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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	a 2022 calendar year, or tax year beginning an	a enaing			
В	Check if applicable	C Name of organization		D Employer iden	tification number	
	Addres	UPWARDLY GLOBAL				
	Name change	Doing business as		94-334612	27	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 505 8TH AVENUE	Room/suite 1704	E Telephone num (212)219-8		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	- I	G Gross receipts \$		36,454.
	Ameno return			H(a) Is this a group		
	Applic tion	F Name and address of principal officer: JASMEET KRAUSE-VILMAR		for subordina		X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinate		No
ı	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1	) or 527	7 ` ´	n a list. See instructi	
	Websit		7 01 021	H(c) Group exemp		0110
		organization: X Corporation Trust Association Other	I Year	of formation: 1999	M State of legal don	nicile: CA
P	art I	Summary	= 10α1	or formation,	111 Otato or logar don	110110.
	_	Briefly describe the organization's mission or most significant activities: SEE P	ART III	LINE 1.		
ė	3  '		,	<u> </u>		
Activities & Governance	2	Check this box if the organization discontinued its operations or dispr	nsed of more	than 25% of its net	assets	
Ver	3			1	3	17
Ó	3 4	Number of independent voting members of the governing body (Part VI, line 1b)			4	17
∞	5 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	89
<u>.</u>	6	Total number of volunteers (estimate if necessary)			6	2000
į.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
Ă	( ' h	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
	<u> </u>	Not different business taxable meetine from one 1,1 art i, line 11		Prior Year	Current Ye	ear
	8	Contributions and grants (Part VIII, line 1h)		11,624,46		18,946.
Revenue	9			383,14		54,285.
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-650	_	4,695.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-33,42		21,974.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,973,52		5,952.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		130,03		22,533.
					0.	0.
	4-	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,330,14	3. 7 32	25,240.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)			).	0.
en	h		,854.			
Ň	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,433,51	7. 1 96	8,620.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,893,69	<u> </u>	6,393.
		Revenue less expenses. Subtract line 18 from line 12		5,079,83		39,559.
7.5	<u> </u>	Tovalida loca experieda. Casalasa into 10 Herri Into 12		eginning of Current Yea		
ets (	20	Total assets (Part X, line 16)		12,593,79	5. 23,40	06,064.
Net Assets or	21	Total liabilities (Part X, line 26)		1,713,78		36,489.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		10,880,010		59,575.
Р	art II	Signature Block		•	· ·	•
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of	my knowledge and be	ief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of v				
		, , ,				
Sig	ın	Signature of officer		Date		
He		JASMEET KRAUSE-VILMAR, PRESIDENT & CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	0	Date Check	PTIN	
Pai	d	RICHARD J. LOCASTRO, CPA Rechard J.	hoeastr.	11/01/2023   if self-em	ployed P00288314	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	7 40	Firm's EIN	52-1392008	
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N				
	•	BETHESDA, MD 20814-2930		Phone no. 3	01-951-9090	
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			Yes	No
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	UPWARDLY GLOBAL'S MISSION IS TO ELIMINATE EMPLOYMENT BARRIERS FOR	
	IMMIGRANT AND REFUGEE PROFESSIONALS WHILE ADVANCING THE INCLUSION OF	
	THEIR SKILLS INTO THE U.S. ECONOMY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	
<u></u>	(Code:) (Expenses \$6,272,467. including grants of \$22,533. ) (Revenue \$	)
	THROUGH OUR DIRECT SERVICE PROGRAM, FOR MORE THAN 20 YEARS UPWARDLY	
	GLOBAL HAS WORKED TO DISMANTLE EMPLOYMENT BARRIERS FOR IMMIGRANTS,	
	REFUGEES, AND ASYLEES WHILE ADVANCING THE INCLUSION OF THEIR SKILLS	
	INTO THE U.S. ECONOMY. UPWARDLY GLOBAL UNLEASHES THE POTENTIAL OF	
	IMMIGRANTS TO SECURE SKILL-ALIGNED CAREERS BY SUPPORTING THEM AND THE	
	ORGANIZATIONS THAT SERVE THEM WITH INDUSTRY-SPECIFIC COACHING AND	
	DIGITAL TRAINING, ENGAGES EMPLOYERS IN INCLUSIVE HIRING PRACTICES AND	
	OPENING OPPORTUNITIES, AND ADVANCES POLICIES AND NARRATIVES THAT CREATE	
	PROSPERITY FOR ALL.	
	FOR JOB SEEKERS, UPWARDLY GLOBAL PROVIDES ACCESS TO RESOURCES LIKE	
	INDUSTRY-SPECIFIC CAREER COACHING, RESKILLING AND UPSKILLING COURSES,	
4b	(Code:) (Expenses \$	1,064,285.)
	THROUGH OUR JOBVERSITY AND EMPLOYER PARTNERSHIPS PROGRAM FOR	_
	IMMIGRANT-SERVING ORGANIZATIONS SUCH AS WORKFORCE AGENCIES, COMMUNITY	
	COLLEGES, AND REFUGEE RESETTLEMENT AGENCIES, UPWARDLY GLOBAL PROVIDES	
	THE TECHNOLOGY AND KNOW-HOW NEEDED TO BUILD AN INCLUSIVE WORKFORCE. WE	
	PARTNER AND SHARE OUR PROVEN DIGITAL LEARNING TOOLS, COACHING	
	CURRICULUM, AND EMPLOYER NETWORK.	
	FOR EMPLOYERS, UPWARDLY GLOBAL PROMOTES INCLUSIVE HIRING PRACTICES BY	
	SHARING DIVERSITY, EQUITY, AND INCLUSION (DEI) BEST PRACTICES AND	
	TRAINING, PROVIDING ACCESS TO SKILLED IMMIGRANT TALENT THROUGH A UNIQUE	
	AI-POWERED ONLINE PLATFORM, AND OFFERING IMPACTFUL CORPORATE VOLUNTEER	
	ENGAGEMENT OPPORTUNITIES.	
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 7,005,989.	- 000 (

