Form	99	0
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Department of the Treasury

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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.

Open to Public

OMB No. 1545-0047 2020

		venue Service	F Go to www.irs.gov/Form990 for instructions and		iation.		
A	For t	the 2020 calen		and ending		,	20
В	Check	if applicable:	C		D Employ	er identifi	cation number
	А	ddress change	Upwell Turtles		82-1	13092	35
	N	lame change	99 Pacific Street 375E		E Telepho	ne numbe	er
	Ir	nitial return	Monterey, CA 93940		831	291-	5123
		inal return/terminated					0120
		mended return			G Gross re	ceints \$	854,682.
		pplication pending	F Name and address of principal officer:	H(a) is t	his a group return		
		opplication penuling	George II. Shirringe	H(b) Are	all subordinates		
	т		Same As C Above	If "I	No," attach a list.	See instr	
<u> </u>		-exempt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or	527			
J	We	ebsite: ► ww	w.upwell.org	.,	oup exemption nu		
ĸ		m of organization:		ear of formation: 20)17 M/s	tate of leg	gal domicile: CA
Pa	rt I	Summar	/				
	1	Briefly descri	be the organization's mission or most significant activities: T_{O}	protect and	<u>l recove</u>	<u>end</u>	langered
e		populati	ons of turtles by reducing threats at se	ea			
Activities & Governance							
ŝĽ							
OVE	2	Check this bo				net ass	ets.
G	3		ting members of the governing body (Part VI, line 1a)			3	4
ŝŝ	4		dependent voting members of the governing body (Part VI, line	•		4	3
itie	5		of individuals employed in calendar year 2020 (Part V, line 2a)			5	4
ctiv	6		of volunteers (estimate if necessary)			6	12
Ā			d business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·		7b	0.
	-	0 1 1 1			Prior Year		Current Year
Ð	8		and grants (Part VIII, line 1h).		922,4		831,777.
Revenue	9	-	ice revenue (Part VIII, line 2g)		101,7	35.	2,587.
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)				
æ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				20,318.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), lin		1,024,1	61.	854,682.
	13		milar amounts paid (Part IX, column (A), lines 1-3)				
	14		to or for members (Part IX, column (A), line 4)				
<i>"</i>	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines	5-10)	374,5	07.	398,979.
Expenses	16a	Professional	undraising fees (Part IX, column (A), line 11e)				
per	h	Total fundrais	ing expenses (Part IX, column (D), line 25) ► 69	9,946.			
EX	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		440.0	70	256 104
		•			440,0		356,104.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		814,5		755,083.
	19	Revenue less	expenses. Subtract line 18 from line 12		209,5		99,599.
Net Assets or Fund Balances					nning of Curren		End of Year
alar	20		Part X, line 16)		660,7		738,040.
t As	21	lotal liabilitie	s (Part X, line 26)		59,6	06.	37,339.
βŢ	22	Net assets or	fund balances. Subtract line 21 from line 20		601,1	02.	700,701.
Pa	rt II	Signatur	e Block				
Unde	er pena	alties of perjury, I de	clare that I have examined this return, including accompanying schedules and statem rer (other than officer) is based on all information of which preparer has any knowled	ents, and to the best of	of my knowledge	and belief	f, it is true, correct, and
comp	olete. D	Declaration of prepa	rer (other than officer) is based on all information of which preparer has any knowled	je.			
		► Chr	a de Ohlley		4/20/20	021	
Sig	ın	Signaty	e of officer		Date		
He	re	Geo	rge L. Shillinger	Exe	ecutive I	irec	tor
		Type or	rge L. Shillinger				
		Print/Type p	reparer's name Preparer's signature	Date	Check	if P	TIN
D-	a.	Douglas	E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA	4 2 21	self-employe	4	01521705
Pai					3ch-chipioye	⊶ P	01321703
r re lle	epar e Or						CO CE 41
03		TIY Firm's addre			Firm's EIN		2626541
			San Francisco, CA 94111		Phone no.		
way	/ the	IRS discuss th	is return with the preparer shown above? See instructions				X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Forn	n 990 (20	20) Upwell	Turtles		82-	1309235	Page 2
Pa				ce Accomplishments			
	(Check if Schedu	le O contains a res	ponse or note to any line in this	Part III	<u></u>	
1	Briefly o	describe the org	anization's missior	:			
	<u>To p</u>	rotect and	recover end	angered populations	of turtles by reducing	<u>threats a</u>	<u>t sea.</u>
2					which were not listed on the prior		
						···· Yes	X No
~			new services on Sch		u it appeluate and are grown as a size of		XZ N.
3			changes on Schedule		w it conducts, any program services?.	···· Yes	X No
4	Section	501(c)(3) and 5	on's program servi 501(c)(4) organizat r each program ser	ons are required to report the a	its three largest program services, as mount of grants and allocations to oth	measured by ers, the total e	expenses. expenses,
4 a	a (Code:) (E:	xpenses \$	537,939. including grants of	of \$) (Revenue	\$	2,587.)
	<u>(e.g.</u> <u>a_por</u> <u>consu</u> <u>Planr</u> <u>appli</u> <u>Ocear</u>	, egg trai pulation v iltation w ning Specia ied the Sea n Internat	nslocation, iability ana ith experts alist Group a Turtle Act ional for pr	captive_rearing_and lysis (PVA) for East worldwide_and_with_f of_the_IUCN_Species ive_Movement_Model (edictive_analyses_of	tary ex-situ conservati release), including the ern Pacific leatherback acilitation from the Co Survival Commission. Re STAMM) in partnership w hatchling dispersal fr d Pacific Oceans (cont)	developm recovery nservatio fined and ith Merca om key	ent_of in on tor
							·
							· – – – – – –
41	b (Code:) (E)	xpenses \$	including grants of	of \$) (Revenue	Ś)
		/(_/				·	/
							·
							·
40	c (Code:) (E:	xpenses \$	including grants o	of \$) (Revenue	\$)
							· – – – – – –
							· – – – – – –
4	d Other n	rogram services	(Describe on Sche	edule O.)			
- 1	(Expens			ncluding grants of \$) (Revenue \$)
4 6		rogram service e		537,939.	, (
RAA			1	TEE 001021 10/07/2	0	For	m 990 (2020)

Form 990 (2020)Upwell TurtlesPart IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
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.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ł	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.	11 b		Х
C	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	11 c		Х
C	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	Х	
ł	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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 (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

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Form 990 (2020)

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 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a 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.... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a 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..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25h Х 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 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 Х persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): 28 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х '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 c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 32 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 L*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... Х 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... 36 36 Х 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 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 7 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c

