PUBLIC INSPECTION COPY

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

4047(-)(4) 504(-) 507 . .

OMB No. 1545-0047 2022 olic

I. .

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)				ions)		
Department of the Treasury			Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public Inspection
_	A For the 2022 calendar year, or tax year beginning and ending					поресноп
				-	lificati	an number
B Check if applicable: C Name C			organization	D Employer iden	.mcau	on number
	Addr		RD BOUND HOUSE			
	chan			95-4288	926	
	_chan Initia		usiness as and street (or P.O. box if mail is not delivered to street address) Room/			
	returr Final	1101	WASHINGTON AVENUE	310-458		79
	lreturr termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		7,035,116.
	Amer	nded CANT	A MONICA, CA 90403	H(a) Is this a group	rotur	
	returr Appli		nd address of principal officer: CHRISTINE MIRASY-GLASC			
	tion pend		AS C ABOVE	H(b) Are all subordinate		···· = =
<u> </u>		empt status:		1		. See instructions
	Nebs		UPWARDBOUNDHOUSE • ORG	H(c) Group exemp		
_		f organization:		Year of formation: 1991	-	
	art I	Summary				
	1	-	e the organization's mission or most significant activities: MOVING I	IOMELESS FAMT	LTE:	<u>אדיד</u> א
e	'		N BACK INTO PERMANENT HOUSING		,	<u> </u>
Activities & Governance	2	Check this bo		more than 25% of its net		
/eri	3				3	
ĝ	4		ependent voting members of the governing body (Part VI, line 1b)		4	17
ø	5		of individuals employed in calendar year 2022 (Part V, line 2a)		5	50
ties	6		of volunteers (estimate if necessary)	6	50	
ţi					0 7a	0.
Ac	1 a		business taxable income from Form 990-T, Part I, line 11		7b	0.
		Net unrelated		Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)	6,714,841	_	6,869,525.
ne	9			125,304		134,144.
Revenue	10	•	ce revenue (Part VIII, line 2g)	4,690		31,447.
Be	10			-9,683		0.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,835,152		7,035,116.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0,055,152		0.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		•	0.
	14	<u> </u>	to or for members (Part IX, column (A), line 4)	2,363,698		2,708,660.
es es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,303,090		2,700,000.
xpenses	16a	Protessional fi		0		
				3,716,587	_	3,891,367.
ш	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,080,285		6,600,027.
	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Yea	_	435,089.
Net Assets or						End of Year
Sset	20	Total assets (F		12,367,890		12,850,498.
et A:	21		(Part X, line 26)	2,096,004		2,169,628.
Ž	22		fund balances. Subtract line 21 from line 20	10,271,886	•	10,680,870.
	art II			· · · · ·		
Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is					

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
Here	CHRISTINE MIRASY-GLASCO,						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	JOLANTA TUCK, CPA	JOLANTA TUCK, CPA	11/13/23 self-employed P01340068				
Preparer	Firm's name COHNREZNICK LLP		Firm's EIN 22-1478099				
Use Only	Firm's address 621 CAPITOL MALL,	SUITE 2150					
	SACRAMENTO, CA 95	5814	Phone no.916-442-9100				
May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

