (A), line 25) 2 5,268,894. 3 Revenue less expenses. Subtract line 2 from line 1 3 508,886. 4 2,458,691. 3 6 0. 5 0. 6 0. 6 0. 6 0. 7 0. 6 0. 7 0. 7 0. 7 0. 8 Prior period adjustments 6 0. 0. 9 0. 0. 0. 0. 0. 9 0. 0. 0. 0. 0. 9 0. 0. 0. 0. 0. 9 0. 0. 0. 0. 0. 10 2,967,577. 2. 9. 0. 9 0. 0. 0. 1. 2. 9. 0. 10 2,967,577. 2. X X Yes No 1 Ac	Part							
2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 268, 894. 3 Revenue less expenses. Subtract line 2 from line 1. 3 508, 886. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 458, 691. 5 Donated services and use of facilities 5 0. 6 0. 7 Investment expenses 7 0. 6 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 967, 577. Part XII Financial Statements and Reporting X X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XI.						
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s Not unrealized gains (lossed or lowestments	3							
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 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 O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight proc	10							
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Form **990** (2017)

SCHE	EDU	LE	A
(Form	990	or	990-EZ)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury	
Internal Revenue Service	

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e of th	e organization								
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		•	•	conjunction with a nos	spital des	scribed ir	section	170(b)(1)(A)	(III). Enter the
	•			a college or universit		d or one	viated by	a governme	ntal unit described in
				rnmental unit describe	d in sect	ion 170(/b)(1)(Δ)(γ	()	
		-	-					-	om the general public
					pp 011 11	enn a ge			
					Part II.)				
							d in conjur	nction with a	land-grant college
	or university of	or a non-land-	grant college of ag	priculture (see instruct	ions). Ei	nter the i	name, city	, and state of	the college or
	university:								
	receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to on nrelated business taxi 975. See section 509	certain e able inco (a)(2). (C	exception ome (less Complete	is, and (2) s section { e Part III.)	no more that 511 tax) from	n 331/3 %of its
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	_ requirement	t (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.		
	Check this b	oox if the orga	anization received	a written determinatio	n from tl	he IRS th	hat it is a T	Гуре I, Туре I	I, Type III
						organizat	tion.		
			-						
		-							
(i) Na	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	ur governing	sup	port (see	(vi) Amount of other support (see instructions)
					Yes	No			
		organization is not A church, com A school desc A hospital or : A medical res hospital's nam An organizati section 170(b A federal, sta X An organizati described in s A community An agricultura or university: An organization receipts from acquired by th An organization of one or mo Check the box Type I. A su the support support from acquired by th An organization Type II. A su the support supporting of Type III fun its support Check this b functionally Enter the numbellow	Reason for Public Cha organization is not a private fou A church, convention of chu A school described in secti A hospital or a cooperative A medical research organiz hospital's name, city, and st An organization operated the section 170(b)(1)(A)(iv). (C) A federal, state, or local go X An organization that normal described in section 170(b) A community trust describe An agricultural research orgon university or a non-land-university: An organization that normal receipts from activities relasupport from gross investm acquired by the organizatio An organization organized a of one or more publicly su Check the box in lines 12a the supported organization	t1 Reason for Public Charity Status (All corganization is not a private foundation because it A church, convention of churches, or associa A school described in section 170(b)(1)(A)(iii) A hospital or a cooperative hospital service o A medical research organization operated in hospital's name, city, and state: An organization operated for the benefit of section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or gove X An organization that normally receives a sub described in section 170(b)(1)(A)(vi). (Complete Part II.) 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An organization organized and operated exclusively for the benefit of, to pe of one or more publicly supported organization secribed in section 509 Check the box in lines 12 a through 12d that described in connectior control or management of the supporting organization operated, supervised, or controlled by the supporting organization suporting organization operated that is not f	Reason for Public Charity Status (All organizations must complete this participation is not a private foundation because it is: (For lines 1 through 12, check only A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 Section 170(b)(1)(A)(iv). (Complete Part II.) A medical research organization operated in conjunction with a hospital 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)(iv). (Complete Part II.) A n organization that normally receives a substantial part of its support from a go described in section 170(b)(1)(A)(vi). (Complete Part II.) A a agricultural research organization described in section 170(b)(1)(A)(ix) operated or university or a non-land-grant college of agriculture (see instructions). Enter the university: An organization that normally receives: (1) more than 331/3 % of its support from correceipts from activities related to its exempt functions - subject to certain exceptior supeximet income and unrelated business taxable income (les acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part IV.) Check the box in lines 12a through 12d that describes the type of supporting organization (s) the power to regulary appoint or elect a majority or supporting organization operated, supervised, or controlled by its support the supporting organization (s) (see instructions). You must complete Part IV. Sections A and B. Type II. A supporting organization uperated. A supporting organization opera	Reason for Public Charity Status (All organizations must complete this part.) See organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). (Attach Schedule E (Form 990 or 990-EZ.).) 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). A medical research organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)((v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). X an organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi). (Complete Part II.) A norganization that normally receives: (1) more than 331/3% of its support from contribution or university: An organization that normally receives: (1) more than 331/3% of its support from contribution section 100(b)(1)(A)(ix) operated in conjur or university: An organization organized and operated exclusively to the benefit of, to perform the function of one or more publicly supported organization section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to the benefit of, to perform the function of one or more publicly supported organization section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to the benefit o	Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches, or association of churches, or association of churches, or association described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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)(iv). A norganization operated for the benefit of a college or university owned or operated by a governme section 170(b)(1)(A)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or frod described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a or university or a non-land-grant college of ggriculture (see instructions). Enter the name, city, and state of university: An organization organized and operated exclusively to the store 504(A)(2). (Complete Part II.) An organization organized and operated exclusively to the banefit of, to perform the functions of, or to c of one or more publicly supported organization section 509(a)(2). (Complete Part II.) An organization organized and operated exclusively to the benefit of, to perform the functions of, or to c of one or more publicly supported organization sections 509(a)(2). (Complete Part II.) An organization organized and operated exclusively to the supporting organization(s), t