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## Form 990 (2022) UPWARDLY GLOBAL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	ء ا		x
-		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	٠٠		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	$\vdash$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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."			
	,	19		x
20-	complete Schedule G, Part III	20a		X
20a	• •	20a 20b		<del></del>
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		$\vdash$
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		X

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## Form 990 (2022) Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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	<u> </u>
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		—
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		—
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	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 on Schedule O for Part VI, lines 11b and 19?		77	1
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 40			
b				
С				
	(gambling) winnings to prize winners?	1c	Х	

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Form	990 (2022) UPWARDLY GLOBAL	94-334612	7	Р	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
<b>2</b> a	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	89			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	•		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.				
	financial account in a foreign country (such as a bank account, securities account, or other financial acco	unt)?	4a		X
	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	, ,			
	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		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have gre				, .
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	-	۵.		
-	were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).		7.	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		7a	X	
		d	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re to file Form 8282?	·	70		x
a	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	1	7c		
		•	7e		х
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		711		
	sponsoring organization have excess business holdings at any time during the year?	NT / 7A	8		
	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
		N/A	9b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10	a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	b			
	Section 501(c)(12) organizations. Enter:	•			
а	Gross income from members or shareholders N/A 11	a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	b			
	Enter the amount of reserves on hand	с			
	• • • • • • • • • • • • • • • • • • • •		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	n or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activiti				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		

Form **990** (2022)

If "Yes," complete Form 6069.

UPWARDLY GLOBAL Page 6 Form 990 (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
b		7b		х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	Х	
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHRISTINE GINSBURG - (212)219-8828			
	505 8TH AVE, #1704, NEW YORK, NY 10018			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(do	not c	Pos	C) ition	l than o	one	(D)  Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any	offi	, unle: cer ar					compensation from the	compensation from related organizations	amount of other compensation
	hours for	ndividual trustee or director				ted		organization	(W-2/1099-MISC/	from the
	related	usteec	trustee		90	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	dual tr	Institutional	_	Key employee	st con	J.	1099-NEC)		and related organizations
	line)	Indivi	Institu	Officer	Key er	Highe	Former			
(1) JASMEET KRAUSE-VILMAR	50.00									
CEO & PRESIDENT				Х				273,649.	0.	8,351.
(2) REBECCA NEUWIRTH	50.00									
EXECUTIVE VICE PRESIDENT					Х			176,615.	0.	7,513.
(3) CHRISTINE GINSBURG	50.00									
VP OF FINANCE & ADMINISTRATION				Х				136,560.	0.	39,574.
(4) JOSHUA GARNER	50.00									
STRATEGIC COMMUNICATIONS DIRECTOR						Х		142,068.	0.	14,882.
(5) KHALID OSMAN	50.00									
VICE PRESIDENT OF TECHNOLOGY						Х		122,848.	0.	32,403.
(6) MAHA ALI	50.00									
VICE PRESIDENT OF PEOPLE & CULTURE						Х		129,807.	0.	18,179.
(7) JENNIE MURRAY	50.00									
EXECUTIVE VICE PRES. OF PROGRAMS						Х		122,879.	0.	14,018.
(8) NACLLIES RICHARDS	50.00									
DIRECTOR OF INDIVIDUAL GIVING						Х		117,554.	0.	18,047.
(9) TAMMI LING	3.00									
CHAIR		Х		Х				0.	0.	0.
(10) STEVEN OSTLER	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) JOSHUA WINTER	3.00									
SECRETARY		Х		Х				0.	0.	0.
(12) ROBERT GARECHANA	3.00									
TREASURER		Х		Х				0.	0.	0.
(13) KATHY TAYLOR	2.00	1								
BOARD MEMBER		Х						0.	0.	0.
(14) PHILIPP SCHUMACHER	2.00	1								
BOARD MEMBER		Х						0.	0.	0.
(15) VIVEK VAIDYA	2.00	1								
BOARD MEMBER		Х						0.	0.	0.
(16) WINITA LAU	2.00	4								
BOARD MEMBER		Х						0.	0.	0.
(17) ROSALYN CHEN	2.00	-								
BOARD MEMBER		Х		<u> </u>				0.	0.	0. Form <b>990</b> (2022)

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FOIII 990 (2022) 01 WIRDEI	GEODIIE								J4 33401Z	, rage <b>S</b>
Part VII   Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) AU NGUYEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(19) CAIO ZAPATA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(20) HEATHER REILLY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(21) LUCY WALTON	2.00									
BOARD MEMBER (EFF. 05/22)		Х						0.	0.	0.
(22) MOHAMMAD SEDIQ HAZRATZAI	2.00									
BOARD MEMBER (EFF. 10/22)		Х						0.	0.	0.
(23) R.J. FOX	2.00									
BOARD MEMBER (EFF. 10/22)		Х						0.	0.	0.
(24) SHAUN SMITH	2.00									
BOARD MEMBER (EFF. 01/22)		Х						0.	0.	0.
(25) TONY GONCALVES	2.00									
BOARD MEMBER (EFF. 03/22)		Х						0.	0.	0.
1b Subtotal								1,221,980.	0.	152,967.
c Total from continuation sheets to Pa	rt VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,221,980.	0.	152,967.
Total (add lines ib and ic)      Total number of individuals (including beautiful add lines ib and ic)								· · ·		132,50