2 [3 [4 [III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	SERVICES, AND T-TERM AND ERVICES THAT	<u> </u>
2 [3 [4 [Briefly describe the organization's mission: THE MISSION OF UPWARD BOUND HOUSE IS TO ELIMINATE HOMELE FAMILIES WITH CHILDREN BY PROVIDING HOUSING, SUPPORTIVE ADVOCACY. THE ORGANIZATION OFFERS HOMELESS FAMILIES SHOR MEDIUM-TERM CRISIS HOUSING AS WELL AS RAPID RE-HOUSING S Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? f "Yes," describe these new services on Schedule O.	SERVICES, AND T-TERM AND ERVICES THAT	
2 [3 [4 [THE MISSION OF UPWARD BOUND HOUSE IS TO ELIMINATE HOMELE; FAMILIES WITH CHILDREN BY PROVIDING HOUSING, SUPPORTIVE A ADVOCACY. THE ORGANIZATION OFFERS HOMELESS FAMILIES SHOR MEDIUM-TERM CRISIS HOUSING AS WELL AS RAPID RE-HOUSING S Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? f "Yes," describe these new services on Schedule O.	SERVICES, AND T-TERM AND ERVICES THAT)
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2 [1 3 [4 [ADVOCACY. THE ORGANIZATION OFFERS HOMELESS FAMILIES SHOR MEDIUM-TERM CRISIS HOUSING AS WELL AS RAPID RE-HOUSING S Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? f "Yes," describe these new services on Schedule O.	I-TERM AND ERVICES THAT)
1 2 [3 [4 [MEDIUM-TERM CRISIS HOUSING AS WELL AS RAPID RE-HOUSING S Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? f "Yes," describe these new services on Schedule O.	ERVICES THAT	
2 [F 3 [4 [Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? f "Yes," describe these new services on Schedule O.		
ז 1 3 1 4	prior Form 990 or 990-EZ? f "Yes," describe these new services on Schedule O.	Yes	
3 3 4	f "Yes," describe these new services on Schedule O.	Yes	
3 [4 [XN
1 4 [Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
4 [Yes	XN
	f "Yes," describe these changes on Schedule O.		
5	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	Ł
r	evenue, if any, for each program service reported.		
4a (Code:) (Expenses \$ 2,905,204. including grants of \$) (Reven	ue\$ 134,1	44.
-	INTERIM HOUSING - IN 2022, THE ORGANIZATION SERVED 390 F.		TS
-	AND CHILDREN). OF THE 247 FAMILIES WHO EXITED THE ORGAN		
ī	PROGRAMS, 85% MOVED TO PERMANENT HOUSING AND 47% INCREAS		ME
-	THROUGH EMPLOYMENT. WESTSIDE HOUSING STABILITY PROGRAM		
-	CONSISTS OF FAMILY PLACE (SANTA MONICA), A TRANSITIONAL		<u> </u>
-	FACILITY (21 ONE-BEDROOM APARTMENTS) OFFERING PSYCHOSOCI		
-	HEALTH SERVICES TO HOMELESS FAMILIES FOR UP TO 9 MONTHS,		
-	SHELTER (CULVER CITY), AN INTERIM HOUSING FACILITY (18-S'		
-	OFFERING SUPPORTIVE SERVICES TO HOMELESS FAMILIES. CONTI		
	CHECKLIST PART 1 PROGRAM DESCRIPTION UNDER INTERIM HOUSI		
	FAMILY SHELTER, AN EMERGENCY SHELTER (18 STUDIO UNITS) O		
	COMPREHENSIVE SERVICES TO FAMILIES FOR UP TO 4-5 MONTHS.	THROUGH ITS	
,	Code:) (Expenses \$ 2,871,069. including grants of \$) (Reven		
-	PERMANENT HOUSING - THE ORGANIZATION OPERATES RAPID REHO		
-	SERVICES FROM OFFICES LOCATED WITHIN THE COMPTON UNIFIED		
-	DISTRICT AND THE FIRST UNITED METHODIST CHURCH OF COMPTO		
-	HOMELESS FAMILIES FROM SHELTERS INTO PERMANENT HOUSING A		
-	POSSIBLE BY PROVIDING PROACTIVE LANDLORD OUTREACH AND HO		
-	ASSISTANCE, COUPLED WITH INDIVIDUALIZED FINANCIAL ASSIST	· · ·	
	SECURITY DEPOSITS, SHORT-TERM RENT SUBSIDIES). ONCE IN	-	
-	FAMILIES PARTICPATE IN TIME-LIMITED, INTENSIVE, IN-HOME		
-	DESIGNED TO ADDRESS PARENT, CHILD AND FAMILY BARRIERS TO		
-	SCHOOL STABILITY, ECONOMIC SECURITY AND OVERALL WELL-BEI		. <u>T</u>
	TERM SUBDIES END, UBH CONTINUES TO PROVIDE SUPPORT THROU		
	SUPPORTIVE SERVICE REFERRALS UP TO A YEAR AFTER EXIT FROM	M PROGRAM.	
	Code:) (Expenses \$46 , 984 . including grants of \$) (Reven		
ļ	HEALTH & WELLNESS - WELLNESS AND FARM PROGRAM - THE FARM	PROGRAM,	
]	LOCATED IN SANTA MONICA, PROVIDES AND ENVIRONMENT FOR PA	RENTS AND	
(CHILDREN TO LEARN HOW TO GROW AND PREPARE THEIR OWN FOOD	THROUGH FUN,	
	INTERACTIVE WORKSHOPS AND HANDS-ON INSTRUCTION, WITH THE	GOAL OF	
-	INCREASING FOOD SECURITY AND PROMOTING HEALTHY EATING HA	BITS. HEALT	ΉY
j	LIVING PROGRAM - THE PROGRAM USES AN URBAN FARM (OWNED B	Y THE	
-	ORGANIZATION) AS A THERAPEUTIC OUTLET TO TEACH LIFE SKIL		OB
-		PARENT AND	
-	THEIR CHILD(REN), DEPENDING ON AGE, PARTICIPATE IN THE S		
-	PLANTING, CARE AND CULTIVATION OF CROPS AS WELL AS CLASS		
-	NUTRITION, COOKING AND HEALTHY LIVING.		
-	NOINITION, COOKING AND MERLIMI LIVING.		
4d (Other program services (Describe on Schedule O.)		
	Expenses \$ including grants of \$) (Revenue \$	١	
	Fotal program service expenses 5,823,257.		
10		Form 99)()
32002	12-13-22 SEE SCHEDULE O FOR CONTINUATION (S		1202
2002		,	

Form	990	(2022)

 Form 990 (2022)
 UPWARD
 BOUND
 HOUSE

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
h	Part VI	<u>11a</u>	Δ	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
u	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	11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 11	<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120		12a	х	
h	Schedule D, Parts XI and XII	120		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X
232003	12-13-22	Form	990	(2022)

232003 12-13-22

4

Form	990	(2022)

 Form 990 (2022)
 UPWARD
 BOUND
 HOUSE

 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>	-23	
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 87			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	+ 12-13-22	Form	990	(2022)