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Total

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,235,644.	3,883,660.	4,278,411.	5,028,231.	5,663,006.	22,088,952.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,235,644.	3,883,660.	4,278,411.	5,028,231.	5,663,006.	22,088,952.
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)						2,614,433.
6	Public support. Subtract line 5 from line 4						19,474,519.
	tion B. Total Support	(-) 0040	(1-) 0044	(-) 0045	(1) 0040	(-) 0047	(0) Tatal
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,235,644. 1,369.	3,883,660. 984.	4,278,411. 821.	5,028,231. 801.	5,663,006. 285.	22,088,952. 4,260.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	113,500.	120,088.	81,323.	92,595.	103,735.	511,241.
11	Total support. Add lines 7 through 10						22,604,453.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	785,800.
13	First five years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2017 (lin					14	86.15%
15	Public support percentage from 2016						84.56 %
16a	331/3% support test - 2017. If the org						
_	box and stop here. The organization qu						
b	331/3% support test - 2016. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization					-	-
	Part VI how the organization meets the			-	-		
	organization						
a	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization						
18	Explain in Part VI how the organization supported organization						▶∟
10	C C						
	instructions						

Schedule A (Form 990 or 990-EZ) 2017

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	for the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a sectior	n 501(c)(3)
	organization, check this box and stop here						· · · · ▶ []
	tion C. Computation of Public Sup					1	
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sch					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2017 (li					17	%
18	Investment income percentage from 2016						<u>%</u>
19 a	331/3% support tests - 2017. If the or						
	17 is not more than 331/3%, check th	-	-	•			
b	331/3% support tests - 2016. If the organized to a support tests - 2016.						
20	line 18 is not more than 331/3%, check Private foundation If the organization		•	• •			
20 JSA	Private foundation. If the organization	ala not check		14, 19a, 01 19t			990 or 990-EZ) 2017
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

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 (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.*
- **10 a** 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.)