Form 990 (2020) Upwell Turtles

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82-1309235

Page 4

		(2020) Upw						-			_						-								8	32-13	30923	35		Pa	age 5
Par	t V	Statem	ents	5 R	egar	rding	y O t	the	er II	R	SI	Fili	ng	s a	nd	Та	x C	om	plia	nce	(CC	ontir	านธ	ed)							
																													Yes	5	No
2.	Fnte	er the number o	of emr	nlov		renort	ted (on F	Forr	'n '	w/ .	.3 .	Trar	ารฑ	ittal	l of	War	1e an	nd Ta	av St	ate.	1	1								
20	men	its, filed for the	caler	nda	r yea	r endi	ing v	with	1 or	r w	/ithi	iin t	he y	year	r co	vere	ed b	y this	s ret	urn		2	а				4	1			
k) If at	least one is re	ported	d oi	n line	: 2a, c	did t	the o	orga	jan	niza	atio	n fil	e al	ll re	quir	red f	edera	al er	mploy	ymei	nt tax	x re	eturr	ns?.			2 b	Х	[
	Note	: If the sum of lir	ies 1a	a an	d 2a is	s grea	ter tl	than 2	250	0, y	you	ı ma	ay be	e rec	quire	ed to	o e-fi	<i>le</i> (se	e ins	structi	ions)										
3 a	Did i	the organizatio	ר hav	ve u	nrela	ted bu	usin	less	gro	055	s ir	nco	me	of \$	\$1,0	00 (or m	ore o	durir	ng the	e yea	ar?						3 a			Х
ł	b If 'Ye	s,' has it filed a Fo	m 990-)-T fo	or this	year? I	lf 'No	o' to li	line 3	3b,	, pro	ovide	e an e	expla	anatio	on or	n Sche	edule (0									3 b)		
4 a	At ar	ny time during th	ie cale	end	ar yea	ar, did	l the	orga	janiz	izat	tior	n ha	ave a	an ir	nter	est i	in, or	r a si	gnat	ure or	r oth	er au	itho	rity	over,	а		_			17
		ncial account in		-		-				1 D2	anł	k ad	CCOL	int,	sec	curit	ies a	ассоі	unt,	or oth	her 1	inan	icia	l ac	cour	nt)?		4 a		_	Х
t		es,' enter the n				-		-	-			114			1 . 6	-		Davala				A		4- 7				_			
5		instructions for t	-														-											E a			Х
		the organization the organization the organization of the organiza			-	•											-			-		-						5 a 5 b		_	X
		es,' to line 5a c	-	-		-									•	-												50	_		Λ
						-																						50			
6 a	Doe: solic	s the organizati	on ha tions	ave tha	annu t wer	ial gro e not	oss i tax	rece ded	eipt: Juct	ts t tibl	tha le a	at al as d	re n char	orm ritat	nally ble (/ gre	eate tribu	r tha tions	in \$1 s?	00,00	00, á	and c	did '	the	orga	nizati	on 	6 a			Х
ł) If 'Ye	es,' did the orgai	nizatio	on ir	nclude	e with	ever	ery so	olici	cita ¹	atior	n ar	n ex	pres	ss st	tater	ment	: that	sucl	h cont	tribu	tions	or	gifts	swer	е			1		
	not	tax deductible?																										6 b)		
7	Orga	anizations that	may	rec	eive	deduo	ctibl	le co	ont	trib	but	tion	s ur	nde	r se	ctic	on 17	70(c)).												
ā	Did	the organization	n rece	eive	a pa	aymer	nt in	n exc	ces	ss (of S	\$75	i ma	ade	par	tly a	as a	cont	tribu	tion a	and p	partly	y fo	or go	oods	and					V
		ices provided to		1																								7 a			Х
		es,' did the org																										7 b		_	
C	: Did t Forn	he organization 8282?	sell, e	excr	lange	, or ot	therv	wise	dis	spo)se	: 01	tang	Jible	e per	rson	al pr	operi	ty fo	r whic	ch it	was i	requ	uirec	d to f	ile		7 c			Х
c		es,' indicate the																													
		the organization																						t cor	ntrac	:t?		7 e			Х
		the organization			-				-				-			•				•								7 f			Х
	i If the	e organization re	ceived	d a	contri	ibutior	n of (quali	lifie	ed ii	inte	elled	ctual	l pro	oper	ty. c	did th	ne oro	ganiz	zation	ı file	Form	1 88								
	as re	equired?																										7 g			
ł	If the	e organization i n 1098-C?	receiv	ved	a cor	ntribu	tion	of c	cars	s, I	bo	ats	, air	pla	nes	, or	othe	er ve	hicle	es, di	d the	e org	jani	izati	ion fi	ile a		7 h			
8		nsoring organiz	ations	s ma	aintair	nina d	lono	or adv	lvis	sed	d fu	unds	s. D	id a	dor	nor a	advis	ed fu	und r	nainta	ainec	 1 bv t	the s	 SDOI	nsori	na		7 1		_	_
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		the sponsoring	-				-	-																					,		
10	Sect	tion 501(c)(7) o	rgani	izati	ions.	Enter	r:																								
a	i Initia	ation fees and o	capita	al co	ontrib	utions	s ind	clude	led	on	n P	' art	VIII	I, lir	ne 1	2						10	а								
t	Gros	ss receipts, incl	uded	on	Form	ı 990,	, Pai	rt VI	ΊΠ ,	lin	าย	12,	for	put	olic	use	of c	lub f	facili	ities		10	b								
11	Sect	tion 501(c)(12)	orgar	niza	tions	. Ente	er:																								
ā	Gros	ss income from	mem	nbei	rs or a	share	holc	ders.	.													11	а								
ł	Gros	ss income from nst amounts du	other	r sc		s (Do	not	net	t am	moi	unt	ts c	Jue	or p	baid	to	othe	r sou	urces	S		11	h								
12 :		tion 4947(a)(1)																						104	117			12a			
		es,' enter the a			-								-				-					12		101							
		tion 501(c)(29)																9					~					-			
		e organization	•			-										tha	n or	ne sta	ate?									13a			
	Note	: See the instr	uction	ns f	or ad	dition	ial ir	nforn	mat	atio	on t	the	org	aniz	zatio	on n	nust	repo	ort o	n Scł	nedu	le O									
ł) Ente	er the amount o	f rese	erve	es the	e orga	aniza	ation	n is	s re	equ	uire	d to) ma	ainta	ain I	by th	ne sta	ates	in		112	ы								
		ch the organization the amount of the amount of the second s						•					•									13 13						_			
		the organization																										14a		+	X
		es,' has it filed																										14a	-	+	- 23
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15	exce	ne organization ess parachute p es,' see instruction	ayme	ent((s) du	iring t	he y	year	r ?				-		• •													15			Х
16		e organization											he 4	sert	tion	<u>1</u> 06	58 -	rcico	a tav	0n n	lot ir		me	nt in	ncon	1e7		16			Х
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					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1 a	4			
b	Enter the number of voting members included on line 1a, above, who are independent	1 b	3			
	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?	hip wit	n any other	2		X
3	Did the organization delegate control over management duties customarily performed by or under th of officers, directors, trustees, or key employees to a management company or other person	ne direc	t supervision			
4	Did the organization make any significant changes to its governing documents	16		3		Х
	since the prior Form 990 was filed?			4		Х
	Did the organization become aware during the year of a significant diversion of the organization			5		Х
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	ppoint	one or more	6 7 a		X X
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?			7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:	during	the year by			
	The governing body?			8 a	Х	
	Each committee with authority to act on behalf of the governing body?			8 b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>			9		Х
Sec	tion B. Policies (This Section B requests information about policies not req	quirea	by the Internal Re	eveni	ie Co	ode.)
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10 a		Х
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?			10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			10 -	v	
	Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that			12 a	Х	
	bid the organization regularly and consistently monitor and enforce compliance with the policy? <i>If '</i>			12 b	Х	
	Schedule O how this was done See .Schedule . 0			12c	X	
	Did the organization have a written whistleblower policy?			13 14	X X	
	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and de	cision	?			
	The organization's CEO, Executive Director, or top management official. See Schedule			15a	X	
b	Other officers or key employees of the organizationSee .Schedule .O.			15 b	Х	
16 -	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arran	comont with a			
	taxable entity during the year?			16 a		Х
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safe	guard the	16 b		
Sec	tion C. Disclosure		<u></u>			1
-	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.	-		01(c)(3)s on	ly)
10			plain on Schedule O)	blo to		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year. See Schedule O	-		inie (0		
20	State the name, address, and telephone number of the person who possesses the organization's bo					
BAA	Kristin Reed 99 Pacific Street 375-E Monterey CA 93940 833 TEEA0106L 10/07/20	т 29	1-5123	Form	990 ((2020)

Section A. Governing Body and Management

82-1309235

Page 6

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Form 990 (2020) Upwell Turtles	82-1309235	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Higher Independent Contractors	st Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		L
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compens	sated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year.	ng with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	ations), regardless of amount of	

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		(C)								
(A) Name and title	(B) Average hours per	is	s both dire	an o ector/	ot che unles fficer 'truste			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) George Shillinger, Pres. & Executive Dir.	$-\frac{40}{0}$	х		Х				156,600.	0.	9,396.
(2) Kristin Reed, Operations Director	$\frac{24}{0}$			X				81,200.	0.	3,360.
(3) Thomas Jorde, Chair & Director	<u>1</u> 0	X		Х				0.	0.	0.
(4) Rodney Berens Director	$-\frac{1}{0}$	Х						0.	0.	0.
	$-\frac{1}{0}$	х						0.	0.	0.
(6)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
BAA	TEEA0	107L	10/07	7/20						Form 990 (2020)

Form 990 (2020) Upwell Turtles

82-1309235 Page 8

Part	VII Section A. Officers, Directors, Tru	ıstees, l	Key	En	ıplo	bye	es,	and	d Highest Com	pensated Empl	oyees	(conti	inued)
		(B)			(0	•							
	(A) Name and title	Average hours per week	box offic	, unle	ess pe	erson direct	e than is botl or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from		(F) ated am	ount
		(list any hours for related organiza - tions	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the o an	nsation rganizat d related anization	tion d
		below dotted line)	ustee	trustee		90	pensated						
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)			·										
(23)													
(24)													
(25)													
	Subtotal								237,800.	0.		12,7	756.
	otal from continuation sheets to Part VII, Section							•	0.	0.			0.
	otal (add lines 1b and 1c)							•	237,800.	0.			756.
	otal number of individuals (including but not limited rom the organization \blacktriangleright 1	to those I	isted	abo	ve) \	who	recer	ved	more than \$100,00	U of reportable compo	ensatioi	1	
3 [Did the organization list any former officer, direct	tor. truste	e. ke	ev e	nala	ovee	e. or	hiał	nest compensated	emplovee		Yes	No
C	n line 1a? If 'Yes,' compléte Schedule J for suc	h individu	al								3		Х
t	or any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	202	<i>lf</i> '}	es,	' con	ıple	te Schedule J for		4	Х	
5 [Did any person listed on line 1a receive or accrue or services rendered to the organization? If 'Yes	e compen	satio	n fr	om	anv	unre	elate	d organization or	individual	5		Х
Secti	on B. Independent Contractors												
	Complete this table for your five highest compenson on provide the compension from the organization. Report compension from the organization of the compension of the compensi												
	(A) Name and business addr	ress							(B) Description of	of services	((Compe	C) nsatic	n
	otal number of independent contractors (including b 100,000 of compensation from the organization		ited to	o tha	ose l	isteo	l abo	ve)	who received more	than			

Form 990 (2020) Upwell Turtles Part VIII Statement of Revenue

Page 9

Par	t V	/III Statement of Revenue					
		Check if Schedule O contains a re	sponse or note to any	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1 b Membership dues 1 c Fundraising events 1 d Related organizations 1 e Government grants (contributions) 1	b c d				
Contribution and Other S		f All other contributions, gifts, grants, and similar amounts not included above 1 g Noncash contributions included in lines 1a-1f. 1 h Total. Add lines 1a-1f. 1	g	831,777.			
			Business Code	0.51,777.			
Program Service Revenue		a <u>School Trip</u> bc	900099	2,587.	2,587.		
^r rogram Sei		de f All other program service revenue g Total. Add lines 2a-2f		2 597			
<u> </u>	3	Investment income (including dividends, other similar amounts)	interest, and ►	2,587.			
	4 5	Royalties() Real					
	I	a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of assets other than inventory b Less: cost or other basis	(ii) Other				
		and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss)					
nue		a Gross income from fundraising events (not including \$					
Other Revenue			8a				
the		b Less: direct expenses c Net income or (loss) from fundraising	8b				
0	9 (a Gross income from gaming activities. See Part IV, line 19	9a				
			9b				
		c Net income or (loss) from gaming ac a Gross sales of inventory, less	0a				
_	1		0b				
ស			Business Code				
Miscellaneous Revenue	11 a	a Board_trip b <u>Miscellaneous</u>	900099 900099	20,000. 318.			20,000. 318.
Misce		d All other revenue		20 210			
	-	Total revenue. See instructions		20,318. 854,682.	2,587.	0.	20,318.
DAA	-			004,002.	2,001.	υ.	20,010.