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 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

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 X

#### **Section B. Independent Contractors**

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.

the organization. Report compensation for the calendar year ending with or within	n the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
RESEARCH FDN FOR THE STATE UNIVERSITY OF NY	TRAINING FOR PROGRAM	
35 STATE STREET, ALBANY, NY 12207	PARTICIPANTS	113,829.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

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\$100,000 of compensation from the organization

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		Check if Schedule O	contain	s a respo	nse (	or note to any line	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lanction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns		1a						
ra Ti	b									
ē,	С	Fundraising events		1c		723,271.				
ifts ar A		Related organizations		1 1						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contr				2,980,046.				
Sign		All other contributions, gifts,								
but		similar amounts not included				14,645,629.				
Öğ	g	Noncash contributions included in	lines 1a-1	1f <b>1g</b> \$	;	27,088.				
Col	h	Total. Add lines 1a-1f					18,348,946.			
						Business Code				
ø	2 a	FEE FOR SERVICE				900099	705,000.	705,000.		
Program Service Revenue	b	EMPLOYER PARTNER FE	ES			900099	359,285.	359,285.		
Ser	С									
e a	d									
ge	е									
P.	f	All other program service	revenu	e						
	g	<b>-</b>					1,064,285.			
	3	Investment income (includ								
							14,416.			14,416.
	4	Income from investment of								
	5	Royalties		-						
		•		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b		6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)	 )							
		Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	22,4	49.					
	b	Less: cost or other basis								
ē		and sales expenses	7b	22,1	70.					
Revenue	С	Gain or (loss)	7c	2	79.					
Re		Net gain or (loss)					279.			279.
ther		Gross income from fundraising								
₽		including \$	723,27	71. of						
		contributions reported on								
		Part IV, line 18			8a	79,860.				
	b	Less: direct expenses			8b	208,332.				
	С	Net income or (loss) from	fundrai	sing even	ts		-128,472.			-128,472.
	9 a	Gross income from gamin	g activ	ities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gaming	g activities	3 <u></u>					
	10 a	Gross sales of inventory, I	ess ret	urns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales o	f inventor	у					
,						Business Code				
oğ a	11 a	OTHER REVENUE				900099	6,498.			6,498.
Miscellaneous Revenue	b									
eve	С				_					
Ais(	d	All other revenue								
	е	Total. Add lines 11a-11d					6,498.			
	12	Total revenue. See instruction	ns				19,305,952.	1,064,285.	0.	-107,279.

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#### 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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,044.	2,044.		
2	Grants and other assistance to domestic	0.400	0 400		
	individuals. See Part IV, line 22	8,489.	8,489.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	12 000	12 000		
	individuals. See Part IV, lines 15 and 16	12,000.	12,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	642 262	240 171	200 446	02 641
_	trustees, and key employees	642,262.	340,171.	209,446.	92,64
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	5,321,071.	4 100 205	007 220	224 546
7	Other salaries and wages	5,321,071.	4,109,285.	887,238.	324,548
8	Pension plan accruals and contributions (include	100 574	72 722	22 005	1 02
_	section 401(k) and 403(b) employer contributions)	100,574. 806,743.	73,733. 591,689.	22,005. 162,399.	4,830 52,65
9	Other employee benefits	454,590.	341,030.	82,193.	31,36
0	Payroll taxes	434,390.	341,030.	02,193.	31,30
1	Fees for services (nonemployees):				
a	Management	6,552.	352.	200.	6,000
b	Legal	35,875.	332.	35,875.	0,000
C	Accounting	35,675.		35,675.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	621,661.	516,165.	92,489.	13,007
^	column (A), amount, list line 11g expenses on Sch 0.)	141,188.	136,188.	52,405.	5,000
2	Advertising and promotion	49,293.	35,495.	11,209.	2,589
3	Office expenses	251,081.	179,507.	51,330.	20,244
4	Information technology	231,001.	175,507.	31,330.	20,24
5 6	Royalties	336,790.	250,352.	72,213.	14,225
	Occupancy	143,756.	125,833.	9,463.	8,460
7 8	Travel Payments of travel or entertainment expenses	113,730.	123,033.	5,103.	0,100
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	31,076.	16,146.	7,978.	6,952
9	,, , ,	350.	10,110.	350.	0,200
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	10,016.	7,519.	1,796.	701
3	Inc	40,199.	30,178.	7,206.	2,815
3 4	Other expenses. Itemize expenses not covered		,	, , , , , ,	
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	RESKILLING EXPENSE	149,437.	149,437.		
b	PROCESSING FEES	78,468.	38,058.	9,153.	31,25
c	SUBSCRIPTIONS	20,894.	10,856.	5,364.	4,67
d	PROFESSIONAL DEV'L	8,414.	4,372.	2,160.	1,88
e	All other expenses	43,570.	27,090.	13,483.	2,99
5	Total functional expenses. Add lines 1 through 24e	9,316,393.	7,005,989.	1,683,550.	626,85
<del>-</del>	Joint costs. Complete this line only if the organization		. ,		,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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### Form 990 (2022) Part X Balance Sheet