10b

10a

Schedule A (Form 990 or 990-EZ) 2017

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	e A (Form 990 or 990-EZ) 2017			Page 5
Part	V 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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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		
Secti	on C. Type II Supporting Organizations	<u> </u>		
Jeen			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	103	
Secti	on 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (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? <i>If "Yes," describe in Part VI the role the organization's supported organization played in this regard.</i>			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
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	e instru	ctions)	
~		_	Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> 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 <i>those supported organizations and explain</i> 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? <i>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.</i>	2b		
5	Parent of Supported Organizations, Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b
 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
 3b

Schedule A (Form 990 or 990-EZ) 2017

3a

Schedule A (Form 990 or 990-EZ) 2017

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatior	าร	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organiz	zations	must complete Sectio	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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		

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		, , ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 organization is resp	onsive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
•	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE A, PART II - OTHER INCOME					ATTACHMENT 1	
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
GROSS INCOME FROM FUNDRAISING	113,500.	112,000.	73,235.	82,119.	98,652.	479,506.
MISCELLANEOUS		8,088.	8,088.	10,476.	5,083.	31,735.
TOTALS	113,500.	120,088.	81,323.	92,595.	103,735.	511,241.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

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Employer identification number

94-3346127

Name of the organization UPWARDLY GLOBAL

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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).

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) (2017)

Part I	Contributors (see instructions). Use duplicate copi	es of Part i il additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$195,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number
94-3346127

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$141,203.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$250,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$333,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

JSA

Employer identification number
94-3346127

art I Co	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>13</u>		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>14</u>		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>15</u>		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>16</u>		\$396,505.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number 94-3346127

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
′a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		····· ⊅	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)			Page 4		
Name of o	rganization UPWARDLY GLOBAL			Employer identification number		
Part III	Exclusively religious, charitable, etc.					
		ons completing Par e year. (Enter this in	t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc., See instructions.) ► \$		
(a) No.		onal space is need	.			
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, an	nd ZIP + 4	Relatio	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, an	nd ZIP + 4	Relatio	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	od ZIP + 4	Relatio	onship of transferor to transferee		
JSA	1		I.	Schedule B (Form 990, 990-EZ, or 990-PF) (2017)		

V 17-7.2F 0195019-00005

SCHEE	DULE	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.

Open to Public Inspection

OMB No. 1545-0047

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nployer	identification	numt

Nam	e of the organization		Employer identification number
UPI	VARDLY GLOBAL		94-3346127
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds or	
	Complete if the organization answered		
		(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 of grants non (during year)		
- 5	Did the organization inform all donors and donor	r advisors in writing that the assets held	in donor advised
5	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors,		
0	only for charitable purposes and not for the bene	. .	
	conferring impermissible private benefit?		
De	Int II Conservation Easements.		
	Complete if the organization answered	I "Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., rec		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	the form of a conservation
-	easement on the last day of the tax year.		Held at the End of the Tax Year
~	Total number of conservation easements		2a
a h	Total acreage restricted by conservation easements		2b
b			20
с С	Number of conservation easements on a certified		
d	Number of conservation easements included in (24
`	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	nsterred, released, extinguished, or termina	ated by the organization during the
	tax year	nuction accompant is located	
4 5	Number of states where property subject to conse		ion handling of
5	Does the organization have a written policy re		-
~	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing cons	servation easements during the year
-	Amount of our open in our red in manitoring in open	ting bondling of violations, and onforcing of	an an estimation of a second antion of the second
7	Amount of expenses incurred in monitoring, inspec	cung, nandling of violations, and enforcing co	onservation easements during the year
0	▶\$ Does each conservation easement reported on line	2(d) above esticity the requirements of eastic	a = 170(h)(4)(P)(i)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	-	
Pa	rt III Organizations Maintaining Collections		r Similar Assets.
	Complete if the organization answered		
1a			revenue statement and balance shee
Ia	If the organization elected, as permitted under S works of art, historical treasures, or other simil	ar assets held for public exhibition, educ	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that des	cribes these items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil public service, provide the following amounts relat		cation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line	5	¢
	(ii) Assets included in Form 990, Part X.		
2	If the organization received or held works of a		
2	-		
	following amounts required to be reported under S	DEAD I TO (ADC 900) relating to these items	5.