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·						
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	244,142.	208,239.	23,810.	12,093.						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	99,494.	19,547.	39,476.	40,471.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,006.	244.	394.	368.						
9	Other employee benefits	28,147.	10,804.	10,108.	7,235.						
10	Payroll taxes	26,190.	16,566.	5,135.	4,489.						
	Fees for services (nonemployees):										
ä	Management										
	Legal	7,621.		7,621.							
	Accounting.	10,629.		10,629.							
	Lobbying.										
	Professional fundraising services. See Part IV, line 17										
	Investment management fees										
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule $0.$ $ch \cdot 0$. Advertising and promotion	185,480.	171,008.	11,885.	2,587.						
13	Office expenses	10,064.	8,728.	1,139.	197.						
14	Information technology	1,048.	491.	545.	12.						
15	Royalties	,									
16	Occupancy	16,391.	11,606.	3,589.	1,196.						
17	Travel	26,108.	4,005.	22,103.	·						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	2,537.	2,505.	32.							
20	Interest		,								
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	2,045.	2,045.								
23		6,767.	5,206.	1,528.	33.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
ä	Field_supplies	68,322.	68,048.	274.							
	P Miscellaneous	12,135.	1,940.	8,930.	1,265.						
	Res. Aircraft & Vessel	6,957.	6,957.		,=						
C											
(All other expenses.										
25	Total functional expenses. Add lines 1 through 24e	755,083.	537,939.	147,198.	69,946.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)										

 Form 990 (2020)
 Upwell Turtles

 Part IX
 Statement of Functional Expenses

Form 990 (2020) Upwell Turtles Part X Balance Sheet

Part X	Balance	Shee
ΓαιιΛ		JIIC

				(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing			172,579.	1	194,146
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			420,000.	3	335,000
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	er officer, contributo rsons	director, or, or 35%		5	
6	Loans and other receivables from other disqualified p		-			
	section 4958(f)(1)), and persons described in section	4958(c)(3)	(В)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			45,285.	8	111,058
9	Prepaid expenses and deferred charges			22,844.	9	12,840
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	I I				
	b Less: accumulated depreciation	10b	2,045.		10 c	84,996
11					11	
12	Investments – other securities. See Part IV, line 11				12	
13	Investments – program-related. See Part IV, line 11.				13	
14	Intangible assets.		-		14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line			660,708.	16	738,040
17	Accounts payable and accrued expenses			10 705	17	
17 18				16,735.	17 18	33,208
10	Deferred revenue			42,871.	10	4,13
20	Tax-exempt bond liabilities			42,0/1.	20	4,13.
20	Escrow or custodial account liability. Complete Part				20	
22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution	ficer, direc utor. or 35	tor, trustee, %			
	controlled entity or family member of any of these pe				22	
23	5 5 1 5	•			23	
24	Unsecured notes and loans payable to unrelated third	•			24	
25	and other liabilities not included on lines 17-24). Com				25	
26	5			59,606.	26	37,339
27 28	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e► X				
27	Net assets without donor restrictions			53,699.	27	158,58
28	Net assets with donor restrictions		· · · · · · · · · · · · · · · · · · ·	547,403.	28	542,114
	Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►				
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipn				30	
31	Retained earnings, endowment, accumulated income				31	
32	Total net assets or fund balances			601,102.	32	700,702
1	Total liabilities and net assets/fund balances		-	660,708.	33	738,040

82-1309235

Page 11

Form	990	(2020)	Upwei	11 7	Furtles 82	-1309	9235		Pa	age 12
Par	t XI	Reco	nciliati	ion c	of Net Assets					
) contains a response or note to any line in this Part XI					
1	Tota	l revenue	e (must /	equal	Part VIII, column (A), line 12)	. 1		8	54,6	682.
2	Tota	l expens	es (mus	t equa	al Part IX, column (A), line 25)			7.	55,0	083.
3					Subtract line 2 from line 1	-			99,5	599.
4	Net a	assets o	r fund ba	alance	es at beginning of year (must equal Part X, line 32, column (A))	. 4		6	01,1	102.
5	Net ı	unrealize	d gains	(loss	es) on investments	. 5				
6					of facilities					
7			•							
8			,			_				
9		-			ts or fund balances (explain on Schedule O)	. 9				0.
10	colur	nn (B)).			at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	. 10		7	00,	701.
Par	t XII	Finar	icial St	tater	nents and Reporting		•			
) contains a response or note to any line in this Part XII					🗖
									Yes	No
1	Acco	ounting n	nethod u	sed t	o prepare the Form 990: Cash X Accrual Other		[
	lf the	e organiz chedule (zation ch O.	ange	d its method of accounting from a prior year or checked 'Other,' explain					
2 a	Were	e the org	anizatio	n's fir	nancial statements compiled or reviewed by an independent accountant?			2a		Х
	lf 'Y∉ sepa	rate bas	k a box is, conso ite basis	olidat	v to indicate whether the financial statements for the year were compiled or reviewed basis, or both: Consolidated basis Both consolidated and separate basis	ved on	а			
t	Were	e the org	anizatio	n's fir	nancial statements audited by an independent accountant?			2b	Х	
	lf 'Ye	es,' chec s, consol		below asis,	v to indicate whether the financial statements for the year were audited on a sepa	rate				
C	If 'Ye revie	es' to line w, or co	2a or 2b mpilatio	, does n of it	s the organization have a committee that assumes responsibility for oversight of the aud ts financial statements and selection of an independent accountant?	it,		2 c	Х	
	on S	chedule	Ο.	5	d either its oversight process or selection process during the tax year, explain					
	Audi	t Act and	d OMB C	Circula	rd, was the organization required to undergo an audit or audits as set forth in the Single ar A-133?			3a		Х
Ł					undergo the required audit or audits? If the organization did not undergo the required and Schedule O and describe any steps taken to undergo such audits			3b		
BAA					TEEA0112L 10/19/20			Form	99 0	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Open to Public	
Inspection	

Name of the organization
Department of the Treasur Internal Revenue Service

(E)

Total

	Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							
Name o	of the organization				Employer identification	ation number		
Upw	ell Turtles						82-130923	-
Part				organizations must			1 /	ctions.
	<u> </u>	•		(For lines 1 through 12,		2	,	
1				churches described in sec			(i).	
2				n Schedule E (Form 990 or				
3								
4		-	ation operated in con	junction with a hospital	describe	ed in sec	ction 170(b)(1)(A)(iii). E	Inter the hospital's
_	name, city, a	nd state:	·					
5	5 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, sta	ate, or local gov	ernment or governm	ental unit described in s	ection 1	1 70(b)(1)(A)(v).	
7	X An organizatio	on that normally (0(b)(1)(A)(vi). (receives a substantial (Complete Part II.)	part of its support from a	governm	iental un	it or from the general pu	blic described
8	A community	trust described	l in section 170(b)(1)	(A)(vi). (Complete Part I	l.)			
9	An agricultural	l research organ	ization described in se	ection 170(b)(1)(A)(ix) oper	ated in c	conjuncti	on with a land-grant colle	ege
	or university o	r a non-land-gra	nt college of agricultur	re (see instructions). Enter	the nan	ne, city,	and state of the college	or
	university:							
10	from activities investment in	s related to its on nome and unre	exempt functions, su lated business taxab	than 33-1/3% of its supplication ble income (less section	ns; and	(2) no i	more than 33-1/3% of i	ts support from gross
11			509(a)(2). (Complete	rely to test for public safe	atv Sac	section	n 509(a)(4)	
12								ut the nurnesses of one
12	or more publi	icly supported c	organizations describ	vely for the benefit of, to ed in section 509(a)(1) of supporting organization	or sectio	on 509(a)(2). See section 509(a	
а	 organization(s) 	orting organizati) the power to re r t IV, Sections /	egularly appoint or electron	ed, or controlled by its sup ct a majority of the directo	ported or true	organizat stees of	ion(s), typically by giving the supporting organizati	g the supported on. You must
b	management	oporting organized of the supporting t e Part IV, Sect	j organization vested i	controlled in connection n the same persons that c	with its ontrol or	suppor manage	ted organization(s), by the supported organizat	having control or ion(s). You
с	Type III function	onally integrated s) (see instruct	I. A supporting organizations). You must com	ation operated in connectio	n with, a A, D, an	nd functi d E.	onally integrated with, its	supported
d	functionally in	ntegrated. The o	organization general	ganization operated in cor ly must satisfy a distribu ns A and D, and Part V.	nnection tion req	with its uiremer	supported organization(s it and an attentiveness) that is not requirement (see
е	Check this bo	ox if the organiz	zation received a writ	tten determination from	the IRS	that it is	s a Type I, Type II, Typ	e III functionally
	integrated, or	Type III non-fu	unctionally integrated	I supporting organizatior	۱.			-
				ed organization(s).				
-	i) Name of supported of		(ii) EIN	(iii) Type of organization	1	Is the	(v) Amount of monetary	(vi) Amount of other
,	,	- g	((described on lines 1-10 above (see instructions))	organiza in your o	tion listed governing ment?	support (see instructions)	support (see instructions)
					Yes	No	1	
(A)								
<u>. , , , , , , , , , , , , , , , , , , ,</u>								
(B)								
(C)								
(D)								
(E)								