5

00091115 147227 0303268-0303268.0990 2022.05000 UPWARD BOUND HOUSE

Yes N 2a Enter the number of employees reported on Form W-3. Transmittal Of Wage and Tax Statements. Itied for the calendar year ending with or within the year covered by this return 2a 50 X 2a Inter the number of employees reported on Ine 2a. dd the organization file al inequired federal employment tax returns? 2a X X 2b In the organization have employees income of 1 Stool or more dump the year? 3a 2 2b If "Yes," has It field a Form 990 T for this year? If Wo'r <i>b ine 3b, provide an explanation on Schedule</i> 0 3b 4 2b If "Yes," inta It field a foreign country (such as a bank account, securities account, or other financial account (a foreign country) 5e 3a 2 5a Was the organization have in their transcation area or multiple tax year? 5a 3 3 5a Was the organization have multiple contributions are any time during the tax year? 5a 3 3a 2 5a Data my taxable party notify the organization have an intrasting organization have multiple contributions area any time during the tax year? 5a 3 3a	Form	990 (2022) UPWARD BOUND HOUSE		95-4288	926	Р	age 5
Za Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, by for the calendar year ending with or whilm the year covered by this return Za 50 b If a lead one is reported on inte 2, did the cagnation file all equalities feeds an englowers tax returns? 2a 2a X a Did the cognitization have unrelated business gross income of \$1,000 or more during the year? 2a X<	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
text for the calendar year ending with or within the year covered by this return 2a 50 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b 3b Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3a 3c Dit "Xei, hast filed a Form 3000 TF thit isysof", <i>Not's for 8a</i> , 50, organization or Schoolds O 3b 3a 3c Dit "Xei, hast filed a Form 3000 TF thit isysof", <i>Not's for 8a</i> , 50, organization or Schoolds O 3b 3a 3c Dit any time during the calendar year, did the organization is the ava and the organization is for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAF). 5a 3c 3c If "Yei, in the Sa or 5b, did the organization is for BRB61." 5a 3c 5c 3c If "Yei, in the Sa or 5b, did the organization is for BRB61." 5a 3c 5c 5c 3c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible an ontribution and party to prohibitiot at year." 5a 7a 2a 7a						Yes	No
text for the calendar year ending with or within the year covered by this return 2a 50 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b 3b Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3a 3c Dit "Xei, hast filed a Form 3000 TF thit isysof", <i>Not's for 8a</i> , 50, organization or Schoolds O 3b 3a 3c Dit "Xei, hast filed a Form 3000 TF thit isysof", <i>Not's for 8a</i> , 50, organization or Schoolds O 3b 3a 3c Dit any time during the calendar year, did the organization is the ava and the organization is for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAF). 5a 3c 3c If "Yei, in the Sa or 5b, did the organization is for BRB61." 5a 3c 5c 3c If "Yei, in the Sa or 5b, did the organization is for BRB61." 5a 3c 5c 5c 3c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible an ontribution and party to prohibitiot at year." 5a 7a 2a 7a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
b If at least one is reported on line 2a, did the organization file all regulared federal employment tax returns? 2b X 3B Did the organization have unitated business grows is none of \$1,000 or more during the year? 3b 2 4 At any time during the calendar year, did the organization have an inflaxed in, or signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FIAR). 4a 2 5 If Yes, "other the name of the foreign country. 5a 3c 2 6 Note: Securities of thing requirements for FinOENF form 114, Report of Foreign Bank and Financial Accounts (FIAR). 5a 3c 5a Uses in structures for thing country is a prohibited tax these or in a party to a prohibited tax shelter transaction? 5a 3c 6 Dod any taxable party notify the organization that are normally greater than \$10,000, and did the organization have multiples receive doubtile contributions? 5a 3c 7 Organization have annual gross receives for and party is a contributions or gifts 6a 7a 3c 8 H * Sec, if did the organization have and the square dift poots on sarvies provided? 7a 7a 7a 7a 3c 9 H * Sec, if did the organization have any thaso continution or gifts			2a	50			
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b If "Yes," that it field a form 300-T for this year? If "No" to line 3b, provide an explanation on Scheduric O. 3b. d At any time during the calendary way, did the organization have an interest in, or signature or other standorty over, a financial account is foreign country. 4a. 3c If "Yes," enter the name of the foreign country. 5a. 3c Bo and the organization have an interaction at any time during the tax year? 5a. 3c Do any taxoble party notify the organization have an interaction at any time during the tax year? 5a. 3c Do any taxoble party notify the organization have an interaction at any time during the tax year? 5a. 3c Do any taxoble party notify the organization have and two or is a party to a prohibited tax scheter transaction? 5c. 3c Di T'ses' to line 5a or 5b, add the organization have annual gross receptor that are normally greater than \$100,000, and did the organization normal gross receptor that are normally as a contribution and party for pods and services provided the payor 7a. 2a. 0 If 'Yes,' indicate the number of Form 8282 filed during the year? 7a. 2a. 7a. 2a. 0 If 'Yes,' indicate the number of Form 8282 filed during the year? 7a. 2a. 7f. 2a. 0 If 'Yes,' indicate the number of Form 8282 filed during the year?					3a		X
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If "Yes," complete Form 6069.					17		
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Form	990	(2022)
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X

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

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes, " provide the names and addresses on Schedule O	9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>			
-	on Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed CA			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	CHRISTINE MIRASY-GLASCO - 310-458-7779			
	1104 WASHINGTON AVENUE, SANTA MONICA, CA 90403			
				(2022

Form 990	(2022)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(D) (E)		
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau		1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or o	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	mper		1099-NEC)		and related
	below	ndividual trustee or director	Institutional trustee	er	Key employee	est cc loyee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) CHRISTINE MIRASY-GLASCO	40.00									
CEO & PRESIDENT	5.00			Х				209,455.	0.	10,505.
(2) TARA BROWN	40.00									
DIRECTOR OF ADMINISTRATION	0.00					X		111,679.	0.	8,691.
(3) CINDY MAROUN	5.00									
PRESIDENT	3.00	Х		Х				0.	0.	0.
(4) GLENDA MARTINEZ	5.00									
VICE PRESIDENT	3.00	Х		Х				0.	0.	0.
(5) RYAN LEGGIO	5.00									
SECRETARY	3.00	Х		Х				0.	0.	0.
(6) TRACY EDWARDS	5.00									
TREASURER	3.00	Х		Х				0.	0.	0.
(7) ALBERT P. VERA	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(8) BOOKER PEARSON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(9) CINDY MCQUADE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(10) JAMIE TIERNEY	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(11) JANE SPIEGEL, MD	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) KIM DEFENDERFER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(13) KITTY WALLACE	1.00									-
DIRECTOR	1.00	Х						0.	0.	0.
(14) LISA ELSON	1.00									-
DIRECTOR	1.00	Х						0.	0.	0.
(15) RAY HOFMEISTER	1.00									_
DIRECTOR	1.00	Х						0.	0.	0.
(16) REVEREND PATRICIA FARRIS	1.00									-
DIRECTOR	1.00	Х						0.	0.	0.
(17) RUSSELL WHITTENBURG	1.00							_	_	
DIRECTOR	1.00	Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