а	Revenue included on Form 990, Part VIII, line 1.	▶\$
	Assets included in Form 990, Part X	
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017
JSA		

Sche	dule D (Form 990) 2017							-			Pa	age 2
Par	t III Organizations Maintaining Colle	ctions of	Art, Hist	torical T	reasu	res,	or Oth	ner Similar	Asset	s (cont	inue	d)
3	Using the organization's acquisition, acces	sion, and o	other recor	ds, checl	k any d	of the	follow	ing that are	e a signi	ficant u	se of	its
	collection items (check all that apply):			_								
а	Public exhibition		d	Loan d	or exch	ange	prograr	ns				
b	Scholarly research		е	Other								
С	Preservation for future generations											
4	Provide a description of the organization's	collections	and expla	ain how t	they fu	rther	the org	ganization's	exempt	purpose	e in F	Part
	XIII.											
5	During the year, did the organization solicit								_	_		
	assets to be sold to raise funds rather than t		ained as pa	art of the o	organiz	ation'	s collec	tion?		Yes		No
Par	t IV Escrow and Custodial Arrangem			- 000 D	o == 1\/	line (we where I are a				
	Complete if the organization answ 990, Part X, line 21.								amount		n	
1a	Is the organization an agent, trustee, custoe											
	included on Form 990, Part X?					• • •			L	Yes		No
b	If "Yes," explain the arrangement in Part XI	II and comp	plete the fo	llowing tab	ole:							
								Am	ount			
c	Beginning balance					1c						
a	Additions during the year					1d						
e	Distributions during the year					1e						
f 2a	Ending balance Did the organization include an amount on I					1f	stodial	account liabi	lity2	Yes		No
	If "Yes," explain the arrangement in Part XI										\square	NU
Par				Apialiation			oviaca				•	
T ai	Complete if the organization answ	vered "Yes	s" on Forn	n 990. Pa	art IV.	line 1	0.					
	· · · ·	rrent year	(b) Pric		1	vo year		(d) Three yea	rs back	(e) Four y	ears b	ack
1a	Beginning of year balance	-		-								
b	Contributions											
c	Net investment earnings, gains,											
•	and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cu	rrent year o	end balanc	e (line 1g,	colum	n (a))	held as:					
а	Board designated or quasi-endowment		_%									
b	Permanent endowment %											
С	Temporarily restricted endowment	%										
_	The percentages on lines 2a, 2b, and 2c sh											
3a	Are there endowment funds not in the poss	ession of th	ne organiza	ation that	are he	ld and	d admin	istered for th	ie			
	organization by:										es	No
	(i) unrelated organizations									3a(i)		
ь	(ii) related organizations If "Yes" on line 3a(ii), are the related organi									3a(ii) 3b		
	Describe in Part XIII the intended uses of the		•			<b ..	• • • •	• • • • • • •	• • • •	30		
4 Par		ie organiza		wment lui	ius.							
Tal	Complete if the organization ans			1				1				
	Description of property	(a) Cost or (invest		(b) Cost o	or other b other)	asis		umulated eciation	(d)	Book valu	е	
1a	Land		/		- '/							
b	Buildings											
С	Leasehold improvements											
d	Equipment				88,7	01.		61,467.		2	7,23	34.
е	Other				L17,8			62,170.		5	5,63	32.
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form	n 990, Part	X, colum	n (B), li	ne 10	c.)			8	2,80	66.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017		Page
Part VII Investments - Other Securities.		
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
	"Voc" on Form 000	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
		Cost of end-or-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX Other Assets.		
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
(a) Des	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)	•
Part X Other Liabilities.		
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
	(b) Book value	
1. (a) Description of liability (1) Federal income taxes		
$\frac{(2)}{(2)}$		
$\frac{(3)}{(4)}$		
<u>(4)</u>		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(9)

Schedule D (Form 990) 2017

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UPWARDLY	GLOBAL

Schedu	le D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,358,601.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	580,821.
3	Subtract line 2e from line 1	3	5,777,780.
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.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,777,780.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	5,849,715.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses.		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	580,821.
3	Subtract line 2e from line 1	3	5,268,894.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	5,268,894.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, I	ine 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD HAVE DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D). THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AS OF DECEMBER 31, 2016 AND IS NOT AWARE OF ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