	organization fails to qualify under the tests listed below, please complete Part III.)						
Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		390,549.	642,083.	922,426.	831,777.	2,786,835.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	390,549.	642,083.	922,426.	831,777.	2,786,835.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						317,771.
6	Public support. Subtract line 5						
_	from line 4						2,469,064.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0.	390,549.	642,083.	922,426.	831,777.	2,786,835.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI					20,318.	20,318.
11	Total support. Add lines 7 through 10						2,807,153.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	217,101.
13	First 5 years. If the Form 990 is organization, check this box and	for the organizatio	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	> X
500	tion C. Computation of Pul	•					Δ
14				ne 11. column (f))	14	%
	Public support percentage from a						%
16a	6a 33-1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►						
b	b 33-1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances' f	nd-circumstances test. The organiza	test, check this b tion qualifies as a	box and stop here a publicly support	• Explain in Part ed organization	VI how the
18	Private foundation. If the organize	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►

Schedule A (Form 990 or 990-EZ) 2020

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.)

82-1309235

Page 2

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
I	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					►
-	tion C. Computation of Pul		•	10 10 10	、		0
	Public support percentage for 20						<u>%</u>
-	Public support percentage from					16	010
	tion D. Computation of Inv					· ·	٥
17	Investment income percentage f						00
18	Investment income percentage f						d line 17
19a	33-1/3% support tests—2020. If t is not more than 33-1/3%, check						
b	33-1/3% support tests—2019. If the 18 is not more than 33-1/3%	the organization d	id not check a bo	ox on line 14 or lir	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	Private foundation. If the organi.	zation did not che	ck a box on line	14, 19a, or 19b, c	check this box and	I see instructions.	· · · · · · · · · · · · · · · · · · ·

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

			Yes	No
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.	1		
2	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).	2		
3	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.	3a		
	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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>	3b		
	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.	3c		
4	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.	4a		
	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.	4b		
	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.	4c		
Ę	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).	5a		
	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
(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 .	6		
7	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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ</i>).	7		
8	3 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
ç	Da 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 .	9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
10	Ja 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)? <i>If 'Yes</i> ,' answer line 10b below.	10a		
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

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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 in lines 11b and 11c below,			
the governing body of a supported organization?	а		
b A family member of a person described in line 11a above?	b		
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	С		
Section B. Type I Supporting Organizations			

- 1 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played		
in this regard.		

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).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 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**.
- **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.

	Yes	No
2a		
20		
2b		
3a		
3b		

	N/	
35	F	age 5

Yes

2

No

Schedule A (Form 990 or 990-EZ) 2020 Upwell Turtles Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V

Page 6

ec	tion 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		
Sec	tion 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		
Ł	Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sec	tion 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-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2020

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Sι	upporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	S,	2		
3	Administrative expenses paid to accomplish exempt purposes of su		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
k	P From 2016				
0	From 2017				
c	From 2018				
e	PFrom 2019				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
	Excess from 2017				
0	Excess from 2018				
C	Excess from 2019				
e	Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	990 or 990-EZ) 2020	Upwell	Turtles		82-130	9235 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
Part II, Lir	ne 10 - Other Inc	ome				
<u>Nature</u> a	and Source	20	20 2019	2018	2017	2016
Miscella			0,318. 0,318. \$	0. \$ (<u>\$0.</u>	\$0.

Additional Explanation of Other Income

From time to time, miscellaneous amounts are received during the course of

performing the organization's tax-exempt function.

SCHE	EDU	JLI	E (С	
(Form	990	or	99	0-1	EZ

Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service

(5)

(6)

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.

Open to Public Inspection

OMB No. 1545-0047

2020

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

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

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

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

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

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

Name	of organ	ization			Employer identification	ation number
		Turtles			82-130923	
Par	t I-A	Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1			organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV.	
2	Politic	cal campaign activity ex	penditures (See instructions)		▶\$	
3	Volun	teer hours for political	campaign activities (See instructions)			
Par	t I-B	Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955.	►\$	0.
3	If the	organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a	a correction made?				
		s,' describe in Part IV.				
Par	t I-C	Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1			pended by the filing organization for section			
2	Enter 527 e	the amount of the filing exempt function activitie	g organization's funds contributed to other	organizations for sec	tion ▶\$	
3	Total line 1	exempt function expen-	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter organ amour	the names, addresses nization made payments nt of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a s received that were promptly and directly del I action committee (PAC). If additional spa	of all section 527 pol mount paid from the f livered to a separate po	itical organizations to w filing organization's fun- plitical organization, such	/hich the filing ds. Also enter the as a separate
		(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
(1)						
(2)						
(3)						
(4)						

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

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 202	²⁰ Upwell Tur	tles		82-130	9235 Page 2
	the organization	on is exempt under se	ction 501(c)(3) and	l filed Form 5768 (e	lection under
A Check ► if the filin	ng organization belor	ngs to an affiliated group (and	l list in Part IV each affili	ated group member's nam	ne,
	•	nd share of excess lobbying			
B Check ► if the filin	ng organization ch	ecked box A and 'limited co	ontrol' provisions apply.		
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	ublic opinion (grassroots lo	bbying)		
b Total lobbying expendit	ures to influence a	legislative body (direct lob	bying)		
	•	and 1b)			
e Total exempt purpose e	expenditures (add l	nes 1c and 1d)			
		nount from the following ta	<u></u>		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
•	•	of line 1f)			
-		ss, enter -0 s, enter -0			
j If there is an amount othe section 4911 tax for this	er than zero on eithe s year?	r line 1h or line 1i, did the or	ganization file Form 4/20) reporting	Yes No
(Som	e organizations th columns b	4-Year Averaging Period at made a section 501(h) e elow. See the separate inst	lection do not have to	complete all of the five rrough 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

For each West response on lines to through to below provide in Part IV a detailed description			(b)		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
 See Part IV During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: 					
a Volunteers?		Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?	Х			62	•
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		Х			
j Total. Add lines 1c through 1i				62	
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5)	, or			
				Yes No	5
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p	orior y	ear?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or s	ection 5	01(c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	III-A,	line 3, is		
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year.		2a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (See instructions)		4 5			
Part IV Supplemental Information		5			

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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B - Description of Lobbying Activity

The development and communications coordinator spent two hours to craft and send an

electronic letter to two US Senators expressing Upwell's support for the Break Free

from Plastic Pollution Act.

Schedule C (Form 990 or 990-EZ) 2020 Upwell Turtles

(election under section 501(h)).

82-1309235

Page 3

D	Supplemental Financial Statements
	Complete lifety comparison in a supervised DV of the Former O

SCHEDULE (Form 990)

OMB No. 1545-0047 2020

P (<i>,</i> omplete	if the c	organiza	ation a	nswered	res	on⊦o	orm 990.	
Part I	V, line 6,	7, 8, 9,	1 Ŭ , 11a	, 11b, [•]	11c, 11d	, 11e, 1	1f, 12	2a, or 12	2b.
			Atta	ch to F	orm 990	Ì.			
<u> </u>									

