

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2013 calend	lar year, or tax year beginning , 2013, and ending	,	
В	Check if	applicable	C	D Employer identif	ication Number
	Addi	ress change	UPSTREAM POLICY INSTITUTE, INC.	43-2038	578
	X Nam	ne change	PO BOX 48433	E Telephone numb	
	Initia	al return	ATHENS, GA 30604	706-613	-0710
	\vdash	minated		700 013	0715
	\vdash	ended return		G Gross receipts	226,898.
	\vdash	lication pending	F Name and address of principal officer H(a) is this	a group return for subore	
		ilication pending		- '	H. (2)
_	Tay av	cempt status	X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527	l subordinates included attach a list (see ins	tructions)
÷					
				exemption number	
K		of organization	X Corporation Trust Association Other ► L Year of formation	M State of le	egal domicile GA
		Summar		COLDWINITER	
		-	± × ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		
ခွ			K AND BUILD A CONSTITUENCY FOR PRODUCT-FOCUSED ENVI		OFICIES THAT
ם	4	WD A WINCE	SUSTAINABLE PRODUCTION AND CONSUMPTION AND GOOD GOV	EKNANCE	
Governance	2 5	heck this bo	x I If the organization discontinued its operations or disposed of more than 25	5% of its net asse	
Ĝ			ting members of the governing body (Part VI, line 1a)	3	9
			dependent voting members of the governing body (Part VI, line 1b)	4	9
Activities &	5 T	Total number	of individuals employed in calendar year 2013 (Part V, line 2a)	5	2
Ξ	6 T	Total number	of volunteers (estimate if necessary)	6	0
, &	i .		ed business revenue from Part VIII, column (C), line 12	7 a	81.
	b l	Net unrelated	business taxable income from Form 990-T, line 34	7 b	0.
	_	_		Prior Year	Current Year
· •	ı		and grants (Part VIII, line 1h)	137,669.	226,817.
			rice revenue (Part VIII, line 2g)	5,250.	
6 ~			come (Part VIII, column (A), lines 3, 4, and 7d)		
Revenue			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174.	81.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,093.	226,898.
~-			milar amounts paid (Part IX, column (A), lines 1-3)	5,000.	4,500.
	J	•	to or for members (Part IX, column (A), line 4)	1.65 71.4	160 016
S	15 S		er compensation, employee benefits (Part IX, column (A), lines 5-10)	165,714.	168,916.
Expenses	16a F	Professional	fundraising fees (Part IX, column (A), line 11e)		
E be	b ⊺	Total fundrais	ing expenses (Part IX, column (D), line 25) ► 31,959.		
ú	17 0	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	79,029.	71,582.
	18 T	Total expens	es Add lines 13-17 (must equal Part IX, dolumin (1957) libe 25)	249,743.	244,998.
	19 F	Revenue less	expenses. Subtract line 18 from line 2	-106,650.	-18,100.
8 8			N MAN C C COLL ON Reginn	ing of Current Year	End of Year
a lar	20 T	Total assets	Part X, line 16)	75,677.	58,001.
Net Assets Fund Balanc	2 1 T	Fotal liabilitie	s (Part X, line 26)	3,957.	4,381.
žĮ	22 N	Net assets or	fund balances. Subtract line 21 from line 267 05 0 17	71,720.	53,620.
	Ht II	Signatu		, = , . =	
				edge and belief, it is true	. correct. and
com	plėte Dec	claration of prep	are that I have examined this return, including accompanying schedules and statements, and to the best of my knowle yer (other than officer) is based on all information of which preparer has any knowledge		<u> </u>
			all head no	5/17/	14
Sig	n	Signati	re of officer D	ate	
He	re	BIL	L SHEEHAN EXEC	CUTIVE DIREC	C
		Type o	print name and title		
		Print/Type	Preparer's sunature Date 3/25/14	Check If	PTIN
Pa	id	JOHN 1	E. PATAT, JR. William 3/25/14	self-employed	P00038819
	eparei				
	e Onl			Firm's EIN > 58	-1858240
	•		ATHENS, GA 30605-3592	Phone no (70)	
Ma	v the IR	RS discuss th	is return with the preparer shown above? (see instructions)		X Yes No