Schedule D (Form 990) 2017

V 17-7.2F

SCHEDULE G	tal Information R	OMB No. 1545-0047					
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						9, or if the	2017
Department of the Treasury		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions. 					Open to Public
Internal Revenue Service		Go to www.irs.g	gov/Form990	for the late	st instructions.	England identifier (Inspection
Name of the organization						Employer identification	on number
UPWARDLY GLOBAL Part I Fundrais	ng Activities. Com	nlete if the orga	nization a	answered	l "Yes" on Form 9		17
	D-EZ filers are not						17.
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a X Mail solicitat	tions	е		itation of	non-government g	rants	
	email solicitations	f			government grants	3	
c X Phone solici		g	X Spec	cial fundra	ising events		
d X In-person so				li i di al (ia			
2a Did the organization or key employee	s listed in Form 990						X Yes No
b If "Yes," list the	10 highest paid indi least \$5,000 by the	viduals or entities				-	
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and addr or entity (fu		(ii) Activity	custody o	r control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1 ATTACHMENT 1							
2							
3							
+							
5							
6							
7							
8							
9							
10							
Total					32,122.	53,626	. 32,122.
	which the organization						
registration or lic	ensing.	-					
AL, AK, AR, CA, CO, C							
KS, KY, ME, MD, MA, M			ND,OH,				
OK, OR, PA, RI, SC, T	IN, UI, VA, WA, WV	,WI,					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. For... JSA 7E1281 1.000 0638MN 700J

V 17-7.2F

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017

Page 2

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

	ç	pross receipts greater than \$5,0	00.					
			(a) Event #1 NY GALA	(b) Event #2 CHICAGO GALA	(c) Other events 5.	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
Revenue	1 Gross	s receipts	524,250.		87,835.	776,603		
Re	2 Less:	Contributions	472,950.	124,173.	80,828.	677,951		
		s income (line 1 minus)	51,300.	40,345.	7,007.	98,652		
		prizes			0.			
	5 Nonc	ash prizes			0.			
nses	6 Rent/	facility costs	70,319.	18,787.	2,592.	91,698		
t Expenses	7 Food	and beverages		25,650.	6,776.	32,420		
Direct	8 Enter	tainment	3,000.	500.	100.	3,600		
	9 Other	direct expenses	35,284.	6,172.	6,466.	47,922		
		t expense summary. Add lines 4				175,646		
11 Net income summary. Subtract line 10 from line 3, column (d) -76,994 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.								
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)		
Revenue	1 Gross	s revenue						

es	2	Cash prizes							
Expenses		Noncash prizes							
Direct E	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor		Yes% No		Yes% No		Yes% No	
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
8 Net gaming income summary. Subtract line 7 from line 1, column (d)									

9 Enter the state(s) in which the organization conducts gaming activities:

- a Is the organization licensed to conduct gaming activities in each of these states?
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017

Sched	ule G (Form 990 or 990-EZ) 2017	J1 J3	10127	Page 3			
11	Does the organization conduct gaming activities with nonmembers?		Yes				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit						
	formed to administer charitable gaming?		Yes	No			
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility	13a		%			
b	An outside facility			%			
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and					
	Name ►						
	Address ►						
15 a	Does the organization have a contract with a third party from whom the organization receives revenue?		Yes	No			
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$	and the					
с	If "Yes," enter name and address of the third party:						
	Name ►						
	Address ►						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ► \$						
	Description of services provided						
	Director/officer Employee Independent contractor						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds	to				
	retain the state gaming license?			No			
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizatior	าร				
	or spent in the organization's own exempt activities during the tax year > \$						
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio (see instructions).						
FORI	M 990, SCHEDULE G, PART I						
DIRI	ECT MAIL						
UPW	ARDLY GLOBAL IS PURSUING A CONSCIOUS INVESTMENT STRATEGY IN DIRECT						
MAIL TO BUILD DONOR AWARENESS OF ITS MISSION AND TO ENGAGE DONORS							
REG	REGULARLY AND TO BUILD A MORE STABLE DONOR BASE OVER THE LONG-TERM. THIS						
IS (CONSISTENT WITH THE OVERALL GOAL OF GROWING UNRESTRICTED AND						

INDIVIDUAL GIVING.