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Open to Public Inspection

| Depar  | tment of the Treasury<br>al Revenue Service                   | ► Go to www.irs.                                                   | .gov/Form990 for instructions                                                                           |                                         | formation.                    |                            | Open<br>Inspe           | to Public                |
|--------|---------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|----------------------------|-------------------------|--------------------------|
|        | of the organization                                           |                                                                    | -                                                                                                       |                                         |                               | Employer i                 | dentification           |                          |
|        |                                                               |                                                                    |                                                                                                         |                                         |                               |                            |                         |                          |
| Upv    | ell Turtles                                                   |                                                                    |                                                                                                         |                                         |                               | 82-130                     | 9235                    |                          |
| Par    | t I Organiza                                                  | tions Maintaining Dono                                             | or Advised Funds or Othe                                                                                | er Similar Fu                           | nds or Aco                    | counts.                    |                         |                          |
|        | Complete                                                      | e if the organization answ                                         | wered 'Yes' on Form 990,                                                                                |                                         | 6.                            |                            |                         |                          |
| _      |                                                               |                                                                    | (a) Donor advised f                                                                                     | unds                                    | <b>(b)</b> F                  | -unds and                  | other acc               | ounts                    |
| 1      |                                                               | end of year                                                        |                                                                                                         |                                         |                               |                            |                         |                          |
| 2      |                                                               | ntributions to (during year).                                      |                                                                                                         |                                         |                               |                            |                         |                          |
| 3<br>4 |                                                               | ants from (during year)                                            |                                                                                                         |                                         |                               |                            |                         |                          |
| _      | 55 5                                                          | ,                                                                  |                                                                                                         |                                         |                               |                            |                         |                          |
| 5      | Did the organizat                                             | tion inform all donors and dor<br>fion's property, subject to the  | nor advisors in writing that the a<br>organization's exclusive legal of                                 | assets held in di<br>control?           | onor advised                  | l funds                    | Yes                     | No                       |
| 6      |                                                               |                                                                    | rs, and donor advisors in writin                                                                        |                                         |                               | L                          |                         |                          |
| -      | for charitable pur                                            | poses and not for the benefit                                      | of the donor or donor advisor.                                                                          | or for any other                        | purpose co                    | nferring _                 | Yes                     | □ No                     |
|        |                                                               |                                                                    | ,<br>                                                                                                   |                                         |                               |                            | Tes                     | INU                      |
| Par    |                                                               | ation Easements.                                                   | wered 'Yes' on Form 990,                                                                                | Part IV/ line                           | 7                             |                            |                         |                          |
| 1      |                                                               | ÷                                                                  | the organization (check all that                                                                        |                                         | 7.                            |                            |                         |                          |
| •      |                                                               | of land for public use (for examp                                  | •                                                                                                       |                                         | ion of a histo                | orically imr               | ortant lar              | nd area                  |
|        |                                                               | natural habitat                                                    |                                                                                                         |                                         | ion of a certi                |                            |                         |                          |
|        | Preservation                                                  | of open space                                                      |                                                                                                         |                                         |                               |                            |                         |                          |
| 2      |                                                               |                                                                    | neld a qualified conservation conti                                                                     | ribution in the for                     | m of a conser                 | rvation ease               | ement on t              | he                       |
|        | last day of the ta                                            | x year.                                                            |                                                                                                         |                                         |                               |                            | <b>E</b> 1 (1)          | <b>T</b> V               |
|        | Total number of                                               | consorvation assomants                                             |                                                                                                         |                                         |                               | Held at the                | End of th               | ne Tax Year              |
|        |                                                               |                                                                    | ments                                                                                                   |                                         |                               |                            |                         |                          |
|        | •                                                             |                                                                    | fied historic structure included i                                                                      |                                         |                               |                            |                         |                          |
|        |                                                               |                                                                    |                                                                                                         |                                         |                               |                            |                         |                          |
| ,      | structure listed ir                                           | the National Register                                              | n (c) acquired after 7/25/06, an                                                                        |                                         | 2d                            |                            |                         |                          |
| 3      | Number of conserv<br>tax year ►                               | vation easements modified, trar                                    | nsferred, released, extinguished, o                                                                     | or terminated by t                      | he organizati                 | on during th               | ne                      |                          |
| 4      | Number of states                                              | where property subject to conse                                    | ervation easement is located ►                                                                          |                                         |                               |                            |                         |                          |
| 5      |                                                               |                                                                    | garding the periodic monitoring                                                                         |                                         |                               |                            | Yes                     | No                       |
| 6      |                                                               |                                                                    | inspecting, handling of violations,                                                                     |                                         |                               |                            | uring the y             | ear                      |
|        | ▶                                                             |                                                                    |                                                                                                         |                                         |                               |                            |                         |                          |
| 7      | Amount of expens<br>►\$                                       | es incurred in monitoring, inspe                                   | ecting, handling of violations, and                                                                     | enforcing conser                        | vation easem                  | ents during                | the year                |                          |
| 8      | Does each conse<br>and section 170(                           | ervation easement reported or<br>h)(4)(B)(ii)?                     | n line 2(d) above satisfy the red                                                                       | quirements of se                        | ction 170(h)                  | (4)(B)(i)                  | Yes                     | No                       |
| 9      | In Part XIII, desc<br>include, if applica<br>conservation eas | able, the text of the footnote i                                   | ports conservation easements in<br>to the organization's financial s                                    | n its revenue an tatements that o       | d expense st<br>describes the | tatement a<br>e organizat  | nd balanc<br>ion's acco | e sheet, and punting for |
| Par    | t III Organiza                                                | tions Maintaining Colle                                            | <b>ctions of Art, Historical</b> 1<br>wered 'Yes' on Form 990,                                          | <b>Freasures, or</b><br>, Part IV, line | Other Sir                     | nilar Ass                  | sets.                   |                          |
| 1 a    | historical treasur                                            | es, or other similar assets he                                     | r FASB ASC 958, not to report<br>Id for public exhibition, education<br>I statements that describes the | on, or research                         | tatement and<br>in furtherand | d balance s<br>e of public | sheet worl<br>service,  | ks of art,<br>provide in |
| ł      | historical treasures<br>following amount                      | s, or other similar assets held for<br>is relating to these items: | r FASB ASC 958, to report in it<br>or public exhibition, education, or                                  | research in furthe                      | erance of pub                 | lic service,               | provide the             | f art,<br>e              |
|        | • •                                                           |                                                                    | line 1                                                                                                  |                                         |                               |                            |                         |                          |
| _      |                                                               |                                                                    |                                                                                                         |                                         |                               |                            |                         |                          |
|        | amounts required                                              | to be reported under FASB                                          | nistorical treasures, or other simila<br>ASC 958 relating to these item                                 | s:                                      |                               |                            | lowing                  |                          |
|        |                                                               |                                                                    | 1                                                                                                       |                                         |                               |                            |                         |                          |
|        |                                                               |                                                                    |                                                                                                         |                                         |                               |                            | hula D (T               |                          |
| DAA    | FOR Paperwork h                                               | Reduction Act Notice, see the                                      | Instructions for Form 990.                                                                              | IEEA3301L                               | 08/18/20                      | Sched                      | iule D (F0              | rm 990) 2020             |

| Schedule D (Form 990) 2020 Upwe                                                                                    |                               |                                             | vical Treasures or                     | 82-130                       |                               |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------|----------------------------------------|------------------------------|-------------------------------|
| ·                                                                                                                  | •                             |                                             | · · ·                                  |                              | , ,                           |
| 3 Using the organization's acquisition items (check all that apply):                                               | i, accession, an              |                                             |                                        |                              | Jonection                     |
| a Public exhibition                                                                                                |                               | -                                           | or exchange program                    |                              |                               |
| <b>b</b> Scholarly research                                                                                        |                               | e Other                                     |                                        |                              |                               |
| <ul> <li>c Preservation for future gener</li> <li>4 Provide a description of the organiz<br/>Part XIII.</li> </ul> |                               | ons and explain how they                    | / further the organization's           | exempt purpose in            |                               |
|                                                                                                                    | ition solicit or r            | receive donations of ar                     | t. historical treasures. or            | other similar assets         |                               |
| 5 During the year, did the organiza to be sold to raise funds rather the                                           |                               |                                             |                                        |                              | Yes No                        |
| Part IV Escrow and Custodia<br>line 9, or reported an                                                              | amount on l                   | ents. Complete if t<br>Form 990, Part X,    | the organization ans line 21.          | swered 'Yes' on For          | m 990, Part IV,               |
| <b>1 a</b> Is the organization an agent, trus                                                                      |                               |                                             |                                        | r assets not included        |                               |
| on Form 990, Part X?                                                                                               |                               |                                             |                                        |                              | Yes No                        |
| <b>b</b> If 'Yes,' explain the arrangement                                                                         | in Part XIII ar               | nd complete the followi                     | ng table:                              | <b></b>                      | <u></u>                       |
| c Beginning balance                                                                                                |                               |                                             |                                        |                              | Amount                        |
| <b>d</b> Additions during the year                                                                                 |                               |                                             |                                        |                              |                               |
| e Distributions during the year                                                                                    |                               |                                             |                                        |                              |                               |
| f Ending balance                                                                                                   |                               |                                             |                                        |                              |                               |
| 2 a Did the organization include an a                                                                              | amount on Forr                | m 990, Part X, line 21,                     | for escrow or custodial                | account liability?           | Yes No                        |
| <b>b</b> If 'Yes,' explain the arrangement                                                                         | in Part XIII. C               | beck here if the explan                     | nation has been provided               | d on Part XIII               |                               |
|                                                                                                                    |                               |                                             |                                        |                              |                               |
| Part V Endowment Funds. C                                                                                          | omplete if t<br>(a) Current y |                                             |                                        | (d) Three years back         | ie IU.<br>(e) Four years back |
| <b>1 a</b> Beginning of year balance                                                                               |                               |                                             |                                        | (u) Three years back         | (e) Four years back           |
| <b>b</b> Contributions                                                                                             |                               |                                             |                                        |                              |                               |
| c Net investment earnings, gains,                                                                                  |                               |                                             |                                        |                              | -                             |
| and losses                                                                                                         |                               |                                             |                                        |                              |                               |
| <b>d</b> Grants or scholarships                                                                                    |                               |                                             |                                        |                              |                               |
| e Other expenditures for facilities and programs                                                                   |                               |                                             |                                        |                              |                               |
| f Administrative expenses                                                                                          |                               |                                             |                                        |                              |                               |
| <b>g</b> End of year balance                                                                                       |                               |                                             |                                        |                              |                               |
| 2 Provide the estimated percentage                                                                                 |                               | it year end balance (lir                    | ne 1g, column (a)) held a              | as:                          |                               |
| a Board designated or quasi-endowm                                                                                 | lent ►<br>                    | 6                                           |                                        |                              |                               |
| b Permanent endowment ►<br>c Term endowment ►                                                                      | <u></u> 0                     |                                             |                                        |                              |                               |
| The percentages on lines 2a, 2b, a                                                                                 | nd 2c should ea               | wal 100%                                    |                                        |                              |                               |
|                                                                                                                    |                               | •                                           |                                        | с н                          |                               |
| <b>3a</b> Are there endowment funds not in t organization by:                                                      | ne possession (               | of the organization that a                  | are neid and administered              | for the                      | Yes No                        |
| (i) Unrelated organizations                                                                                        |                               |                                             |                                        |                              | 3a(i)                         |
| (ii) Related organizations                                                                                         |                               |                                             |                                        |                              | 3a(ii)                        |
| <b>b</b> If 'Yes' on line 3a(ii), are the rela                                                                     |                               |                                             |                                        |                              | 3b                            |
| 4 Describe in Part XIII the intended                                                                               |                               | -                                           | ent funds.                             |                              |                               |
| Part VI Land, Buildings, and<br>Complete if the organi                                                             |                               |                                             | m 990 Part IV line                     | 112 See Form 99              | 0 Part X line 10              |
| Description of property                                                                                            |                               |                                             |                                        |                              | (d) Book value                |
| Description of property                                                                                            | C                             | <b>(a)</b> Cost or other basis (investment) | <b>(b)</b> Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value                |
| <b>1 a</b> Land                                                                                                    |                               |                                             |                                        |                              |                               |
| <b>b</b> Buildings                                                                                                 |                               |                                             |                                        |                              |                               |
| c Leasehold improvements                                                                                           |                               |                                             | 07.044                                 | 0.045                        |                               |
| <b>d</b> Equipment                                                                                                 |                               |                                             | 87,041.                                | 2,045.                       | 84,996.                       |
| Total. Add lines 1a through 1e. (Colum                                                                             |                               | ual Form 990 Part X                         | column (B) line 10c )                  | ►                            | 84,996.                       |
| BAA                                                                                                                | (                             |                                             |                                        |                              | ule D (Form 990) 2020         |