_	990 (2013) UPSTREAM POLICY INSTITUTE, INC.		038678	Page 2
	Statement of Program Service Accomplishment			
	Check if Schedule O contains a response or note to any line	n this Part III		
1		IODE AND DULLD A GONOMERUENCE	FOD	
	TO DEVELOP AND COMMUNICATE A STRONG FRAMEW PRODUCT-FOCUSED ENVIRONMENTAL POLICIES THA			
	CONSUMPTION AND GOOD GOVERNANCE.	I ADVANCE SUSTATINABLE PRODUC	TION WINT	<u>'</u>
	CONDUMITION AND COOD COVERNMENT.			
	Did the organization undertake any significant program services duri	ng the year which were not listed on the prior		
	Form 990 or 990-EZ?		Yes	X No
	If 'Yes,' describe these new services on Schedule O.		_	_
3	Did the organization cease conducting, or make significant changes If 'Yes,' describe these changes on Schedule O.	in how it conducts, any program services?	Yes	X No
4	Describe the organization's program service accomplishments for ea Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1)	trusts are required to report the amount of gr	easured by eants and allo	expenses.
	others, the total expenses, and revenue, if any, for each program se	rvice reported		
4 a	(Code) (Expenses \$ 84,452. including gi	rants of \$) (Revenue	\$	<u>}</u>
	IMPROVING CORPORATE PRACTICE AND PUBLIC PO			E
	REDUCTION AND RESOURCE CONSERVATION. WORKI			
			-	
			-	
4 t	(Code) (Expenses \$ 84,452. including gi	rants of \$) (Revenue	\$)
	CRADLE2 CAMPAIGN-BUILDING PUBLIC AWARENESS	AND SUPPORT FOR PRODUCT STE	WARDSHIP	FOR
	SUSTAINABLE PRODUCTS AND PACKAGING BY REAC	HING OUT TO AND NETWORKING S	TAKEHOLD	ERS,
	INCLUDING LEADING COMPANIES, PUBLIC INTERE			
	STATE OFFICIALS. ACTIVITIES INCLUDE COORDI			PS,
	DEVELOPING POLICY AND EDUCATION TOOLS, COCEDUCATION/OUTREACH.	RDINATING STAKEHOLDER STRATE	GY AND _	
	EDUCATION/OUTREACH.	·		
	_			
			· 	
				
4 0	: (Code:) (Expenses \$18,767. including gi		\$)
	DEVELOPING PROFESSIONAL MEDIA TOOLS ON PRO	DUCT STEWARDSHIP.		
		· 		
		· 		
		· 	-	
		·		
		·		
		· 		
		· 	. 	
	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)
	e Total program service expenses ► 187, 671.			000 :::::
BAA	TEEA0102L	07/02/13	For	m 990 (2013)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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? <i>If</i> 'Yes,' complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X_
(c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		X_
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
l	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	_	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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		<u>x</u> _
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		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) UPSTREAM POLICY INSTITUTE, INC. Part 14 Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25a	24a		Х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŧ	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38_		Х
BAA		Form	1 990 (2013)

BAA

Form 990 (2013)

Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response or note to any line in this Part V	-		V T	<u> </u>
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a		Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendor	<u> </u>	9		
(gambling) winnings to prize winners?		1 c		****
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	2		
b If at least one is reported on line 2a, did the organization file all required federal employment		2 b		X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	r ⁹	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>		_3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over, a nancial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country: ▶				
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	er transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		_
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such co		6 b		
7 Organizations that may receive deductible contributions under section 170(c).				***
a Did the organization receive a payment in excess of \$75 made partly as a contribution and passervices provided to the payor?	artly for goods and	7.		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 a 7 b	-	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whether the control of the self-the organization sell, exchange, or otherwise dispose of tangible personal property for whether the control of the self-the organization sell, exchange, or otherwise dispose of tangible personal property for whether the control of the self-the organization sell, exchange, or otherwise dispose of tangible personal property for whether the control of the self-the organization sell, exchange, or otherwise dispose of tangible personal property for whether the control of the self-the organization sell, exchange, or otherwise dispose of tangible personal property for which the self-the organization sell, exchange, or otherwise dispose of tangible personal property for which the self-the organization sell, exchange, or otherwise dispose of tangible personal property for the self-the organization sell, exchange the self-the organization self-the orga	nich it was required to file	/ b		
Form 8282?	nor it was required to life	7 c	ľ	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e	~~~~	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal beni	efit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization as required?	on file Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, he holdings at any time during the year?	g organizations. Did the ave excess business	8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9 a		·
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12 a		~~~
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedule	e O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	136			
c Enter the amount of reserves on hand .	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	136	14-		w V
b If 'Yes' has it filed a Form 720 to report these payments? If 'No ' provide an explanation in S	Schadula O	14 a		