Schedule G (Form 990 or 990-EZ) 2017

94-3346127

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
TRIPI CONSULTING ASSOC	DIRECT MAIL	Х	32,122.	39,146.	32,122.
HIGHLAND NY 12528					
INTEGRAM	DIRECT MAIL	Х		14,480.	
22695 COMMERCE CENTER COURT DULLES VA 20166					

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					047
	▶ Attach to Form 990.				pen to		
	Revenue Service	, , , , , , , , , , , , , , , , , , ,	990 for instructions and the latest information	Employer identificatio		ectio	n
	of the organization					1	
Part	ARDLY GLOB	AL ns Regarding Compensation		94-3346127			
Part	Question	is Regarding compensation				Yes	No
1a	990, Part VII, First-cla Travel fo Tax inde	Section A, line 1a. Complete Part III to ass or charter travel or companions emnification and gross-up payments	by b	g these items. personal use nal residence on fees			
b	 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 						
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?						
3	organization's related organ X Comper X Indepen Form 99 During the ye	s CEO/Executive Director. Check all the ization to establish compensation of th isation committee ident compensation consultant 90 of other organizations ar, did any person listed on Form 990,	nization used to establish the compensation at apply. Do not check any boxes for metho the CEO/Executive Director, but explain in P Written employment contract Compensation survey or study X Approval by the board or compensation Part VII, Section A, line 1a, with respect the section of the	ds used by a art III. ation committee			
		or a related organization:			-		
а			ayment?		4a		X
b	-	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b		X X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:						
а	The organization?				5a 5b		X
b	Any related organization?						X
6	If "Yes" on line 5a or 5b, describe in Part III. 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?						X
	If "Yes" on lin	e 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.						x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
9	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						x
3		.			9		

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

Schedule J (Form 990) 2017

Page 2

Schedule J (Form 990) 2017

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	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	i) Base (ii) Bonus & incentive (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
NICOLE CICERANI	(i)	161,600.	0.	133.	0.	0.	161,733.	0.	
1CEO & PRESIDENT	(ii)	0.	0.	0.	Ο.	0.	0.	0	
KENNETH COX	(i)	139,490.	0.	3,587.	Ο.	0.	143,077.	0.	
2VP OF DEVELOPMENT	(ii)	0.	0.	0.	Ο.	0.	0.	0	
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2017

Page 3

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

94-3346127

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

THE RESPONSIBILITY FOR THE FORMAL REVIEW OF THE FORM 990 LIES WITH THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF THE ORGANIZATION, WITH THE FULL BOARD ACCEPTING OR REJECTING THE RECOMMENDATION OF THE FINANCE COMMITTEE. WITH THE SUPPORT AND INPUT FROM THE ORGANIZATION'S CPA FIRM, MANAGEMENT COMPLETES AND REVIEWS THE FORM 990 BEFORE FORMALLY PRESENTING IT TO THE FINANCE COMMITTEE FOR REVIEW. IN COLLABORATION WITH MANAGEMENT, THE FINANCE COMMITTEE DIRECTS RELEVANT EDITS OR CHANGES TO BE MADE BY THE ORGANIZATION'S CPA AND DOES A FINAL APPROVAL AFTER ALL CHANGES ARE FINALIZED. AFTER THE FINANCE COMMITTEE APPROVES THE FORM 990, THEY SUBMIT IT TO THE FULL BOARD TO ACCEPT OR REJECT THE RECOMMENDATION. THE APPROVAL OF THE FORM 990 IS RECORDED IN THE FINANCE COMMITTEE MEETING NOTES, AND THE ACCEPTANCE OF THE FULL BOARD IS RECORDED IN BOARD MEETING NOTES.