. , .		note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			5,695,458.	1	8,140,053.
2				2,864,123.	2	10,892,589.
3		656,597.	3	361,182.		
4			3,211,529.	4	2,476,946.	
5						
	trustee, key employee, creator or founder, su					
	controlled entity or family member of any of t		5			
6	Loans and other receivables from other disqu					
	under section 4958(f)(1)), and persons descri	bed in sectio	n 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7			
8					8	
9				42,555.	9	59,246
10a	Land, buildings, and equipment: cost or other	er				
			286,333.			
b	Less: accumulated depreciation	10b	138,602.	2,865.	10c	147,731.
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, lin		12			
13	Investments - program-related. See Part IV, li		13			
14			14			
15	Other assets. See Part IV, line 11			120,669.	15	1,328,317.
16				, ,	16	23,406,064.
17		546,616.	17	672,262.		
18						
19				192,430.	19	402,992
20					20	
21					21	
22						
		· ·			22	
				0.66, 0.50		
				866,359.	24	
25	·					
	, , , , , , , , , , , , , , , , , , , ,	nes 17-24). C	complete Part X	100 275		1 461 225
			·····			1,461,235.
26				1,/13,/60.	26	2,536,489.
		check here				
				5 203 506	07	8 945 007
				· · · · · · · · · · · · · · · · · · ·		8,945,007. 11,924,568.
28				3,070,420.	28	11,924,500.
	•	C 958, cneci	nere			
00					00	
31	netained earnings, endowment, accumulated				31	
32	Total net assets or fund balances		I	10,880,016.	32	20,869,575.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Check if Schedule O contains a response or  Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Loans and other receivables from any curren trustee, key employee, creator or founder, su controlled entity or family member of any of the Loans and other receivables from other disquinder section 4958(f)(1)), and persons descrious and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, lin Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must effect a counts payable and accrued expenses) Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or furustee, key employee, creator or founder, su controlled entity or family member of any of the secured mortgages and notes payable to unetated. Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, and complete lines 29 through 33. Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, o	Check if Schedule O contains a response or note to any li  Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these persons under section 4958(f)(1)), and persons described in section Notes and loans receivables from other disqualified perso under section 4958(f)(1)), and persons described in section Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of 22 Loans and other payables to any current or former officer, trustee, key employee, creator or founder, substantial con controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third part of the interest of the payable sto any current or former officer, trustee, key employee, creator or founder, substantial con controlled entity or family member of any of these persons Controlled entity or family member of any of these persons Controlled entity or family member of any of these persons Controlled entity or family member of any of these persons Controlled entity or family member of any of these persons Controlled entity or family member of any of these persons Controlled entity or family member of any of these persons Controlled entity or family member of any of these persons Controlled entity or family member of any o	Check if Schedule O contains a response or note to any line in this Part X  1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part IV, line 11 11 Investments - publicity traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, paya	Check if Schedule O contains a response or note to any line in this Part X  (A)  Beginning of year  1 Cash · non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X    A   Beginning of year

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	305,	952.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	316,	393.
3	Revenue less expenses. Subtract line 2 from line 1	3	9	989,	559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,880,	016.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20	869,	575.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

UPWARDLY GLOBAL 94-3346127 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 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 from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

UPWARDLY GLOBAL 94 - 3346127Schedule A (Form 990) 2022 Page 2

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,983,895.	6,528,091.	6,738,370.	11,624,463.	18,348,946.	48,223,765.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,983,895.	6,528,091.	6,738,370.	11,624,463.	18,348,946.	48,223,765.
	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)						7,336,822.
6	Public support. Subtract line 5 from line 4.						40,886,943.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4,983,895.	6,528,091.	6,738,370.	11,624,463.	18,348,946.	48,223,765.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	136.	3,602.	21,624.	237.	14,416.	40,015.
9	Net income from unrelated business		,	,		,	· · · · · · · · · · · · · · · · · · ·
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,970.	1,739.	2,528.	6,727.	6,498.	19,462.
11	Total support. Add lines 7 through 10	_,=:=•	_,:==•	_,===•	-,	-,	48,283,242.
	Gross receipts from related activities,	etc (see instructio	ne)			12	2,439,109.
	First 5 years. If the Form 990 is for th	•		ourth or fifth tax v	ear as a section 5		
	organization, check this box and <b>stop</b>	J		,			
Sec	etion C. Computation of Public						
	Public support percentage for 2022 (li			olumn (f))		14	84.68 %
	Public support percentage from 2021		•	.,,		15	83.89 %
	<b>33 1/3% support test - 2022.</b> If the co						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te				· · · · · · · · · · · · · · · · · · ·		
b	10% -facts-and-circumstances test						
_	more, and if the organization meets th	-					
	organization meets the facts-and-circu		•		•		
18	Private foundation. If the organization						
	<u> </u>		•				Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

232023 12-09-22

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 UPWARDLY GLOBAL 94-3346127 Page **4** 

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
- 1	4		
H	1		
L	2		
L	3a		
- 1			
H	3b		
- 1	20		
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Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in 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 officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 <u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

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Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3_	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6_	Multiply line 5 by 0.035.	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
_3_	Administrative expenses paid to accomplish exempt purpose	3		
_4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	5		
6	Other distributions (describe in Part VI). See instructions.		6	
_7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	Г	10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
<u>b</u>	From 2018			
c	From 2019			
d	From 2020			
<u>e</u>	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u>i</u>	Carryover from 2017 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2022 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			

Schedule A (Form 990) 2022

e Excess from 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Employer identification number** 

UPWARDLY GLOBAL 94-3346127 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022)

Name of organization

Employer identification number

UPWARDLY GLOBAL

94-3346127

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) e of contribution
1		\$ 2,875,000.   Pay No	rson X  rroll  ncash  lete Part II for  sh contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions Typ	e of contribution
2		Pay 1,000,000. (Comp	rson X roll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions Typ	e of contribution
3		Pay 1,000,000. (Comp	rson X  rroll  ncash  lete Part II for sh contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Per Pay No (Comp. nonca	e of contribution  son X  yroll
(a)	(b)	(c)	(d) e of contribution
<b>No.</b> 5	Name, address, and ZIP + 4	Per Pay No (Comp	rson X  rroll
(a)	(b)	(c)	(d)
<b>N</b> o.	Name, address, and ZIP + 4	Per Pay No (Comp	e of contribution  son X  roll