TEEA0105L 07/02/13

Form 990 (2013) UPSTREAM POLICY INSTITUTE, INC. 43-2038678 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a C If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 b 9 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? X 6 7 a 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? X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8 a **b** Each committee with authority to act on behalf of the governing body? X 8 b 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 in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 X 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? a The organization's CEO, Executive Director, or top management official 15 a Х X **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Other (explain in Schedule O) Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

BILL SHEEHAN 205 THREE OAKS DR. ATHENS GA 30607 (706) BAA

TEEA0106L 07/02/13

Form 990 (2013)

Form 990 (2013)	UPSTREAM	POLICY	INSTITUTE.	TNC

43-2038678

Page 7

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)									
(A) Name and Title	(B) Average hours per	one bo offic	x, ùn	less p	erso	more in is both	h an I	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DAVID STIZHAL	3										
SECRETARY	0	X		_X				0.	0.	0.	
(2) MARION HUNT	2										
DIRECTOR	0	X						0.	0.	0.	
(3) STEVEN SHERMAN	2										
TREASURER	0	X		Х				0.	0.	0.	
(4) MARK HAYS	4										
PRESIDENT	0	X		X				0.	0.	0.	
(5) VICTORIA REINHARDT	2									-	
DIRECTOR	0	X						0.	0.	0.	
(6) LESLIE TAMMINEN	2									-	
VICE PRESIDENT	0	X		Х				0.	0.	0.	
(7) DAWN_ERLANDSON	2										
DIRECTOR	0	X						0.	0.	0.	
(8) MARTY GROHMAN	2										
DIRECTOR	0	X			- 1			0.	0.	0.	
(9) CLAYTON KYLE	2							,	· ·		
DIRECTOR	0	X						0.	0.	0.	
(10) BILL SHEEHAN	40							=.			
EXECUTIVE DIRECTOR	0				X			86,452.	0.	0.	
(11) MATT PRINDIVILLE	40										
ASSOCIATE DIRECTOR	0				X			66,206.	0.	0.	
(12)						·					
(13)						_					
(14)											

Part VIII Section A. Officers, Directors, Trustees, Key Employees,						an	d Highest Co	mpensated En	nployees (continued)	
(A) Name and title	Average hours per week	box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)	 									
(17)	1									
(18)										
(19)										
(20)	 							_		
(21)										
(22)	 									
(23)								- · ·		
(24)	 									
(25)										
1 b Sub-total	<u> </u>	<u> </u>	Ш			L	•	152,658.	0	. 0.
c Total from continuation sheets to Part VII, Section	Α						•	0.	0	
d Total (add lines 1b and 1c)							▶	152,658.	0	
2 Total number of individuals (including but not limite from the organization ▶ 0	ed to tho	se lis	ted	abo	ve)	who	rece		100,000 of reporta	
3 Did the organization list any former officer, directo on line 1a ³ If 'Yes,' complete Schedule J for such	r, or trus <i>ındıvıdua</i>	stee,	key	emp	oloy	ee, o	r hiệ	ghest compensate	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	eportable than \$15	con 50,00	nper 0? /	nsatı f 'Ye	ion a	and o	the <i>lete</i>	r compensation fr Schedule J for	om	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compens	satior	n fro hedi	m a	iny u <i>I for</i>	ınrela such	ated	l organization or in	ndıvıdual	5 X
Section B. Independent Contractors							,		.	
1 Complete this table for your five highest compensation from the organization. Report comp	ated inde ensation	pend for t	lent he c	con aler	trac ndar	tors t year	hat en	received more the	an \$100,000 of the organization's	s tax year.
Name and business addre	ess					_		Description (of services	(C) Compensation
						_				
	<u> </u>					_				
Total number of independent contractors (including \$100,000 of compensation from the organization in	_	lımıt	ed t	o th	ose	listed	d ab	ove) who receive	d more than	
\$100,000 of compensation from the organization	U								***	