CONFLICT OF INTEREST POLICY & MONITORING

FORM 990, PART VI, LINE 12

UPWARDLY GLOBAL HAS IMPLEMENTED AN ANNUAL CONFLICT OF INTEREST SIGNOFF PROCESS FOR ALL EMPLOYEES AND DIRECTORS IN 2017 AND IS FULLY COMPLIANT. THIS PROCEDURE ENSURES THAT ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES MAINTAIN INDEPENDENCE WITH THE ORGANIZATION ON AN ANNUAL BASIS. WITHIN THE PAST YEAR, THE ORGANIZATION HAS REQUIRED ALL NEW EMPLOYEES TO CERTIFY THAT NO CONFLICTS EXIST. THESE RESPONSES ARE MONITORED BY HUMAN RESOURCES.

Page 2

PROCESS USED TO DETERMINE EXECUTIVE COMPENSATION

FORM 990, PART VI, LINE 15A

IN 2015, THE ORGANIZATION CONDUCTED A THIRD PARTY, INDEPENDENT EVALUATION OF COMPENSATION FOR ALL POSITIONS IN THE ORGANIZATION, INCLUDING THE CEO AND TOP MANAGEMENT POSITIONS IN COLLABORATION WITH A SUBSET OF THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE OF THE BOARD. A REVIEW OF THE ASSESSMENT WAS COMPLETED AND A COMPENSATION RANGE WAS SET AND APPROVED FOR PERFORMANCE INCREASES IN FY16. UPWARDLY GLOBAL DID NOT CONDUCT A NEW COMPENSATION EVALUATION IN 2017; HOWEVER, WITH THE INTRODUCTION OF THE NEW PRESIDENT & CEO IN 2018, AN INDEPENDENT COMPENSATION SURVEY WAS COMMISSIONED TO ENSURE THAT UPWARDLY GLOBAL IS PAYING A COMPETITIVE SALARY WHEN COMPARED TO ITS PEER ORGANIZATIONS. THE ORGANIZATION IS IN THE PROCESS OF UNDERTAKING A COMPENSATION REVIEW IN 2018 WHICH WILL BE DESCRIBED IN FURTHER DETAIL ON THE SUBSEQUENT FORM 990.

FORM 990, PART VI, LINE 15B

IN 2015, THE ORGANIZATION CONDUCTED A THIRD PARTY, INDEPENDENT EVALUATION OF COMPENSATION FOR ALL POSITIONS IN THE ORGANIZATION. A REVIEW OF THE ASSESSMENT WAS COMPLETED AND A COMPENSATION RANGE WAS SET AND APPROVED FOR PERFORMANCE INCREASES IN FY16. THE ASSESSMENT IDENTIFIED THE NEED FOR SOME ONE-TIME SALARY ADJUSTMENTS IN KEY POSITIONS, WHICH WERE APPROVED BY THE BOARD AND IMPLEMENTED IN EARLY 2016. UPWARDLY GLOBAL DID NOT CONDUCT A NEW COMPENSATION EVALUATION IN 2017; HOWEVER, WITH THE INTRODUCTION OF THE NEW PRESIDENT & CEO IN 2018, AN INDEPENDENT COMPENSATION SURVEY WAS COMMISSIONED TO ENSURE THAT UPWARDLY GLOBAL IS PAYING A COMPETITIVE SALARY WHEN COMPARED TO ITS PEER ORGANIZATIONS.

V 17-7.2F

Schedule O (Form 990 or 990-EZ) 2017	Page 2
Name of the organization	Employer identification number
UPWARDLY GLOBAL	94-3346127
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTER	REST
POLICY AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE	
AVAILABLE ON THE WEBSITE.	ATTACHMENT 1
FORM 990, PART VI, LINE 17 - STATES	
AL, AK, AR, CO, CT,	
DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,	
MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,	
SC,TN,UT,VA,WA,WV,WI,	
	ATTACHMENT 2
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTOR	RS

NAME AND ADDRESS

NONPROFIT HR SOLUTIONS 1400 I ST. NW SUITE 500 WASHINGTON, DC 20005

SPITFIRE 1800 M STREET NORTH WEST STE., 300N. WASHINGTON, DC 20036

Schedule O (Form 990 or 990-EZ) 2017

COMPENSATION

DESCRIPTION OF SERVICES

HR MANAGEMENT SVCS.

MARKETING STRATEGY