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8

2022.05000 UPWARD BOUND HOUSE

Form 990 (2022) UPWARD BC	OUND HOU	JSE]						95-42	2889	26	Page 8
Part VII Section A. Officers, Directors, Trust		oloy I	ees,			ghes	t C		, ,			
(A) Name and title	Average Position Reportab hours per (do not check more than one box, unless person is both an officer and a director/trustee) Compensa						(E) Reportable compensatio from related		amou otł	nated unt of ner		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		comper from organi and re organiz	n the ization elated
(18) TOM WILSON	1.00											0
DIRECTOR (19) YSETTE WITTEVEEN	1.00	Х						0.		0.		0.
DIRECTOR	1.00	x						0.		0.		0.
		-										
		-										
		-										
1b Subtotal								321,134.		0.	19,	196.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	, Section A							0. 321,134.		0.	19,	0. 196.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•		2
3 Did the organization list any former officer,	-			•	-		Ŭ	• •				es No X
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for st</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3 4 Σ	Δ
5 Did any person listed on line 1a receive or a	,		'									
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sı	ıch <u>r</u>	oers	on .					5	X
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensati	on from	
(A) Name and business	address							(B) Description of s	ervices	Co	(C) ompensa	ation
ROBERT HALF PO BOX 743295, LOS ANGELE		00	71					STAFFING SER				559.
TO BOX 743233, HOS ANGELLE	D, CA J	00	/ 4					STAFFING SER	VICED		<u> </u>	
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	to	thos 1		ted	above) who received mo	ore than			
										F	⁻ orm 99	0 (2022)

232008 12-13-22

Form				D HOUS	SE			95-4288	926 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a respon	ise or note	to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, s	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b						
, D O			Fundraising events 1c						
àifts ar A			Related organizations 1d						
s, G milå				5,275	,792.				
ion			All other contributions, gifts, grants, and						
but			similar amounts not included above 1f	1,593	,733.				
d Or		g	Noncash contributions included in lines 1a-1f	7	,920.				
aSo		h	Total. Add lines 1a-1f			6,869,525.			
					ess Code				
8	2		MANAGEMENT FEE REVENUE		1110	67,503.	67,503.		
e vic		b	OTHER INCOME	_ 53	1110	66,641.	66,641.		
enu Se		С							
ran Sevi		d							
Program Service Revenue		е							
۵			All other program service revenue			124 144			
\rightarrow		g	Total. Add lines 2a-2f			134,144.			
	3		Investment income (including dividends, int	terest, and		21 447			21 447
			other similar amounts)			31,447.			31,447.
	4		Income from investment of tax-exempt bon	-					
	5		Royalties		ersonal				
	6	_		(1) 1	ersonal				
	6		Gross rents 6a Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of (i) Securitie	es (ii)	Other				
	•		assets other than inventory 7a						
		b	Less: cost or other basis						
е			and sales expenses 7b						
venue		с	Gain or (loss) 7c						
0			Net gain or (loss)						
Other R			Gross income from fundraising events (not including \$ of						
•			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b		8b					
			Net income or (loss) from fundraising event	s					
	9	а	Gross income from gaming activities. See						
			/	9a					
		b	Less: direct expenses	9b					
		с	Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
			and allowances						
				10b					
\rightarrow		С	Net income or (loss) from sales of inventory						
S					ess Code				
leor	11			-					
scellaneo <u>Revenue</u>		b		-					
Miscellaneous Revenue		C d	All other revenue	-					
Ä			All other revenue						
	12		Total. Add lines 11a-11d			7,035,116.	134,144.	0.	31,447.
	14					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Form 990 (2022

10

2022.05000 UPWARD BOUND HOUSE

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3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	219,960.	186,513.	16,548.	16,899.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,097,100.	1,778,208.	157,774.	161,118.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	240,790.	204,174.	18,116.	18,500.
10	Payroll taxes	150,810.	127,877.	11,346.	11,587.
11	Fees for services (nonemployees):				
а	Management				
	Legal	801.	460.	25.	316.
	Accounting	133,340.	76,509.	4,232.	52,599.
	Lobbying	-	-	-	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	262,066.	150,371.	8,317.	103,378.
12	Advertising and promotion	27,220.	296.	2.	26,922.
13	Office expenses	60,405.	54,010.	2,682.	3,713.
14	Information technology				
15	Royalties				
16	Occupancy	731,488.	723,005.	3,015.	5,468.
17	Travel	21,068.	20,062.	327.	<u>5,468.</u> 679.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	180,636.	169,944.	10,692.	
23	Insurance	27,300.	19,393.	2,908.	4,999.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CLIENT SUPPORTING EXPEN	1,991,759.	1,974,781.	16,978.	
b	REPAIRS & MAINTENANCE	236,591.	235,728.	662.	201.
с	EQUIPMENT RENTAL	62,554.	50,736.	3,142.	8,676.
d	SERVICES FEES, DUES AND	53,845.	20,681.	8,768.	24,396.
е	All other expenses	102,294.	30,509.	51,732.	20,053.
25	Total functional expenses. Add lines 1 through 24e	6,600,027.	5,823,257.	317,266.	459,504.
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)				
23201) 12-13-22				Form 990 (2022)
		11			. ,

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2

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

Grants and other assistance to domestic individuals. See Part IV, line 22

7b, 8b, 9b, and 10b of Part VIII.