Pai	ŧ۷	Statement of Re	venue		=======================================			10 2000.0	
<u> </u>		Check if Schedule O		a respoi	nse or note to any	Ine in this Part VI	II		
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	b c d e f		rants, and above	1a 1b 1c 1d 1e 1f -1f: \$	2,500. 224,317. Business Code	226,817.	revenue		512-514
OGR	f	All other program service	e revenue	ž			****		
PR	3 4 5	Total. Add lines 2a-2f Investment income (incl other similar amounts) Income from investment Royalties		•	•				
	b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (lo Gross amount from sales of	(i) Re		(ii) Personal				
	С	assets other than inventory. Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			•				
OTHER REVENUE	b c	Gross income from function (not including \$	d on line 1	c) a b sing ev	ents •				
	b c	Gross income from gam See Part IV, line 19 Less: direct expenses Net income or (loss) fro	m gamıng	b activiti	es •				
	b	Gross sales of inventory and allowances Less cost of goods sold Net income or (loss) fro	d m sales o	b					
	11 a b c	Miscellaneous Reven			Business Code	81.		81.	
	е	All other revenue Total. Add lines 11a-11c Total revenue. See instr			•	81. 226,898.	0.	81.	0

Part X Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,500.	4,500.						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			-					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	152,658.	122,127.	15,265.	15,266.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,580.	3,664.	458.	458.				
9	Other employee benefits	_							
10	Payroll taxes	11,678.	9,343.	1,167.	1,168.				
11	Fees for services (non-employees):								
á	Management								
ŀ	Legal								
(: Accounting								
(Lobbying								
•	Professional fundraising services. See Part IV, line 17								
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion								
13	Office expenses	 -							
14	Information technology	16,422.	16,422.		, 				
15	Royalties	10,422.	10,422.						
16	Occupancy		<u> </u>						
17	Travel	16,456.	14,810.	823.	823.				
	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,430.	14,010.	023.	023.				
19	Conferences, conventions, and meetings	7,817.	7,817.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	105.	105.						
23	Insurance	2,859.		2,859.					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
,	FUNDRAISING	12,513.	1,251.	2,503.	_8,759.				
	PROFESSIONAL FEES	6,591.	659.	1,318.					
	TELEPHONE & INTERNET	4,753.	3,803.	475.	475.				
	SUPPLIES	3,340.	2,672.	334.	334.				
	All other expenses	726.	498.	334. 166.	62.				
	Total functional expenses. Add lines 1 through 24e	244,998.	187,671.	25,368.	31,959.				
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).	244, 990.	187, 071.	23,300.	31, 939.				
DAA					Form 990 (2012)				

		Check if Schedule O contains a response or note to	any li	ne in this Part X			•	
						_ (A)		(B)
						Beginning of year		End of year
	1	Cash – non-interest-bearing			ì	21,119.	1	18,157.
	2	Savings and temporary cash investments				54,453.	2	39,839.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net					4	5.
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated er Part II of Schedule L			5			
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of section 50 beneficiary organizations (see instructions) Complete	g ees'		6			
A S E T S	7	Notes and loans receivable, net					7	
E	8	Inventories for sale or use				-	8	
s	9	Prepaid expenses and deferred charges					9	
	10 a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10 a	4,01	17.			
	b	Less. accumulated depreciation	10 b	4,01	17.	105.	10 c	
	11	Investments – publicly traded securities		· · · · · · · · · · · · · · · · · · ·		-	11	
	12	Investments – other securities See Part IV, line 11			12			
	13	Investments – program-related See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11	L		15			
\Box	16	Total assets. Add lines 1 through 15 (must equal line 3	34)			75,677.	16	58,001.
	17	Accounts payable and accrued expenses			17			
	18 19	Grants payable Deferred revenue			}		18	
.	20	Tax-exempt bond liabilities			}		20	
<u> </u>	21	Escrow or custodial account liability Complete Part IV	/ of Sc	shedule D	- }	·	21	
B	22	Loans and other payables to current and former officer						
LIABILITIES		key employees, highest compensated employees, and Complete Part II of Schedule L	disqu	alified persons.			22	
F	23	Secured mortgages and notes payable to unrelated th					23	
8	24	Unsecured notes and loans payable to unrelated third	•		ļ	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to rel plete P	lated third parties, art X of Schedule [D	3,957.	25	4,381.
N	26	Total liabilities. Add lines 17 through 25				3,957.	26	4,381.
N T		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here •	X and complete	•			
ASSETS	2 7	Unrestricted net assets				71,720.	27	53,620.
Ę	28	Temporarily restricted net assets					28	
O R	29	Permanently restricted net assets		_	L		29	
		Organizations that do not follow SFAS 117 (ASC 958), and complete lines 30 through 34.						
F U N D	30	Capital stock or trust principal, or current funds			ĺ		30	
	31	Paid-in or capital surplus, or land, building, or equipm	ent fur	nd			31	
Ç	32	Retained earnings, endowment, accumulated income,	or oth	er funds			32	
BALANCES	33	Total net assets or fund balances				71,720.	33	53,620.
Š	34	Total liabilities and net assets/fund balances				75,677.	34	58,001.