Schedule D (Form 990) 2020

| Schedule [             | D (Form 990) 2020 Upwell Turtles                                                                      |                                  |                                 | 82-1309235                                               | Page 3    |
|------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|----------------------------------------------------------|-----------|
| Part VII               | Investments – Other Securities.                                                                       |                                  | N/A                             |                                                          | ( line 10 |
|                        | Complete if the organization answered<br>ription of security or category (including name of security) | (b) Book value                   |                                 | See Form 990, Part X tion: Cost or end-of-year market va |           |
|                        |                                                                                                       |                                  |                                 |                                                          | llue      |
|                        | y held equity interests.                                                                              |                                  |                                 |                                                          |           |
| (3) Other              |                                                                                                       |                                  |                                 |                                                          |           |
| (A)                    |                                                                                                       |                                  |                                 |                                                          |           |
| <u>(B)</u>             |                                                                                                       |                                  |                                 |                                                          |           |
| (C)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (D)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (E)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (F)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (G)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (H)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (I)                    |                                                                                                       |                                  |                                 |                                                          |           |
|                        | nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨                                            | -                                |                                 |                                                          |           |
| Part VIII              | Investments – Program Related.<br>Complete if the organization answered                               | Voc' on Form 00                  | N/A<br>Dert IV lipe 11e y       | Soo Form 000 Port V                                      | lino 12   |
|                        | (a) Description of investment                                                                         | (b) Book value                   |                                 | n: Cost or end-of-year mark                              |           |
| (1)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (2)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (3)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (4)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (5)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (6)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (7)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (8)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (9)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (10)                   |                                                                                                       |                                  |                                 |                                                          |           |
|                        | nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨                                            |                                  |                                 |                                                          |           |
| Part IX                | Other Assets.<br>Complete if the organization answered                                                | N/A<br>Ves' on Form 990 l        |                                 | See Form 990 Part X                                      | line 15   |
|                        |                                                                                                       | scription                        |                                 | (b) Book                                                 |           |
| (1)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (2)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (3)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (4)<br>(5)             |                                                                                                       |                                  |                                 |                                                          |           |
| (6)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (7)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (8)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (9)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (10)                   |                                                                                                       |                                  |                                 |                                                          |           |
|                        | olumn (b) must equal Form 990, Part X, column (                                                       | B) line 15.)                     |                                 | ••••••                                                   |           |
| Part X                 | Other Liabilities.<br>Complete if the organization answered 'Yes' on F                                | Form 000 Port IV line 1          | 10 or 11f Soo Form 000          | Dart V lina 25                                           |           |
| 1.                     |                                                                                                       | ription of liability             |                                 | rait A, Illie 25.<br>(b) Book                            | value     |
|                        | eral income taxes                                                                                     | iption of hability               |                                 |                                                          | Value     |
| (2)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (3)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (4)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (5)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (6)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (7)<br>(8)             |                                                                                                       |                                  |                                 |                                                          |           |
| (8)                    |                                                                                                       |                                  |                                 |                                                          |           |
| (10)                   |                                                                                                       |                                  |                                 |                                                          |           |
| (11)                   |                                                                                                       |                                  |                                 |                                                          |           |
|                        | nn (b) must equal Form 990, Part X, column (B) line 25.)                                              |                                  |                                 |                                                          |           |
| <b>2.</b> Liability fo | or uncertain tax positions. In Part XIII, provide the text of the fo                                  | ootnote to the organization's fi | nancial statements that reports | the organization's liability for unce                    |           |
| tax positions          | under FASB ASC 740. Check here if the text of the footnote has                                        | s been provided in Part XIII     |                                 |                                                          |           |

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| Schedule D (Form 990) 2020 Upwell Turtles                                            | 82-1309235 | Page 4   |
|--------------------------------------------------------------------------------------|------------|----------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per  | Return.    |          |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.          |            |          |
| 1 Total revenue, gains, and other support per audited financial statements           | 1          | 860,351. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                |            |          |
| a Net unrealized gains (losses) on investments 2a                                    |            |          |
| b Donated services and use of facilities                                             | 9.         |          |
| c Recoveries of prior year grants                                                    |            |          |
| d Other (Describe in Part XIII.)                                                     |            |          |
| e Add lines <b>2a</b> through <b>2d</b>                                              | 2e         | 5,669.   |
| 3 Subtract line 2e from line 1.                                                      | 3          | 854,682. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:               |            | · ·      |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a                |            |          |
| b Other (Describe in Part XIII.)                                                     |            |          |
| c Add lines <b>4a</b> and <b>4b</b>                                                  | 4c         |          |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)    | 5          | 854,682. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p | er Return. |          |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.          |            |          |
| 1 Total expenses and losses per audited financial statements                         | 1          | 760,752. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |            | ,        |
| a Donated services and use of facilities                                             | 9          |          |
| b Prior year adjustments                                                             | <u>.</u>   |          |
| c Other losses                                                                       |            |          |
| d Other (Describe in Part XIII.)                                                     |            |          |
| e Add lines 2a through 2d.                                                           | 2e         | 5,669.   |
| 3 Subtract line 2e from line 1.                                                      |            | 755,083. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:                 |            | 100,000. |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a                |            |          |
| b Other (Describe in Part XIII.)                                                     |            |          |
| c Add lines 4a and 4b                                                                | 4c         |          |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  | 5          | 755,083. |
| Part XIII Supplemental Information.                                                  |            |          |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| SCHEDULE   | F |
|------------|---|
| (Form 990) |   |

# Statement of Activities Outside the United States

OMB No. 1545-0047 ~~~~

| (Form 550)                                                                                                                                                  | Complete if the or                         |                                                                                           | red 'Yes' on Form 990, Part IV, lin<br>ach to Form 990.                                                                                                           | e 14b, 15, or 16.                                                                                                  | 2020                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------|--|
| Department of the Treasury<br>Internal Revenue Service     Go to www.irs.gov/Form990 for instructions and the latest information.     Open to<br>Inspection |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| Name of the organization                                                                                                                                    |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    | entification number |  |
| Upwell Turtles                                                                                                                                              |                                            |                                                                                           | - United Chates Commun                                                                                                                                            | 82-130                                                                                                             | 9235                |  |
| Part I General Inform<br>on Form 990, F                                                                                                                     | Part IV, line 14b.                         | es Outside th                                                                             | e United States. Comple                                                                                                                                           | te if the organizat                                                                                                | tion answered 'Yes' |  |
|                                                                                                                                                             |                                            |                                                                                           | substantiate the amount of its selection criteria used to award                                                                                                   |                                                                                                                    |                     |  |
| 2 For grantmakers. Descril United States.                                                                                                                   | be in Part V the organi                    | zation's procedure                                                                        | s for monitoring the use of its gra                                                                                                                               | ants and other assistand                                                                                           | ce outside the      |  |
| 3 Activities per Region. (                                                                                                                                  | The following Part I,                      | line 3 table can t                                                                        | be duplicated if additional space                                                                                                                                 | e is needed.)                                                                                                      |                     |  |
| <b>(a)</b> Region                                                                                                                                           | <b>(b)</b> Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in the region | (d) Activities conducted in<br>the region (by type) (such<br>as, fundraising, program<br>services, investments,<br>grants to recipients<br>located in the region) | (e) If activity listed<br>(d) is a program<br>service, describe<br>specific type of<br>service(s) in<br>the region | expenditures for    |  |
|                                                                                                                                                             |                                            |                                                                                           |                                                                                                                                                                   | Sea turtle                                                                                                         |                     |  |
| (1) East Asia/Pacific                                                                                                                                       |                                            |                                                                                           | P'ship with Monash                                                                                                                                                | post-doc res.                                                                                                      | 40,320.             |  |
| Europe/Iceland/Gree                                                                                                                                         | enl                                        |                                                                                           | P'ship with Mercator                                                                                                                                              | Sea turtle                                                                                                         | 05.000              |  |
| (2) and                                                                                                                                                     |                                            |                                                                                           | Ocean                                                                                                                                                             | post-doc res.                                                                                                      | 35,000.             |  |
| (3)                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (4)                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (5)                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (6)                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
|                                                                                                                                                             |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (7)                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (8)                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (9)                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (10)                                                                                                                                                        |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (11)                                                                                                                                                        |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (12)                                                                                                                                                        |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (13)                                                                                                                                                        |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (14)                                                                                                                                                        |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| 15)                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| (16)                                                                                                                                                        |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| 17)                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| <b>3a</b> Subtotal                                                                                                                                          |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    | 75,320.             |  |
| <b>b</b> Total from continuation sheets to Part I                                                                                                           |                                            |                                                                                           |                                                                                                                                                                   |                                                                                                                    |                     |  |
| c Totals (add lines 3a and 3b)                                                                                                                              | 0                                          | 0                                                                                         |                                                                                                                                                                   |                                                                                                                    | 75,320.             |  |