UPWARD BOUND HOUSE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

(A) Total expenses

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

(C) Management and general expenses

(B) Program service expenses

(D) Fundraising expenses

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2022.05000 UPWARD BOUND HOUSE

UPWARD BOUND HOUSE Part X Balance Sheet

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,340,568.	1	6,115,902.
	2	Savings and temporary cash investments		154,337.	2	154,484.	
	3	Pledges and grants receivable, net	1,371,955.	3	1,072,293.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				75,715.	9	186,385.
		Land, buildings, and equipment: cost or other			- , -	-	,
		basis. Complete Part VI of Schedule D	10a	7,942,927			
	ь	Less: accumulated depreciation	10b	7,942,927. 3,379,391.	4,742,312.	10c	4,563,536.
	11	Investments - publicly traded securities			4,742,312. 121,405.	11	4,563,536. 105,109.
	12	Investments - other securities. See Part IV, line 1			,	12	,
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		143,418.	14	141,558.	
	15	Other assets. See Part IV, line 11	418,180.	15	511,231.		
	16	Total assets. Add lines 1 through 15 (must equa			12,367,890.	16	12,850,498.
	17	Accounts payable and accrued expenses			279,460.	17	360,086.
	18	Grants payable			27572000	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form				21	
Liabilities	~~	trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrela		Γ	1,784,638.	23	1,784,638.
	23	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	1,701,050.	23	1,104,050.
	24	Other liabilities (including federal income tax, pa		Г		24	
	25	parties, and other liabilities not included on lines	-				
		of Schedule D	o 17-24).		31,906.	25	24,904.
	26	Total liabilities. Add lines 17 through 25			2,096,004.	25	2,169,628.
	20	Organizations that follow FASB ASC 958, che			2,050,0040	20	2,109,020.
S		and complete lines 27, 28, 32, and 33.					
ů	27				8,587,785.	27	8,858,494.
ala	28	Net assets with donor restrictions		·····	1,684,101.	28	1,822,376.
Б	20	Organizations that do not follow FASB ASC 9			1,001,101.	20	1,022,570.
'n		and complete lines 29 through 33.	56, cnec				
٩.	200					20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or ec				30	
зtА	31	Retained earnings, endowment, accumulated in			10,271,886.	31	10,680,870.
ž	32	Total net assets or fund balances			12,367,890.	32	12,850,498.
	33	Total liabilities and net assets/fund balances			14,307,090.	33	12,030,490

Form 990 (2022)

232011 12-13-22

Form 990 (2022)

	<u> </u>	8926	Paç	_{je} 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI	·····			
			- 4.	1.0
	1	7,03		
· · · · · · · · · · · · · · · · · ·	2	6,600		
	3		5,08	
		.0,271		
	5	-20	5,10	15.
	6			
	7			
	8			
	9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1	0 00		70
	10 1	.0,680),8	/0.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				x
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on	i a			
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis			v	
b Were the organization's financial statements audited by an independent accountant?		. 2 b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	asis,			
consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au			v	
review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedu	ule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			. ,	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			. ,	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

1

Nan	ne of t	the organization							identification number				
			RD BOUND H						5-4288926				
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.					
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
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, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in				
		section 170(b)(1)(A)(vi). (C	-		Ū			.					
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)								
9	\square	An agricultural research org			-	ed in coniu	inction with a	land-grant	college				
		or university or a non-land-g				-		-	-				
		university:	,			,,	,						
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns. membersh	ip fees, and	d gross receipts from				
		activities related to its exem	•					-	•				
		income and unrelated busir		-					-				
		See section 509(a)(2). (Con				ooo aoqui		Janization					
11		An organization organized a	. ,	ively to test for public sa	fetv See	section 50)9(a)(4)						
12	H	An organization organized a	-		•			rry out the	nurnoses of one or				
		more publicly supported or	-	-	-			•					
		lines 12a through 12d that	-										
-		Type I. A supporting orga	• •			-		-	aivina				
а			-	-	• • •	-							
		the supported organization			majority c				ipporting				
		organization. You must o	-					······································					
b		Type II. A supporting org	-				-		•				
		control or management o			ame perso	ns that col	ntrol or manag	ge the supp	ortea				
		organization(s). You mus	-										
С		J Type III functionally inte		·				ly integrate	d with,				
		its supported organization											
d		Type III non-functionally						-					
		that is not functionally int			•			l an attentiv	reness				
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.							
		er the number of supported o	•										
<u> </u>		vide the following information			(iv) is the ora:	anization listed		(
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern		(v) Amount of support (see ir	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ii	istructions	support (see instructions)				
Tota	al												
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022				

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4382495.	7149518.	7836864.	6714841.	6869525.	32953243.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4382495.	7149518.	7836864.	6714841.	6869525.	32953243.
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)						593,455.
	Public support. Subtract line 5 from line 4.						32359788.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4382495.	7149518.	7836864.	6714841.	6869525.	32953243.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	19,314.	24,100.	8,503.	4,690.	31,447.	88,054.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						33041297.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	336,831.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					Г Г	
	Public support percentage for 2022 (I					14	97.94 %
	Public support percentage from 2021					15	97.30 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

15

Schedule A	(Form	990	202

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

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

Sec	ction A. Public Support			-	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
				<u></u>			
Sec	ction C. Computation of Public	ic Support Per	centage				
15	Public support percentage for 2022 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021	1	1			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20					17 18	%
	Investment income percentage from			an line 14 and lin			%
198	33 1/3% support tests - 2022. If the	-					
	more than 33 1/3%, check this box at 22 1/2% even out tooto 2001. If the	-					/20/ and
b	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check t	his box and see ins		
23202	3 12-09-22		16	5		SCHE	dule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

232024 12-09-22

		Drganizations (con		
Schedule A	(Form 990) 202	UPWARD	BOUND	HOUSE

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's onicers,
	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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

Supervis	seu. Ur cur	In oneu nie s		n yanizalion.	
Section C.	Type II	Supportir	ng Orgar	nizations	

 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	
--	--

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- 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 entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

18 00091115 147227 0303268-0303268.0990 2022.05000 UPWARD BOUND HOUSE Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see			
	instructions).	-					

Schedule A (Form 990) 2022

232026 12-09-22

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Schedule A (Form 990) 2022

UPWARD BOUND HOUSE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

d Excess from 2021 e Excess from 2022

UPWARD BOUND HOUSE Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				

Current Year

03032681

Schedule A (Form 990) 2022

20

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

Schedule A (Form 990) 2022

232028 12-09-22

60	HEDULE D	Supplement	al Financial Statements	OMB No. 1545-0047
	NEDULE D		nization answered "Yes" on Form 990,	2022
(1011	11 330)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	Ζυζζ
	ment of the Treasury Revenue Service		Attach to Form 990. 0 for instructions and the latest information.	Open to Public Inspection
-	e of the organizatio			Employer identification number
Hum	o or the organization	UPWARD BOUND HOUSE		95-4288926
Pa	rt I Organizat		d Funds or Other Similar Funds or Ac	
	organization	answered "Yes" on Form 990, Part IV, lin	ie 6.	·
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end	d of year		
2		contributions to (during year)		
3		grants from (during year)		
4		end of year		
5			writing that the assets held in donor advised fund	ds
	-		exclusive legal control?	
6			dvisors in writing that grant funds can be used o	
	for charitable purpo	ses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing
	impermissible privat		·	
Pa	rt II Conserva	tion Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.
1	Preservation of Preservation of Preservation of Preservation of Preservation	• •	tion or education) Preservation of a histo	
2		hrough 2d if the organization held a qualif	fied conservation contribution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of cor	nservation easements		2a
b	•			_2b
С			ucture included in (a)	_2c
d	Number of conserva	ation easements included in (c) acquired a		
				_2d
3	Number of conserva	ation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation during the tax
	year			
4		here property subject to conservation eas		
5	•	on have a written policy regarding the per		
		rcement of the conservation easements it		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
7	Amount of expense	 s incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sements during the year
8			e satisfy the requirements of section 170(h)(4)(B)	
•	and section 170(h)(4			
9		-	on easements in its revenue and expense statem	
			note to the organization's financial statements the	at describes the
Pa	rt III Organizat	-	f Art, Historical Treasures, or Other S	imilar Assets.
	Complete if t	the organization answered "Yes" on Form	1990, Part IV, line 8.	
1a	If the organization e	lected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet works

	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public serv	ice,
	provide the following amounts relating to these items:	

232051	09-01-22	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	F	

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Sche		BOUND HOUSE				95-42			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	ner Simi	ar Asset	s (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e significar	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's e	xempt pur	oose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical treas	sures, or other sim	ilar assets				_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Yes"	on Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi						_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:						
							Amoun	t	
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.				• • • •	L	Yes		_ No
Par							<u></u>		
		(a) Current year	(b) Prior year	(c) Two years bac		e years back	(e) Fou	r vears	back
1a	Beginning of year balance	76,326.	76,326.	76,32		76,326.	· · /	,	326.
h	Contributions	,	,	,		,		,	
c c	Net investment earnings, gains, and losses	11,868.	11,868.	11,86	Β.	12,004.		4	468.
o h	Grants or scholarships		,					/	
	Other expenditures for facilities								
Ũ	and programs	11,868.	11,868.	11,86	в.	12,004.		4.	468.
f	Administrative expenses	,	, -	,	-	, .		,	
g	End of year balance	76,326.	76,326.	76,32	6.	76,326.		76,	326.
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)) held as:		,			
a	Board designated or quasi-endowment		%						
b	Permanent endowment 100	%							
с	Term endowment	<u></u> ^%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse		ion that are held an	d administered fo	r the				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the		ment funds.						
Par	t VI _ Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Parl	X, line 10.				
	Description of property	(a) Cost or ot basis (investm	• • •		Accumul depreciatio		(d) Boc	k valu	е
1 a	Land	`	,	4,109.			2,50	4,1	09.
	Buildings				,154,	031.	1,99	$\frac{1}{2,1}$	39.
	Leasehold improvements			-	. 1			•	
	Equipment		19	5,407.	195,	406.			1.
	Other			7,241.		954.	6	7,2	
	Add lines 1a through 1e. (Column (d) must e			· ·	-		4,56		
						<u> </u>			

Schedule D (Form 990) 2022

232052 09-01-22

Schedule [) (Form 990)	2022	UPWARD	BOUND	HOUSE

Part VII Investments - Other Securities.	on Form 000 Dort IV line f	11b Soc Form 000 Port V line 12	
Complete if the organization answered "Yes" c (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
			y your market value
(0) Ole sub-the late with the test success			
(2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line 1	11c. See Form 990. Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Table (0.1 (h) much and Erme 000, Dark V and (D) line (0.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11d See Form 990 Part X line 15	
	Description		(b) Book value
.,			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal and a second			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" of	n Form QQA Dart IV line 1	1 a or 11f See Form 000 Port V line 05	
	n Form 990, Part IV, line 1	The or Thi. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			16 600
(2) CLIENT SAVINGS ACCOUNTS			16,600.
(3) TENANT SECURITY DEPOSITS			8,304.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			04.004
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		24,904.
Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote to	the organization's financial statements that	at reports the