BAA

Forn	990'(2013) UPSTREAM POLICY INSTITUTE, INC.	43-2038678	Page 12
	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	226,898.
2	Total expenses (must equal Part IX, column (A), line 25)	2	244,998.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,100.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,720.
5	Net unrealized gains (losses) on investments	5	<u> </u>
6	Donated services and use of facilities	6	
7	Investment expenses	7	·
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	53,620.
Pa	# XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		Yes No
2.	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
2 4	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revised basis, consolidated basis, or both:	lewed on a	2a X
	Separate basis Consolidated basis Both consolidated and separate basis		
ı	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 se basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	parate	
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a X
ı	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b

BAA

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number UPSTREAM POLICY INSTITUTE, INC 43-2038678 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(bx1xAxi). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I Type II Type III - Non-functionally integrated С Type III — Functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii)

h		•	lescribed in (i) or (ii) at supported organizatio							11 g (III)	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (s the ation in) listed in overning ment?	(v) Did yo the organ column (supp	ization in	organiz colur organiz	Is the zation in mn (i) ed in the S ?	(VII) Amount of m support	onetary
			Ye	Yes	No	Yes	No	Yes	No		
<u>(A)</u>											
(B)											
(C)				<u> </u>				:			
(D)					_						
<u>(E)</u>											
Total											

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

below, the governing body of the supported organization? A family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2013

11 g (i)

11 g (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.)

2 Tax revenues levied for the organization'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 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support	0. 0. 751.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support	0. 0. .,751.
organization'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 3 247, 302. 117,500. 226,187. 137,669. 143,093. 871 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support	0. .,751.
facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 247, 302. 117,500. 226,187. 137,669. 143,093. 871 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support	0. .,751.
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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support	,751.
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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support	0.
from line 4 Section B. Total Support	
	,751.
Calendar year (or fiscal year beginning in) > (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) To	otal
7 Amounts from line 4 247, 302. 117, 500. 226, 187. 137, 669. 143, 093. 871	,751.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 533. 158. 293. 174.	.,158.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.
11 Total support. Add lines 7 through 10 872	2,909.
12 Gross receipts from related activities, etc (see instructions) 12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	-
Section C. Computation of Public Support Percentage	
_	<u>.87 %</u>
la	<u>. 68 %</u>
16 a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this board stop here. The organization qualifies as a publicly supported organization	× X
b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this be and stop here. The organization qualifies as a publicly supported organization	• □
17 a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	- []
b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	▶ []
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				·		
Calen	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
_	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
_	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)						
	tion B. Total Support				·-		
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on			J4			- · · · - ·
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)						
	First five years. If the Form 990 i organization, check this box and			d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ []
	tion C. Computation of Pu			_			
	Public support percentage for 20	•	• •	e 13, column (f))		15	
	Public support percentage from 2					16	ક
	tion D. Computation of Inv						
	Investment income percentage for	•	• •	•	nn (f)) .	17	8
18	Investment income percentage fi	rom 2012 Schedul	e A, Part III, line	17		18	8
19 a	33-1/3% support tests - 2013. If is not more than 33-1/3%, check	the organization of this box and stop	did not check the to here. The organi	oox on line 14, ar zation qualifies as	nd line 15 is more s a publicly suppoi	than 33-1/3%, and ted organization	line 17
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%	, check this box ai	nd stop here. The	organization qua	ilifies as a publicly	supported organization	/3%, and ation
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, ch	neck this box and	see instructions	· ► 🔲