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

94-3346127

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 10	Name, address, and ZIP + 4	Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	90
Name of organization	Employer identification number
UPWARDLY GLOBAL	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
13		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, und 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Name of organization Employer identification number

UPWARDLY GLOBAL 94-3346127

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. 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				
		   \$					

Page **4** 

Name of organization **Employer identification number** UPWARDLY GLOBAL 94-3346127 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

Schedule B (Form 990) (2022)

### **SCHEDULE C**

(Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

**Political Campaign and Lobbying Activities** 

Open to Public Inspection

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

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

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

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

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

Section 501(c)(4) (5) or (6) organizations: Complete Part III.

	lame of organization Emp			loyer identification number		
	UPWARDLY GI				94-3346127	
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.	
2 Politica		ation's direct and indirect politiures gn activities			s	
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).		
2 Enter th 3 If the or 4a Was a c	ne amount of any excise tax rganization incurred a section correction made?	incurred by the organization un incurred by organization manaç n 4955 tax, did it file Form 4720	gers under section 4955 ofor this year?	\$	Yes No	
Part I-C	describe in Part IV.  Complete if the org	anization is exempt und	ler section 501(c).	except section 501(c	2)(3).	
<ul> <li>2 Enter the exempt</li> <li>3 Total exempt in 17th</li> <li>4 Did the</li> <li>5 Enter the made potential</li> <li>5 Contribution</li> </ul>	Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  exempt function activities \$  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  line 17b \$  4 Did the filing organization file Form 1120-POL for this year? Yes No  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0	

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022	UPWARDLY GLOBAL	94-3346127	Page 2
			_

Pá	art II-A	Complete if the organizatio section 501(h)).	n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
	Check	expenses, and share of excess	, , ,	group member's name	e, address, EIN,
3	Check	Limits on Lobb	ed box A and "limited control" provisions apply.  bying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1:	a Total lol	bbying expenditures to influence publ	ic opinion (grassroots lobbying)	0.	
-	<b>b</b> Total lol	bbying expenditures to influence a leg	islative body (direct lobbying)	480.	
	c Total lol	bbying expenditures (add lines 1a and	1b)	480.	
	d Other ex	xempt purpose expenditures		7,005,509.	
	e Total ex	empt purpose expenditures (add lines	s 1c and 1d)	7,005,989.	
	<b>f</b> Lobbyin	ng nontaxable amount. Enter the amou	unt from the following table in both columns.	500,299.	
	If the am	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	r \$500,000	20% of the amount on line 1e.		
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.		
-	<b>g</b> Grassro	ots nontaxable amount (enter 25% of	line 1f)	125,075.	
	h Subtrac	t line 1g from line 1a. If zero or less, e	nter -0-	0.	
	i Subtrac	et line 1f from line 1c. If zero or less, er	nter -0-	0.	
	j If there	is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
	reportin	g section 4911 tax for this year?			Yes No
		(Some organizations that made a	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all of the separate instructions for lines 2a through 2f.)	f the five columns be	low.

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total		
2a Lobbying nontaxable amount		433,525.	494,685.	500,299.	1,428,509.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,142,764.		
<b>c</b> Total lobbying expenditures		5,961.	1,917.	480.	8,358.		
<b>d</b> Grassroots nontaxable amount		108,381.	123,671.	125,075.	357,127.		
e Grassroots ceiling amount (150% of line 2d, column (e))					535,691.		
f Grassroots lobbying expenditures		141.	203.		344.		

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		n) (		J)	
f the lobbying activity.  Yes				Amo	ount
1 [	During the year, did the filing organization attempt to influence foreign, national, state, or				
ŀ	local legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a \	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
e F	Publications, or published or broadcast statements?				
f (	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		05.00	otion	
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 30 1 (0)(3)	, or se	Stion	
art					
art				Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	N
1 \				Yes	N
1 \ 2 [ 3 [	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? n 501(c)(5)	2 3 ), or se	ction	
1 \ 2 [ 3 [ Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) 'No" OR (I	), or seeb) Part	ction	
1 \2 [3 [7] 2 art 1 [2 [5]	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) 'No" OR (I	), or seeb) Part	ction	
1 \2 [3 [7] 2 art 1 [2 5	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3 ), or se b) Part	ction	
1 \2 [3 [3 ] 2 art 1 [2 ] 2 a (4 )	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or se b) Part	ction	
1 \2 [3 [3 ] 2 art 1 [2 ] 2 a (4 )	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or see b) Part	ction	
11 \ 22 [ 2art  11 [ 22 { 6	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	
1 \ \22 \ [ \ \23 \ [ \ \24 \] \] 1 \ [ \ \ \24 \] \ 2 \ \3 \ \ \4 \ \3 \ \4 \] 3 \ \ \/ \4 \ \3 \ \/ \4 \]	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	3, is
1 \ \ 22 \ [ \] 3 \ [ 2 \] 1 \ [ 2 \] 6 \ 6 \ ( \) c \ \ 3 \ A \ 4 \   1 \ \]	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	e prior year? n 501(c)(5) 'No" OR (I	2 3), or sec b) Part	ction	
1 \\2 [3 ] 2 art  1 [2 ] 6   6   6   7   7   7   7   7   7   7   7   7   7	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded she organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) by and political expenditures (do not include amount on the exceeded she organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on line 3, what portion of the exceeded she organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on line 3, what portion of the exceeded she organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on line 2 to exceeded the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on line 3).	e prior year? n 501(c)(5) 'No" OR (I	2 3), or seeb) Part	ction	
11 \\22 \[\frac{1}{2}\] 11 \[\frac{1}{2}\] 22 \[\frac{1}{2}\] 3 \[\hat{4}\] 4 \[\hat{1}\] 6 \[\frac{1}{2}\]	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