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 UPWARD BOUND HOUSE			95-4	1288926	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,009,	,011.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-26,105.			
b	Donated services and use of facilities	2b				
с		2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,105.</u>
3	Subtract line 2e from line 1			3	7,035,	<u>,116.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,035,	,116.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With	Expenses per F	Return	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	6,600,	,027.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	6,600,	,027.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с				4c		0.
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Reference of facilities Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b 2c d Other (Describe in Part XIII.) e Add l		5	6,600,	,027.		
Pa	t 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.

PART X, LINE 2:

THE ORGANIZATION HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM	
THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY	
PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT	
HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2021.	
DUE TO ITS TAX-EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO INCOME	
TAXES. THE ORGANIZATION IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH	
THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL	
STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE	
ORGANIZATION HAS NO OTHER TAX POSITIONS THAT MUST BE CONSIDERED FOR	
DISCLOSURE. THE ORGANIZATION DOES NOT BELIEVE THEIR FINANCIAL STATEMENTS	
INCLUDE ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S FEDERAL AND STATE	
232054 09-01-22 Schedule D (Form 990) 2022 30	
00091115 147227 0303268-0303268.0990 2022.05000 UPWARD BOUND HOUSE 030326	81

Schedule D (Form 990) 2022 UPWARD BOUND HOUSE	95-4288926 Page 5
Part XIII Supplemental Information (continued)	м
INCOME TAX RETURNS PRIOR TO FISCAL YEARS	2019 AND 2018, RESPECTIVELY, ARE
CLOSED. MANAGEMENT CONTINUALLY EVALUATES	EXPIRING STATUTES OF LIMITATIONS,
AUDITS, PROPOSED SETTLEMENTS, CHANGES IN	TAX LAW AND NEW AUTHORITATIVE
RULINGS.	
232055 09-01-22	Schedule D (Form 990) 2022
31	

SC	HEDULE J	Compensation Information		1	OMB No. 1	545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		F	2022			
		Compensated Employees			ZU	22	
Denar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Pa Attach to Form 990.	irt IV, iine 23.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest in	nformation.		Inspe		
Nam	e of the organizatior			Employer i			mber
		UPWARD BOUND HOUSE		95-4	28892	6	
Pa	rt I Questions	s Regarding Compensation					
						Yes	No
1 a		ate box(es) if the organization provided any of the following to or for a person		990,			
		line 1a. Complete Part III to provide any relevant information regarding these i					
	First-class or c		•				
	Travel for com		•				
		ation and gross-up payments Health or social club dues					
	Discretionary s	spending account Personal services (such as	maid, chauffel	ir, cnet)			
Ŀ	If any of the have -	n line to are checked, did the exercise follows a witten policy and	aumont				
a	•		•		41-		
2					<u>1b</u>		
2	-				2		
	trustees, and onice	s, including the GEO/Executive Director, regarding the items checked on line	Ta?				
3	Indicate which if an	w, of the following the organization used to establish the compensation of the	organization's				
U			-				
			ated organization	511 10			
	·		act				
	·						
				ommittee			
			ompensation e	ommittee			
4	During the year, did	any person listed on Form 990. Part VII. Section A. line 1a, with respect to th	e filina				
•			e ming				
а	-				4a		x
b							X
							X
	j						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5			y compensatio	n			
			- •				
а	•				5a		X
b	Any related organiz	ation?					X
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an	iy compensatio	n			
	contingent on the n	et earnings of:					
а	The organization?				6a		X
b	Any related organization	ation?			6b		X
7							
	not described on lin	es 5 and 6? If "Yes," describe in Part III			7		X
8							
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in P	Part III		8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure describe	ed in				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?				9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.		Sched	lule J (Forn	n 990)	2022

32 00091115 147227 0303268-0303268.0990 2022.05000 UPWARD BOUND HOUSE

95-4288926

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-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTINE MIRASY-GLASCO	(i)	189,720.	19,735.	0.	0.	10,505.	219,960.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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

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



UPWARD BOUND HOUSE

95-4288926

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HELP THEM MOVE INTO PERMANENT HOUSING AS QUICKLY AS POSSIBLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