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

82-1309235

Part II 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<br>section and EIN<br>(if applicable) | (c) Region | <b>(d)</b> Purpose<br>of grant | (e) Amount of cash grant | <b>(f)</b> Manner of<br>cash<br>disbursement | (g) Amount of<br>noncash<br>assistance | (h) Description of<br>noncash<br>assistance | (i) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------|------------|--------------------------------|--------------------------|----------------------------------------------|----------------------------------------|---------------------------------------------|----------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
| <ul> <li>2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</li> <li>3 Enter total number of other organizations or entities</li> </ul> |                                        |                                                    |            |                                |                          |                                              |                                        |                                             |                                                                |
| 3 En<br>BAA                                                                                                                                                                                                                                                                                                                                                      | ter total number of other organization | ons or entities                                    |            |                                |                          |                                              |                                        |                                             | 0<br>(Form 990) 2020                                           |

Page 2

| Part III | Grants and Other A   | ssistance to Individuals Outside the United States. Con | nplete if the organization answered 'Yes' on Form 990, |
|----------|----------------------|---------------------------------------------------------|--------------------------------------------------------|
|          | Part IV, line 16. Pa | rt III can be duplicated if additional space is needed. |                                                        |

| (a) Type of grant or assistance | <b>(b)</b> Region | (c) Number<br>of recipients | (d) Amount of<br>cash grant | (e) Manner of<br>cash<br>disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | <b>(h)</b> Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------|-----------------------------|-----------------------------|---------------------------------------|----------------------------------|---------------------------------------|--------------------------------------------------------------|
| (1)                             |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (2)                             |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (3)                             |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (4)                             |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (5)                             |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (6)                             |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (7)                             |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (8)                             |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (9)                             |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (10)                            |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (11)                            |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (12)                            |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (13)                            |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (14)                            |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (15)                            |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (16)                            |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (17)                            |                   |                             |                             |                                       |                                  |                                       |                                                              |
| (18)                            |                   |                             |                             |                                       |                                  |                                       |                                                              |
| BAA                             | ·                 | ·                           |                             |                                       |                                  | Schedule F                            | (Form 990) 2020                                              |

Page 3

82-1309235

| che | edule F (                 | Form 990) 2020                             | Upwell                           | Turtles                                        |                                                      |                                                                                  | 82-1    | 309235 | Page 4 |
|-----|---------------------------|--------------------------------------------|----------------------------------|------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------|---------|--------|--------|
| Pa  | rt IV F                   | Foreign Form                               | s                                |                                                |                                                      |                                                                                  |         |        |        |
| 1   | organiz                   | zation may be red                          | quired to file                   | Form 926, Return b                             | gn corporation during the<br>y a U.S. Transferor of  |                                                                                  |         | Yes    | X No   |
| 2   | required<br>of Certa      | d to separately file<br>ain Foreign Gifts, | Form 3520, /<br>and/or Form      | Annual Return To Rep<br>n 3520-A, Annual In    | port Transactions With F<br>Information Return of Fo | the organization may be<br>oreign Trusts and Receipt<br>oreign Trust With a U.S. |         | Yes    | X No   |
| 3   | organiz                   | zation may be red                          | quired to file                   | Form 5471, Informa                             | corporation during the t<br>ation Return of U.S. Pe  | ax year? If 'Yes,' the<br>ersons With Respect to C                               | Certain | Yes    | X No   |
| 4   | electing<br><i>Return</i> | fund during the ta                         | ax year? If 'Ye<br>r of a Passiv | es,' the organization r<br>ve Foreign Investme | may be required to file F<br>Int Company or Qualifie |                                                                                  |         | Yes    | X No   |
| 5   | organiz                   | zation may be red                          | quired to file                   | Form 8865, Return                              |                                                      | ax year? If 'Yes,' the<br>Respect to Certain Forei                               |         | Yes    | X No   |
| 6   | lf 'Yes,                  | ' the organization                         | n may be req                     | quired to separately                           | file Form 5713, Interna                              | ries during the tax year?<br>ational Boycott Report (s                           | see     | Yes    | X No   |

TEEA3505L 09/16/20

Schedule F (Form 990) 2020

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| SCHEDULE J |  |
|------------|--|
| (Form 990) |  |

### **Compensation Information**

OMB No. 1545-0047 2020

Schedule J (Form 990) 2020

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

|                                                      | <ul> <li>Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.</li> </ul>  |                                                                                                                                 |                         |            |     | 2020 |  |  |  |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------|-----|------|--|--|--|
| Department of the Treasu                             | ► Attach to Form 990                                                                            |                                                                                                                                 |                         |            |     |      |  |  |  |
| Department of the Treasu<br>Internal Revenue Service |                                                                                                 |                                                                                                                                 |                         |            |     |      |  |  |  |
| Name of the organization                             |                                                                                                 |                                                                                                                                 | Employer identification | n number   |     |      |  |  |  |
| Upwell Turt                                          | Les<br>ons Regarding Compensation                                                               |                                                                                                                                 | 82-1309235              |            |     |      |  |  |  |
| Part I Questi                                        | ons Regarding Compensation                                                                      |                                                                                                                                 |                         |            | Vee | Na   |  |  |  |
| <b>1 a</b> Check the ann                             | ropriate box(es) if the organization provided :                                                 | any of the following to or for a person listed on Fo                                                                            | rm 990 Part             |            | Yes | No   |  |  |  |
| VII, Section A                                       | A, line 1a. Complete Part III to provide any                                                    | relevant information regarding these items.                                                                                     | ini 550, i uit          |            |     |      |  |  |  |
| First-clas                                           | s or charter travel                                                                             | Housing allowance or residence for                                                                                              | personal use            |            |     |      |  |  |  |
| Travel for                                           | companions                                                                                      | Payments for business use of perso                                                                                              | nal residence           |            |     |      |  |  |  |
| Tax inder                                            | nnification and gross-up payments                                                               | Health or social club dues or initiati                                                                                          | on fees                 |            |     |      |  |  |  |
| Discretion                                           | nary spending account                                                                           | Personal services (such as maid, cl                                                                                             | nauffeur, chef)         |            |     |      |  |  |  |
| <b>b</b> If any of the b                             | oxes on line 1a are checked, did the organiza                                                   | tion follow a written policy regarding payment or                                                                               |                         |            |     |      |  |  |  |
|                                                      |                                                                                                 | ribed above? If 'No,' complete Part III to expla                                                                                | ۱in                     | 1b         |     |      |  |  |  |
|                                                      |                                                                                                 |                                                                                                                                 |                         |            |     |      |  |  |  |
| 2 Did the organ<br>trustees, and                     | ization require substantiation prior to reim officers, including the CEO/Executive Dire         | nbursing or allowing expenses incurred by all c<br>ector, regarding the items checked on line 1a?                               | lirectors,              | 2          |     |      |  |  |  |
| 3 Indicate which<br>Executive Dir                    | , if any, of the following the organization used<br>ector. Check all that apply. Do not check a | d to establish the compensation of the organizatio<br>any boxes for methods used by a related organ<br>but explain in Part III. | n's CEO/<br>nization to |            |     |      |  |  |  |
| _                                                    |                                                                                                 | _                                                                                                                               |                         |            |     |      |  |  |  |
|                                                      | ation committee                                                                                 | X Written employment contract                                                                                                   |                         |            |     |      |  |  |  |
| Independ                                             | ent compensation consultant                                                                     | X Compensation survey or study                                                                                                  |                         |            |     |      |  |  |  |
| X Form 990                                           | of other organizations                                                                          | X Approval by the board or compensa                                                                                             | tion committee          |            |     |      |  |  |  |
| 4 During the ye organization                         | ar, did any person listed on Form 990, Pa<br>or a related organization:                         | rt VII, Section A, line 1a, with respect to the fi                                                                              | ling                    |            |     |      |  |  |  |
| <b>a</b> Receive a ser                               | verance payment or change-of-control pay                                                        | /ment?                                                                                                                          |                         | 4a         |     | Х    |  |  |  |
| <b>b</b> Participate in                              | or receive payment from a supplemental                                                          | nonqualified retirement plan?                                                                                                   |                         |            |     | Х    |  |  |  |
|                                                      |                                                                                                 | I compensation arrangement?                                                                                                     |                         | 4c         |     | Х    |  |  |  |
| If 'Yes' to any                                      | of lines 4a-c, list the persons and provid                                                      | e the applicable amounts for each item in Par                                                                                   | c III.                  |            |     |      |  |  |  |
| Only section                                         | 501(c)(3), 501(c)(4), and 501(c)(29) organi                                                     | zations must complete lines 5-9.                                                                                                |                         |            |     |      |  |  |  |
| 5 For persons lis<br>contingent or                   | sted on Form 990, Part VII, Section A, line 1a<br>1 the revenues of:                            | a, did the organization pay or accrue any compens                                                                               | ation                   |            |     |      |  |  |  |
| <b>a</b> The organiza                                | tion?                                                                                           |                                                                                                                                 |                         | 5a         |     | Х    |  |  |  |
|                                                      |                                                                                                 |                                                                                                                                 |                         | <b>5 b</b> |     | Х    |  |  |  |
| If 'Yes' on line                                     | 5a or 5b, describe in Part III.                                                                 |                                                                                                                                 |                         |            |     |      |  |  |  |
| 6 For persons lis<br>contingent or                   | sted on Form 990, Part VII, Section A, line 1a<br>a the net earnings of:                        | a, did the organization pay or accrue any compens                                                                               | ation                   |            |     |      |  |  |  |
|                                                      |                                                                                                 |                                                                                                                                 |                         |            |     | Х    |  |  |  |
|                                                      |                                                                                                 |                                                                                                                                 |                         | <u>6</u> b |     | Х    |  |  |  |
|                                                      | 6a or 6b, describe in Part III.                                                                 |                                                                                                                                 |                         |            |     |      |  |  |  |
| 7 For persons I<br>payments not                      | isted on Form 990, Part VII, Section A, lin<br>t described on lines 5 and 6? If 'Yes,' desc     | e 1a, did the organization provide any nonfixe<br>cribe in Part III                                                             | d<br>                   | 7          |     | Х    |  |  |  |
| to the initial of                                    | contract exception described in Regulation                                                      | d or accrued pursuant to a contract that was s<br>s section 53.4958-4(a)(3)?                                                    |                         |            |     |      |  |  |  |
| If 'Yes,' desc                                       | ribe in Part III                                                                                |                                                                                                                                 |                         | 8          |     | Х    |  |  |  |
| 9 If 'Yes' on line section 53.49                     | 8, did the organization also follow the rebutta 58-6(c)?                                        | able presumption procedure described in Regulati                                                                                | ons                     | 9          |     |      |  |  |  |