UPWARDLY GLOBAL

**Employer identification number** 94-3346127

Par	t I Organizations Maintaining Donor Advised	Funds or Other Simila	r Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised fund	ds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in o	donor advised fund	ds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant fur	nds can be used or	nly
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any othe	er purpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (for example, recreation	on or education) Pres	servation of a histo	orically important land area
	Protection of natural habitat	Pres	servation of a certi-	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution i	n the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
_				2a
b				2b
С	Number of conservation easements on a certified historic struc	( )		2c
d	Number of conservation easements included in (c) acquired aft			
_				
3	Number of conservation easements modified, transferred, release	ased, extinguished, or termin	ated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the perio		•	Yes No
6	violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha			
U	Stan and volunteer riodrs devoted to monitoring, inspecting, in	andling of violations, and em	ording conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcin	n conservation eas	sements during the year
•	7 thount of expenses mounted in monitoring, inspecting, hardin	ig or violations, and emercin	g conscivation cas	sements daming the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of s	ection 170(h)(4)(B)	i)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno		•	
	organization's accounting for conservation easements.	3		
Par		Art, Historical Treasur	es, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue s	statement and bala	unce sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or re-	search in furtheran	ice of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue state	ement and balance	sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or resea	arch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u> </u>
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB AS	C 958 relating to these items	:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions f			Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		7,525.	753.	6,772.
d Equipment		15,079.	15,079.	0.
e Other		263,729.	122,770.	140,959.
Total. Add lines 1a through 1e. (Column (d) must equa	147,731.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 UPWARDLY GLOBA	ь		94-3346127	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Ye		_		
(a) Description of security or category (including name of security		(c) Method of valuation: Cost o	r end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Ye				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Ye		11d. See Form 990, Part X, line 15.		
	(a) Description		(b) Book	
(1) DEPOSITS				99,085.
(2) RIGHT-OF-USE ASSETS			1,	229,232.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B)	<u>line 15.)   </u>		1,	328,317.
Part X Other Liabilities.				
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) REFUNDABLE ADVANCES				175,000.
(3) OPERATING LEASE LIABILITIES			1,	286,235.
(4)				
(5)				
(6)				
(7)				
(8)				

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

1,461

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

Schedule D (Form 990) 2022

94-3346127

Par	rt XI Reconciliation of Revenue per Audited Financial St	atements With F	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	21,738,332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	2,432,380.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	• • • • • • • • • • • • • • • • • • • •			2e	2,432,380.
3	Subtract line 2e from line 1			3	19,305,952.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		4a			
b	7	4b			0
_	Add lines <b>4a</b> and <b>4b</b>			4c	0.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII   Reconciliation of Expenses per Audited Financial S	(2.) Statements With	Evnences per B	5	19,305,952.
Fai	·		Expenses per n	etuiii.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			11 740 772
1				1	11,748,773.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا	2 432 380		
a	Donated services and use of facilities		2,432,380.		
b	Prior year adjustments				
C	Other losses				
d	, , , , , , , , , , , , , , , , , , , ,			20	2,432,380.
е 3				2e 3	9,316,393.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,310,333.
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	9,316,393.
Pai	rt XIII Supplemental Information.	: 10.) ·····			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b a	nd 2b: Part V. line 4	: Part X. li	ne 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	•		, , , , , , , , ,	110 2, 1 411711,
		<b>,</b>			
PART	TX, LINE 2:				
	·				
FOR	THE YEARS ENDED DECEMBER 31, 2022 AND 2021, UPWARDLY GL	OBAL HAS			
DOCU	MENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAX	ES, THAT			
PROV	VIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES	AND HAS			
DETE	ERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY	FOR EITHER			
RECC	OGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.				

## SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

**Employer identification number** 

UPWARDLY GLOBAL 94-3346127 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, \_\_\_\_X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

United States.					
3 Activities per Region. (T	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	l .	PROFESSIONAL FEES, TRAVEL AND OTHER	40,241.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		12,000.
-					
3 a Subtotal	0	1			52,241.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			52,241.

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

Schedule F (Form 990) 2022

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EUROPE (INCLUDING	GENERAL OPERATING							
			EXPENSE CONTRIBUTION	12 000.	WIRE TRANSFER	0.				
		,								
			ecognized as charities by the f							
exempt 501(c)(3) orga	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

3 Enter total number of other organizations or entities

Part II

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2022 UPWARDLY GLOBAL 94-3346127 Page 4
Part IV Foreign Forms

rait	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
	C.O. Owner (See mediations for Forms 6020 and 6020 7, don't me wan form 600)		
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
	7 and 655 metadatore 15 7 5 m 552 /		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	135, the organization may be required to departitly me reminer to international Boycott Report (300		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Yes X No

232075 10-17-22 Schedule F (Form 990) 2022

COMPLIANCE.