Scriedule A	(1 01111 990 01 990-LZ) 2013 UP	SIKEAM PULICI INSII	TULE, INC.	43-2036678 Fage 4
Part IV	Supplemental Information. or 17b; and Part III, line 12. (See instructions).	Provide the explanation Also complete this part	ns required by Part II, line 1 for any additional informat	0; Part II, line 17a ion.
				~
	-			
				
				
				
			- -	
				
		-		
_		-		
_				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Schedule C (Form 990 or 990-EZ) 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

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

Name	of organization			Employer identifica	ation number
UPS	STREAM POLICY INSTI	TUTE, INC.		43-203867	8
Par	Complete if the or	ganization is exempt under section	501(c) or is a sect	ion 527 organizatio	n.
1	Provide a description of the o	organization's direct and indirect political ca	ampaign activities in P	art IV.	
2	Political expenditures			\$	>
3	Volunteer hours				
Pat	(I/B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization under s	ection 4955	▶\$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers i	under section 4955	►\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4 a	Was a correction made?		•		Yes No
k	If 'Yes,' describe in Part IV				∐ les ∐llo
	LEC Complete if the o	rganization is exempt under secti	on 501(c) excer	ot section 501(c)(3)	<u> </u>
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities \$	
2		g organization's funds contributed to other o	•	•	
2	function activities	g organization's funds contributed to other t	organizations for section	on 527 exempt ►\$	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2 Enter here and o	on Form 1120-POL,	> \$	
4	Did the filing organization file	Form 1120-POL for this year?			. Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of the control of the con	nount paid from the fil v delivered to a separ	ing organization's funds ate political organization	Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

	OLDIKEWM LO	PICI INSTITUTE, I	LINC.	43-2038	6/8 'age 2
Part II-A Complete if t section 501(he organization i h)).	s exempt under section	on 501(c)(3) and file	d Form 5768 (election	n under
		ngs to an affiliated group (a	and list in Part IV each :	affiliated group member's	name
	-	share of excess lobbying		annatou group mombor o	riarro,
	•	ked box A and 'limited con	• •		
(The term		ing Expenditures ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	•	,	, ,,	2,200.	
, , ,		gislative body (direct lobby	ring).		
c Total lobbying expenditu	•	d 1b)		2,200.	0.
d Other exempt purpose e	•			242,798.	
e Total exempt purpose ex	xpenditures (add line	244,998.	0.		
f Lobbying nontaxable am both columns			49,000.		
If the amount on line 1e, colu	* * * * * * * * * * * * * * * * * * * *	The lobbying nontaxable a	mount is.		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,0	·	\$100,000 plus 15% of the excess of			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000					
Over \$1,500,000 but not over \$ Over \$17,000,000		\$225,000 plus 5% of the excess or \$1,000,000.	/er \$1,500,000		
g Grassroots nontaxable a		<u> </u>		10.050	
h Subtract line 1g from line	•	•		12,250.	0.
i Subtract line 1f from line	0.	0.			
j If there is an amount oth	ner than zero on eith	er line 1h or line 1i, did the	l organızatıon file Form		0.
section 4911 tax for this	year?		<u>.</u>	·	Yes No
(Son	ne organizations tha	4-Year Averaging Period U at made a section 501(h) elo as below. See the instruction	ection do not have to co		
		ying Expenditures During 4			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount	21,32	4. 47,218.	49,949.	49,000.	167,491.
b Lobbying ceiling amount (150% of line 2a, column (e))					251,237.
c Total lobbying expenditures	2,13	2. 2,150.	1,800.	2,200.	8,282.
d Grassroots nontaxable amount	5,33	1. 11,805.	12,487.	12,250.	41,873.
e Grassroots ceiling amount (150% of line 2d, column (e))					62,810.
f Grassroots lobbying expenditures	2,13	2. 2,150.	1,800.	2,200.	8,282.
BAA				Schedule C (Form	990 or 990-EZ) 2013