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

#### 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-2 and/or 1099-MIS                 | SC compensation                           | (C) Detirement                                          | (D) Nontovohlo             | (E) Total of                      | (F) Compensation                                              |
|----------------------------|-------------|--------------------------|----------------------------------------|-------------------------------------------|---------------------------------------------------------|----------------------------|-----------------------------------|---------------------------------------------------------------|
|                            |             | (i) Base<br>compensation | (ii) Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | (C) Retirement<br>and other<br>deferred<br>compensation | (D) Nontaxable<br>benefits | (E) Total of<br>columns(B)(i)-(D) | in column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| George Shillinger, Pres. & | (i)         | 141,081.                 | 0.                                     | 15,519.                                   |                                                         | <u>5,140.</u>              | <u>    165,996.</u>               | 0.                                                            |
| 1 Executive Dir.           | (ii)        | 0.                       | 0.                                     | 0.                                        | 0.                                                      | 0.                         | 0.                                | 0.                                                            |
|                            | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 2                          | (ii)        |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
|                            | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 3                          | (ii)        |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
|                            | (i)         |                          | +                                      |                                           |                                                         |                            |                                   |                                                               |
| 4                          | (ii)        |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 5                          | (i)<br>(ii) |                          | +                                      |                                           | +                                                       |                            | +                                 |                                                               |
| <u> </u>                   | (i)<br>(i)  |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 6                          | (i)<br>(ii) |                          | +                                      |                                           | +                                                       |                            | +                                 |                                                               |
|                            | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 7                          | (i)<br>(ii) |                          | +                                      |                                           | +                                                       |                            | +                                 |                                                               |
| ,                          | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 8                          | (ii)        |                          | +                                      |                                           | +                                                       |                            | +                                 |                                                               |
| -                          | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 9                          | (ii)        |                          | +                                      |                                           | +                                                       |                            | +                                 |                                                               |
| <u></u>                    | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 10                         | (ii)        |                          | +                                      |                                           |                                                         |                            |                                   |                                                               |
| -                          | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 11                         | (ii)        |                          |                                        |                                           | +                                                       |                            |                                   |                                                               |
|                            | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 12                         | (ii)        |                          |                                        |                                           |                                                         |                            | +                                 |                                                               |
|                            | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 13                         | (ii)        |                          | <u></u>                                |                                           | <u> </u>                                                |                            | <u> </u>                          | <u> </u>                                                      |
|                            | (i)         |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
| 14                         | (ii)        |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
|                            | (i)         |                          |                                        |                                           |                                                         |                            | L                                 |                                                               |
| 15                         | (ii)        |                          |                                        |                                           |                                                         |                            |                                   |                                                               |
|                            | (i)         |                          | L                                      |                                           | L                                                       |                            | L                                 |                                                               |
| 16                         | (ii)        |                          |                                        |                                           |                                                         |                            |                                   |                                                               |

82-1309235

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

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization
Upwell Turtles

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

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

| OMB No. 1545-0047            |
|------------------------------|
| 2020                         |
| Open to Public<br>Inspection |

82-1309235

Employer identification number

#### Form 990, Part VI, Line 11b - Form 990 Review Process

A complete copy of the organization's Form 990 and schedules are emailed to the Board of Directors for their review in advance of filing.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

All Directors and Key Employees are required to review the Conflict of Interest Policy and to sign a Conflict of Interest statement on an annual basis, making any disclosures as needed. Board or committee members (with the exclusion of the involved person) shall decide if a conflict of interest exists and vote on the transaction or arrangement involving the possible conflict of interest. Persons considered to have a conflict of interest will be prohibited from participating in deliberations or decisions regarding related party transactions. To this end, the Executive Director does not participate in deliberations or decisions by the Compensation Committee regarding the Executive Director's salary.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The organization purchased a copy of "Fair Pay for Northern California Nonprofits: The 2019 Compensation & Benefits Survey Report" produced by Nonprofit Compensation Associates, Inc. to inform a benchmarking report based on comparable data for similarly qualified persons at similar organizations. The Operations Director presented this to the Board Chair and Treasurer, who used it to establish compensation of the Executive Director for 2020. The organization purchases the compensation report in odd-numbered years to inform a new benchmarking report every 2 years. In intervening years, the salary range is informed by the last available benchmarking report with adjustments (including cost of living) in line with organizational budgetary capacity. This process ocurred last in 2019.

| Schedule O (Form 990 or 990-EZ) (2020) | Page 2                         |
|----------------------------------------|--------------------------------|
| Name of the organization               | Employer identification number |
| Upwell Turtles                         | 82-1309235                     |

#### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The organization purchased a copy of "Fair Pay for Northern California Nonprofits: The 2019 Compensation & Benefits Survey Report" produced by Nonprofit Compensation Associates, Inc. to inform a benchmarking report based on comparable data for similarly qualified persons at similar organizations. The Executive Director set the compensation for key employees in 2020 based upon the benchmarking report. The organization purchases the compensation report in odd-numbered years to inform a new benchmarking report every 2 years. In intervening years, the salary range is informed by the last available benchmarking report with adjustments (including cost of living) in line with organizational budgetary capacity. This process ocurred last in 2019.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All governing documents, public filings, financial statements and conflict of interest policy are available for public inspection at Upwell's office in Monterey, California. Upwell's Form 990 and audited financial statements are also posted to Guidestar.org.

#### Form 990, Part IX, Line 11g Other Fees For Services

|                           |          | (A)      | (B)                 | (C)<br>Managamant       | (D)<br>Fund      |
|---------------------------|----------|----------|---------------------|-------------------------|------------------|
|                           |          | Total    | Program<br>Services | Management<br>& General | Fund-<br>raising |
| Animal Health & Husbandry |          | 30,241.  | 30,241.             |                         |                  |
| Communications            |          | 9,454.   | 9,367.              |                         | 87.              |
| Computer Modeling         |          | 59,773.  | 59,773.             |                         |                  |
| Data Analysis             |          | 66,720.  | 66,720.             |                         |                  |
| Data Mapping              |          | 4,505.   | 4,505.              |                         | 0 500            |
| Development Analytics     |          | 2,500.   |                     |                         | 2,500.           |
| Payment Processing        |          | 5,607.   |                     | 5,607.                  |                  |
| Payroll Processing Fees   |          | 4,478.   |                     | 4,478.                  |                  |
| Translation & Logistics   |          | 2,202.   | 402.                | 1,800.                  |                  |
| 2                         | Total \$ | 185,480. | \$ 171,008.         | \$ 11,885.              | \$2,587.         |

#### Form 990, Part III, 4a - Program Service Accomplishments

(cont'd from page 2) and deployed miniature satellite tags on juvenile Western Atlantic leatherbacks in partnership with Florida Atlantic University, Lotek

| Schedule O (Form 990 or 990-EZ) (2020) | Page 2                         |
|----------------------------------------|--------------------------------|
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Wireless, and Mercator Ocean International. Published a species distribution model for Eastern Pacific leatherbacks based upon fisheries observation data contributed by partners across the South East Pacific region and initiated efforts to develop a joint-model using both fisheries dependent (fisheries observation data) and fisheries independent (leatherback satellite tracking data).