STRATEGIC PARTNERSHIP WITH ST. JOSEPH'S CENTER AS THE SPA 5 FAMILY

SOLUTIONS CENTER, THE ORGANIZATION ACCEPTS REFERRALS OF HOMELESS

FAMILIES FOR SHELTER AND PROVIDES THESE HOUSING STABILITY SERVICES TO

THEM FREE OF CHARGE. SOUTH LOS ANGELES HOUSING STABILITY PROGRAM - THE

PROGRAM CONSISTS OF EMERGENCY SHELTER (FOUR FACILITIES IN SOUTH LA) AND

RAPID REHOUSING ("RRH") SERVICES FOR HOMELESS FAMILIES. THE FOUR

EMERGENCY SHELTERS OFFER 24-HOUR CRISIS HOUSING, AND WRAPAROUND

SERVICES, FOR UP TO 4-5 MONTHS PER FAMILY. THE ORGANIZATION CLOSELY

COLLABORATES WITH THE SPA 6 FAMILY SOLUTIONS CENTER OPERATED BY

SSG/HOPICS TO ACCEPT REFERRALS AND COORDINATE SERVICES. TRANSITIONAL

AGE YOUTH ("TAY") PROGRAM - THE PROGRAM IS A COMPREHENSIVE RESIDENTIAL

PROGRAM THAT SERVES PREGNANT AND/OR PARENTING TAY BETWEEN THE AGES OF

18 AND 24 AND THEIR CHILDREN FOR UP TO 36 MONTHS. THE PROGRAM,

OPERATES OUT OF TWO PROGRAM SITES IN SOUTH LA, SUPPORTS AND FACILITATES

PARENTING SKILLS, CHILD DEVELOPMENT, EDUCATION, EMPLOYMENT AND

PERMANENT HOUSING GOALS AMONG ALL PARTICIPANTS.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

Schedule O (Form 990) 2022

Name of the organization	Employer identification number
UPWARD BOUND HOUSE	95-4288926
FORM 990 IS PREPARED BY OUR OUTSIDE AUDITOR USING INFORMAT	ION SUPPLIED BY
UBH. FOLLOWING COMPLETION OF DRAFTS OF THE AUDITED FINANCI	AL STATEMENTS AND
FORM 990, THE OUTSIDE AUDITOR PROVIDES MANAGEMENT AND THE	FINANCE COMMITTEE
WITH THE DRAFT FOR REVIEW. AFTER INCORPORATING MANAGEMENT'	S AND THE
COMMITTEE'S COMMENTS, THE AUDITOR PROVIDES A REVISED FORM	990 WHICH IS
DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIE	W AND COMMENTS
BEFORE FILING.	

FORM 990, PART VI, SECTION B, LINE 12:

EACH DIRECTOR IS REQUIRED TO COMPLETE AN ANNUAL CERTIFICATE OF COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THIS CERTIFICATE AFFIRMS THE READING AND UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY, LISTS THE AFFILIATIONS OF THE INDIVIDUAL AND CERTIFIES THAT THE INDIVIDUAL IS IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. CHANGES OCCURRING DURING THE YEAR IN BOARD MEMBER ASSOCIATIONS ARE COMMUNICATED TO THE BOARD LIAISON FOR UPDATING OF ORGANIZATION CONFLICT OF INTEREST RECORDS.

FORM 990, PART VI, SECTION B, LINE 15A:

THERE WAS A FORMAL REVIEW OF THE EXECUTIVE DIRECTOR BY THE BOARD OF DIRECTORS (BUT NOT OF OTHER KEY EMPLOYEES). THIS PROCESS ENTAILED SOLICITING INPUT FROM EACH DIRECTOR AS WELL AS FROM THE DIRECT REPORTS OF THE EXECUTIVE DIRECTOR AND A SELF-EVALUATION FROM THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

36

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

232212 10-28-22

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 95 - 4288926

Name of the organization

UPWARD BOUND HOUSE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		foreign country)			
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
UPWARD BOUND SENIOR VILLA, INC 95-4468960							
1104 WASHINGTON AVE					UPWARD BOUND		
SANTA MONICA, CA 90403	SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSE	Х	

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 UPWARD BOUND HOUSE

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
	1										
	1										
	1										
	1										
	4										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)			(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?												
		country)		01 11 03 0		assets		Yes	No												
		-																			
				_																	

Schedule R (Form 990) 2022 UPWARD BOUND HOUSE

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	<u> </u>
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	Х	<u> </u>
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(3)</u>				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2022 UPWARD BOUND HOUSE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(2)	<u> </u>	C	(d)	10		(#)	(ന)	/	•	(1)	(3	(k)																
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d)	(e Are partners 501(c orgs	all	(f) Share of	(g) Share of		n)	(i) Code V URI	(j) General (
of entity	Primary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec. :)(3)	total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin																	
orentity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?																	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No)																
				+																								
												+																
				+																								
			1	1					1			1																

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 UPWA
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

232165 09-14-22	2						Sched	lule R (Form 990) 2022
0091115 1	47227	0303268-030	3268.0990	41 2022.05000	UPWARD	BOUND	HOUSE	0303268
		0000200 000		2022705000	01.0000	200112		0000200

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instruct	Taxpayer	Taxpayer identification number (TIN)								
print	UPWARD BOUND HOUSE				95-42	88926					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 1104 WASHINGTON AVENIIE	ee instruct	tions.		<u> </u>						
return. See instruction	SANTA MONICA, CA 90403										
Enter the Return Code for the return that this application is for (file a separate application for each return)											
Application Return Application											
Is For Code Is For											
Form 99	00 or Form 990-EZ	01	Form 1041-A			08					
Form 47	720 (individual)	03	Form 4720 (other than individual)			09					
Form 99	90-PF	04	Form 5227			10					
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 99	90-T (trust other than above)	06	Form 8870			12					
Form 99	00-T (corporation) CHRISTINE MIRAS	07									
● If the ● If this box ▶ 1 In th ₽ 2 If	request an automatic 6-month extension of time until le organization named above. The extension is for the orga X calendar year 2022 or tax year beginning the tax year entered in line 1 is for less than 12 months, ch Change in accounting period	Group Exe and atta NOVE1 anization's , an neck reaso	mption Number (GEN), . ach a list with the names and TINs of MBER 15, 2023 , to file return for: ad ending on: Initial return	f this is fo all membe	r the whole o ers the exter opt organizat	group, check this usion is for.					
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.					
	this application is for Forms 990-PF, 990-T, 4720, or 6069	. enter anv	refundable credits and		•						
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b											
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.					
Cautior instruct	: If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84	453-TE and							

223841 04-01-22