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

		a)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?		-		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-			
i Other activities?	-			
j Total. Add lines 1c through 1i			-	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	88884	\$300,700		
b If 'Yes,' enter the amount of any tax incurred under section 4912	*			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III A Complete if the organization is exempt under section 501(c)(4), section 50	1/-\/E			
section 501(c)(6).), or		
			Yes No	
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
	1/-\/	``		
Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b answered 'Yes.') Part	ili-A,	line 3, is	
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year		2 a		
b Carryover from last year		2 b		
c Total .		2 c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	6			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditure next year?	cal	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Supplemental Information		3		
<u> </u>				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group Part II-B, line 1. Also, complete this part for any additional information.	list); F	art II-	A, line 2, and	
				
		-		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

JΡ	STREAM POLICY INSTITUTE, INC.			43-2038678
*****	Organizations Maintaining Dono	or Advised Funds or Other Sir	nilar Funds or Ac	
	Complete if the organization ans	wered 'Yes' to Form 990, Part	IV, line 6.	
_		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year	(1) = 1 = 1 = 1 = 1 = 1 = 1 = 1	(-)	
2	Aggregate contributions to (during year) .			·· ···
3	Aggregate grants from (during year)			·
4	Aggregate value at end of year			
5	-	or advisors in writing that the assets h	eld in donor advised fu	unds
_		•		∐Yes ∐ No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that gi	rant funds can be used ny other purpose conf	erring Yes No
'n	≰ II Conservation Easements.	,		
	Complete if the organization ans			
1	Purpose(s) of conservation easements held by	the organization (check all that apply)		
	Preservation of land for public use (e.g., re	ecreation or education)	ervation of an historica	ally important land area
	Protection of natural habitat	Pres	ervation of a certified b	nistoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contrib	ution in the form of a	conservation easement on the
	last day of the tax year	•		
			F	leld at the End of the Tax Year
	a Total number of conservation easements		2 a	
	b Total acreage restricted by conservation easer	nents	2 b	
	c Number of conservation easements on a certif	ed historic structure included in (a)	_2c	
	d Number of conservation easements included in	n (c) acquired after 8/17/06, and not or	a historic	
	structure listed in the National Register		2 d	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or	terminated by the org	anızatıon durıng the
4	Number of states where property subject to co	nservation easement is located >		
5	Does the organization have a written policy reg		tion, handling of violat	
_	and enforcement of the conservation easemen			∐Yes ∐ No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservat	tion easements during	the year
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation e	easements during the y	vear
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	Inne 2(d) above satisfy the requirement	nts of section 170(h)(4))(B)(i)
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to	orts conservation easements in its revo	enue and expense stated ts that describes the o	tement, and balance sheet, and
2'77	conservation easements.			
2	Organizations Maintaining Collect Complete if the organization ans	wered 'Yes' to Form 990, Part	s, or Other Similar IV, line 8.	Assets.
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan	s held for public exhibition, education,	or research in furthera	and balance sheet works of nce of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report in its id for public exhibition, education, or re	revenue statement and esearch in furtherance	I balance sheet works of art, of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$
	(ii) Assets included in Form 990, Part X			►\$
2	If the organization received or held works of an amounts required to be reported under SFAS	rt, historical treasures, or other similar 116 (ASC 958) relating to these items	assets for financial ga	in, provide the following
	a Revenues included in Form 990, Part VIII, line			► \$
	b Assets included in Form 990, Part X			▶\$
_				