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  UPWARDLY G	I ODAT					Employer ide 94-334612	ntification number
	Complete if the organization answer	ared "V	'as" or	n Form 990 Part IV I	ina 1		
required to complete this par		ereu r	es oi	1 FOIII 990, Part IV, I	iiie i	7. FUIII 990-EZ	mers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indictions</li> </ul>	sed funds through any of the following sed funds through any of the following Solicitate for oral agreement with any individual art VII) or entity in connection with puriduals or entities (fundraisers) pursur	tion of tion of fundra (includ	non-g gover aising ding of onal fo	novernment grants rnment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No					
Total		•	•				
List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E			Schedule	G (Form 990) 2022

UPWARDLY GLOBAL Schedule G (Form 990) 2022 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through NY GALA col. (c)) (total number) (event type) (event type) 803,131 803,131. 1 Gross receipts 2 Less: Contributions 723,271 723,271. Gross income (line 1 minus line 2) 79,860 79,860. 4 Cash prizes 5 Noncash prizes Direct Expenses 22,165. 22,165. Rent/facility costs 66,495. 66,495. 7 Food and beverages 41,064. 41,064. 8 Entertainment 78,608. 78,608. Other direct expenses 208,332. **10** Direct expense summary. Add lines 4 through 9 in column (d) -128,472. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 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? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: \_

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 OPWARDLY GLOBAL 94-	3346127	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ 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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,
	······································		

Schedule G (Form 990) Part IV Supplemental In	UPWARDLY GLOBAL	94-3346127	Page 4
Part IV   Supplemental Ir	nformation (continued)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

UPWARDLY GLO	BAL						94-3346127	
Part I General Information on Grants and Assistance								
1 Does the organization maintain records	s to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	า	
criteria used to award the grants or as	sistance?						X Yes  No	
2 Describe in Part IV the organization's p	rocedures for moni	toring the use of grant	funds in the United	d States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any								
recipient that received more than		be duplicated if additi	1	ed.	(0) Madhaad af			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
<ul><li>2 Enter total number of section 501(c)(3)</li><li>3 Enter total number of other organization</li></ul>	-	₹						

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

UPWARDLY GLOBAL 94-3346127 Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (f) Description of noncash assistance (a) Type of grant or assistance (c) Amount of (d) Amount of nonrecipients cash grant cash assistance COVID-19 EMERGENCY CASH ASSISTANCE 0 3,447. STIPEND TO REMOVE PROGRAM PARTICIPATION BARRIER 16 5,042. 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: 1) CANDIDATES FOR COVID-19 EMERGENCY CASH ASSISTANCE WERE SCREENED FOR ELIGIBILITY CRITERIA ACCORDING TO FUNDERS' STIPULATIONS. 2) JOB SEEKERS WERE SCREENED TO UNCOVER TRAINING COMPLETION OBSTACLES. SUCH AS LAPTOP AND OFFICE SUPPLY NEEDS. THOSE INDICATING BARRIERS RECEIVED A

Schedule I (Form 990) 2022 232102 10-31-22 44

STIPEND.

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

UPWARDLY GLOBAL Employer identification number 94-3346127

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JASMEET KRAUSE-VILMAR (i		243,649.	30,000.	0.	8,130.	221.	282,000.	0.	
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0,	0.	
(2) REBECCA NEUWIRTH	(i)	176,615.	0.	0.	5,228.	2,285.	184,128.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) CHRISTINE GINSBURG	(i)	136,560.	0.	0.	4,193.	35,381.	176,134.	0.	
VP OF FINANCE & ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JOSHUA GARNER	(i)	142,068.	0.	0.	0.	14,882.	156,950.	0.	
STRATEGIC COMMUNICATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) KHALID OSMAN	(i)	122,848.	0.	0.	0.	32,403.	155,251.	0.	
VICE PRESIDENT OF TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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.
ART I, LINE 7:
ASMEET KRAUSE-VILMAR RECEIVED A \$30,000 BONUS.

Page 3

Schedule J (Form 990) 2022

# SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

UPWARDLY GLOBAL

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection
Employer identification number

94-3346127

Par	rtI ∣ Ty	pes of Property								
			(a)	(b)	(c)		(d)			
			Check if	Number of	Noncash contri		Method of de			
			applicable	contributions or	amounts report Form 990, Part VI		noncash contribu	ition ar	mounts	S
4	Art Work	s of art		nome communica	1 61111 666, 1 411 11	.,e .g				
1										
2		rical treasures								
3		ional interests								
4		d publications								
5		nd household goods								
6	Cars and	other vehicles								
7	Boats and	planes								
8	Intellectua	ıl property								
9		- Publicly traded	X	4		27,088.	FMV			
10		- Closely held stock								
11		- Partnership, LLC, or								
	trust inter	• • • •								
12		- Miscellaneous								
13		conservation contribution -								
.0	Historic st									
14		conservation contribution - Other								
15		e - Residential								
16		e - Commercial								
17		e - Other								
18		es								
19		ntory								
20	Drugs and	I medical supplies								
21	Taxidermy	<i>'</i>								
22	Historical	artifacts								
23	Scientific	specimens								
24		ical artifacts								
25	Other	( )								
26	Other	()								
27	Other	()								
28	Other	(								
29		f Forms 8283 received by the organi	zation during	the tax vear for c	ontributions					
		the organization completed Form 82	-	•		29				
		organi <u>-</u> anon compressa i cimi c <u>-</u>	.55, , _						Yes	No
30a	During the	e year, did the organization receive b	v contributio	n any property rep	orted in Part I line	s 1 throug	ıh 28 that it		. 55	
ooa	_	· ·	-			-				
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for						20-		х	
	exempt purposes for the entire holding period?						30a			
	<ul> <li>b If "Yes," describe the arrangement in Part II.</li> <li>1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> </ul>						0.4		х	
31							LIUTIS?	31	$\vdash\vdash\vdash$	
32a		organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash				v
	contribution							32a		Х
b	•	escribe in Part II.								
33	If the orga	nization didn't report an amount in o	column (c) fo	r a type of property	for which column	(a) is ched	cked,			
	describe i	n Part II.								
LHA	For Pag	erwork Reduction Act Notice, see	the Instruc	tions for Form 990	).		Schedule M	l (Forn	n 990)	2022

232142 09-09-22 Schedule M (Form 990) 2022

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number** 

UPWARDLY GLOBAL	94-3346127
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
CAREER NAVIGATION ASSISTANCE, AND NETWORKING EVENTS, WHICH HELP THEM	
FULLY UTILIZE THEIR EDUCATION AND SKILLS SO THEY CAN RESTART THEIR	
CAREERS IN THE U.S.	
IN 2022 UPWARDLY GLOBAL'S CAREER COACHING PROGRAM HELPED PLACE MORE	
THAN 1,000 JOB SEEKERS IN THRIVING-WAGE JOBS WITH AN AVERAGE STARTING	
SALARY OF OVER \$66,000. TO DATE, WITH UPWARDLY GLOBAL'S SUPPORT,10,000	
IMMIGRANTS ARE IN THRIVING-WAGE JOBS THAT CONTRIBUTE MORE THAN \$74	
MILLION ANNUALLY TO THE U.S. ECONOMY. OUR GOAL IS TO REACH 25,000	
IMMIGRANTS, REFUGEES, AND ASYLEES WITH OUR RESOURCES AND SERVICES BY	
2026.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
FOR POLICYMAKERS AND ADVOCACY GROUPS, UPWARDLY GLOBAL ENABLES	
LARGE-SCALE SYSTEMS CHANGE BY UPLIFTING JOB-SEEKER NARRATIVES, PROVIDES	
EXPERT CONSULTATION TO FEDERAL AND STATE POLICYMAKERS AND, IN	
COALITIONS, ADVOCATES FOR POLICY PRIORITIES THAT PROMOTE THE INCLUSION	
OF NEWCOMERS IN THE U.S. WORKFORCE.	
FORM 990, PART VI, SECTION A, LINE 4:	
THE ORGANIZATION UPDATED ITS BYLAWS IN 2022 SO THAT A MAJORITY OF THE	
MEMBERS PRESENT, WHETHER OR NOT CONSTITUTING A QUORUM, MAY ADJOURN ANY	
MEETING TO ANOTHER TIME AND PLACE. A MEETING AT WHICH A QUORUM IS INITIALLY	
PRESENT MAY CONTINUE TO TRANSACT BUSINESS, NOTWITHSTANDING THE WITHDRAWAL	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** UPWARDLY GLOBAL 94-3346127 OF MEMBERS. IF ANY ACTION TAKEN IS APPROVED BY AT LEAST A MAJORITY OF THE REQUIRED QUORUM FOR THAT MEETING. FORM 990, PART VI, SECTION B, LINE 11B: 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. FORM 990, PART VI, SECTION B, LINE 12C: UPWARDLY GLOBAL HAS IMPLEMENTED AN ANNUAL CONFLICT OF INTEREST SIGNOFF PROCESS FOR ALL EMPLOYEES AND DIRECTORS. 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. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST: (A) AN INTERESTED PERSON MAKES A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE LEAVES THE MEETING

Schedule O (Form 990) 2022 Page **2** 

Name of the organization **Employer identification number** UPWARDLY GLOBAL 94-3346127 DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. (B) THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. (C) AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE DETERMINES WHETHER UPWARDLY GLOBAL CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. (D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST. THE GOVERNING BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN UPWARDLY GLOBAL' BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT MAKES ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. 2. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY: (A) IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. (B) IF AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. IN ADDITION, EVERYONE WHO SIGNS THE ANNUAL COI ATTESTATION WILL LIST THEIR POSSIBLE CONFLICTS. THE CHAIR OF THE BOARD, SECRETARY OF THE BOARD, AND

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization UPWARDLY GLOBAL 94-3346127 UPWARDLY GLOBAL'S CEO WILL RECEIVE THE LIST(S). ALL WILL BE TASKED WITH ENSURING THE CONFLICTED PARTY IS EXCLUDED FROM TRANSACTIONS THAT WOULD BE AFFECTED BY THE RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 15: IN DEMONSTRATION OF ITS DEDICATION TO INTERNAL PAY EQUITY AND ALIGNMENT WITH MARKET NORMS, UPWARDLY GLOBAL ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTANCY FIRM IN THE YEAR 2021 TO EXECUTE A COMPREHENSIVE COMPENSATION BENCHMARKING ANALYSIS ENCOMPASSING ALL JOB ROLES. INCLUDING THAT OF THE CHIEF EXECUTIVE OFFICER. SUBSEQUENT TO THIS STUDY, ADJUSTMENTS WERE MADE TO THE REMUNERATION STRUCTURES WITHIN THE ORGANIZATION. THE BOARD OF DIRECTORS DILIGENTLY ASSESSED AND APPROVED THE SALARY RANGE FOR THE CHIEF EXECUTIVE OFFICER POSITION, WHILE THE SALARY RANGES FOR ALL OTHER POSITIONS, INCLUDING EXECUTIVE, WERE REVIEWED AND AUTHORIZED BY THE CHIEF EXECUTIVE OFFICER. THE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2021 FOR SALARY CHANGES EFFECTIVE 2022. FORM 990. PART VI. LINE 17. LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE.

Schedule O (Form 990) 2022