Schedule D (Form 990) 2013 UPST	REAM POLICY	INSTITUTE,	INC.	43-203	88678	Page 2
Part III Organizations Maintain	ning Collection	ıs of Art, Histori	cal Treasures, or O	ther Similar Assets	(continued)	
3 Using the organization's acquisiting tems (check all that apply):	on, accession, ar	nd other records, ch	eck any of the following	g that are a significant us	se of its collec	tion
a Public exhibition		d \prod Loan	or exchange programs			
b Scholarly research		e 📙 Other	·			
c Preservation for future gener						
4 Provide a description of the orga Part XIII.					e in	
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or rece	eive donations of art	t, historical treasures, c	or other similar assets	Yes	No
Escrow and Custodia line 9, or reported an	l Arrangemer	its. Complete if	the organization a			
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, o	other intermediary	for contributions or oth	ner assets not included	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII and o	omplete the following	ng table:		<u> </u>	
_					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year			•	1 e		
f Ending balance		00 Dant V I 012		1f	<u> </u>	T 1
2 a Did the organization include an a b If 'Yes,' explain the arrangement			stron hoo hoon needed	Lin Doub VIII	Yes	⊢No
bili res, explain the arrangement	in Fart Am. Chec	x nere ii the explan	niion nas been provided	In Part XIII		
Part V Endowment Funds. Co	mnlete if the o	organization ans	wered 'Yes' to For	m 990 Part IV line	10	
man and a second	(a) Current year	(b) Prior yea			(e) Four year	ars hack
1 a Beginning of year balance	,	(=)******	(0) 110 3000 200	(=) 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) 1 041 301	210 Daoit
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships					-	
e Other expenditures for facilities and programs			-		_	
f Administrative expenses						
g End of year balance					-	
2 Provide the estimated percentage	e of the current ye	ear end balance (lin	e 1g, column (a)) held	as.		
a Board designated or quasi-endov		ક	· · · · · · · · · · · · · · · · · · ·			
b Permanent endowment ▶	8					
c Temporarily restricted endowmer	nt ►	ફ				
The percentages in lines 2a, 2b,	and 2c should eq	ual 100%				
3a Are there endowment funds not a organization by:	n the possession	of the organization	that are held and admii	nistered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related of	rganizations liste	d as required on Sc	hedule R?		3b	
4 Describe in Part XIII the intended	l uses of the orga	nızatıon's endowme	ent funds		L	
Part VI Land, Buildings, and	Equipment.					
Complete if the organi	zation answer	ed 'Yes' to Form	n 990, Part IV, line	11a. See Form 990	, Part X, Iır	ne 10.
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment .			4,017.	4,017.		0.
e Other						
Total. Add lines 1a through 1e. (Colum	n (d) must equal	Form 990, Part X, c	olumn (B), line 10(c))	<u>, , </u>		0.
BAA				Sched	lule D (Form 9	

. . .

Part VII Investments — Other Securities.	Weel to Form 000	N/A	00 D-1V I 10
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	· · · · · · · · · · · · · · · · · · ·	
(1) Financial derivatives	(D) Book value	(c) Method of valuation Cost or end	-ot-year market value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u>(C)</u>			· · · · · · · · · · · · · · · · · ·
(D)			
(E)			-
(F)			
(G)			
(H)			· -
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			
Investments – Program Related. Complete if the organization answered	'Yes' to Form 990	N/A Part IV Juna 11c, Son Form 9	On Part V line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(w) = con raids	(c) medica er raidadem eest er en	a or your market value
(2)		-	- <u>-</u> -
(3)			
(4)			
(5)	. '		 "
(6)			
(7)			
(8)			
(9)			
(10)			······································
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part X Other Assets.	N/A		
Complete if the organization answered 'Y	es' to Form 990, Pa	rt IV, line 11d. See Form 990, P	art X, line 15.
(a) Des	scription		(b) Book value
(1)			
(2)	 		
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
	\ / 15 \		>
Total. (Column (b) must equal Form 990, Part X, column (B) Other Liabilities.), line 15)		1
Complete if the organization answered 'Yes' to Form	990. Part IV. line 11e or 1	11f See Form 990 Part X June 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) CREDIT CARDS PAYABLE	27		
(3) PAYROLL LIABILITIES	4,10	17.	
(4) (5)		_	
(6)			
(7)			
(8)			
(9)			
(10)		_	
(11)		_	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<u>▶</u> 4,38		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's fin	ancial statements that reports the organization's	liability for uncertain

tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 UPSTREAM POLICY INSTITUTE, INC	•	43-2038678	Page 4
Reconciliation of Revenue per Audited Financial Statement	ents With Revenue pe	er Return. N/A	
Complete if the organization answered 'Yes' to Form 9	90, Part IV, line 12a	à. ,	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments .	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	40	4.5	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	121	4 c 5	
Part XIII Reconciliation of Expenses per Audited Financial Statem		1 - 1	
Complete if the organization answered 'Yes' to Form 9	90, Part IV, line 12a	l	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	i l		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b	10 \	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also	id 4; Part IV, lines Ib and complete this part to pro	I 2b, Part V, vide any additional informatio	n.
			
	· -		-

Schedule **D** (Form 990) 2013

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2013

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

43-2038678 UPSTREAM POLICY INSTITUTE, INC. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS REVIEW 990 WITH EXECUTIVE DIRECTOR FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC.