Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4)	organizations must com	plete all columns. All other	organizations must com	iplete column (A)
--	---------------------------------	------------------------	------------------------------	------------------------	-------------------

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members	Ī	ĺ		
	Compensation of current officers, directors, trustees, and key employees	75,000	72,750	2,250	
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	543,103	543,103		
	Pension plan accruals and contributions (include section	27,190	26,374	816	
o	401(k) and 403(b) employer contributions)	2.7,233	20,011	010	
9	Other employee benefits	126,580	122,783	3,797	
10	Payroll taxes	52,570	52,390	180	
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal	2,126	2,126		
(: Accounting	16,837	16,620	217	
(lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,120	38,120		
12	Advertising and promotion				
13	Office expenses	10,773	10,454	319	
14	Information technology	90,274	89,375	899	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
	Conferences, conventions, and meetings	3,548	3,548		
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,008	1,008		
23	Insurance	3,933	3,815	118	
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.)				
	a JOB SUPPLIES	23,221	23,221		
	b LICENSES AND TAXES	228	221	7	
	c REIMBURSED EXPENSES	-68,257	-68,257		
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	946,254	937,651	8,603	0
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).				
	Check here 💌 🗀 II following SOP 98-2 (ASC 958-720).				

Page **10**

Form 990 (2021) Page **11**

Part X Balance Sheet

		 Check if Schedule O contains a response or not 	e to any	y line in this Part IX			\square
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			570,911	1	1,532,869
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	42,857
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst	antial d	contributor, or 35%		5	
	6	controlled entity or family member of any of the Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	ied per	sons (as defined under		6	
1022	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		· · · · · ·		8	
SS	9			+		9	
A	-	Prepaid expenses and deferred charges		· ·		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,760			
	b	Less: accumulated depreciation	10b	2,355	1,680	10c	2,405
	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		[15	
	16	Total assets. Add lines 1 through 15 (must equ	al line :	33)	572,591	16	1,578,131
	17	Accounts payable and accrued expenses				17	2,412
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete P	art IV d	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons				22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d narties		23	
5000	24	Unsecured notes and loans payable to unrelated		· –		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables	<u> </u>		25	
	26	Total liabilities. Add lines 17 through 25 .			0	26	2,412
nces		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	eck he	ere 🕨 🔽 and			
ılaı	27	Net assets without donor restrictions			572,591	27	1,575,719
d B	28	Net assets with donor restrictions		[28	
Net Assets or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		heck here 🕨 🗌 and		29	
S	30	Paid-in or capital surplus, or land, building or equ		t fund		30	<u> </u>
Se	31	Retained earnings, endowment, accumulated inc	•	_		31	
As		Total net assets or fund balances	Joine, C	outer fullus	E70 F01	32	1 575 710
let	32		•		572,591		1,575,719
2	33	Total liabilities and net assets/fund balances .			572,591	33	1,578,131

Form **990** (2021)

efile GRAPHIC print

Submission Date - 2022-07-13

DLN: 93493194012192

Form 990) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Go to www.ii

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 **2021**

Open to Public Inspection

Internal Revenue Name of the organization FINANCIAL SERVICES STAKEHOLDER **Employer identification number** PROJECT NFP Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 **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). 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.) 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of (iv) Is the organization listed (ii) EIN (v) Amount of (vi) Amount of organization in your governing document? monetary support other support (see (described on lines instructions) (see instructions) 1-10 above (see instructions)) Yes No Total

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

Cat. No. 11285F

Schedule A (Form 990) 2021 Page 2 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 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 Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) Amounts from line 4. . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 11 10 12 13 First 5 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 Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 15 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and ${\it stop\ here.}$ The organization qualifies as a publicly supported organization , . 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \dots 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🕨 🗌

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2021 Page **3**

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.)

Se	ction A. Public Support						
	endar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	fiscal year beginning in)	(0) -0-1	(,	(0, 1010	(-,	(0, 1011	(1) 10 101
1	Gifts, grants, contributions, and membership fees received. (Do not	5,000	7,421	423,000	576,000	1,848,	2,859,714
	include any "unusual grants.") .	5,000	,,	,]	2,000,72
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in	46,481	174,743	147,545	73,690	101,	089 543,548
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
_	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						_
,	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	51,481	182,164	570,545	649,690	1,949,	382 3,403,262
7a	Amounts included on lines 1, 2, and	5,000	7,000				12,000
	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b.	5,000	7,000				12,000
8	Public support. (Subtract line 7c from line 6.)						3,391,262
Se	ection B. Total Support						
Cale	endar year	(-) 2017	(h) 2010	(-) 2010	(d) 2020	(-) 2021	(f) Total
(or	fiscal year beginning in) 🟲	(a) 2017	(b) 2018	(c) 2019		(e) 2021	
9	Amounts from line 6	51,481	182,164	570,545	649,690	1,949,	382 3,403,262
L0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included 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,	51,481	182,164	570,545	649,690	1,949,	3,403,262
	11, and 12.).	·					, ,
14	First 5 years. If the Form 990 is for the	5			,		
_							
	ection C. Computation of Public Public support percentage for 2021 (lir			column (f))		T T	00.650.0/
15	Public support percentage from 2020 S					15	99.650 %
16					• • •	16	99,170 %
	ection D. Computation of Invest Investment income percentage for 20:			ino 12 column (f)	1		
17	·		•			17	0 %
18	Investment income percentage from 2					18	0 %
19a	33 1/3% support tests-2021. If the o						and the second s
	than 33 1/3%, check this box and stop						V
b	33 1/3% support tests—2020. If the						
	more than 33 $_{1/3}$ %, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiz	ation	_
20							• • •

Schedule A (Form 990) 2021 Page **4**

Part IV Supporting Organizations

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

	12d, of Part I, complete Sections A and D, and complete Part V.)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
	describe the designation. It instante and continuing relationship, explain.	1		
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).			
	111 Section 303(a)(1) 01 (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	u		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to			
	the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	-		
	amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .			
_		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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 .			
	provide detail in Fart VI.	9a		
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 .	9b		
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.	9c		
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.			
	answer line tob below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
				ī

Sche	edule A (Form 990) 2021			Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c		11c		
	VI.			
5	ection B. Type I Supporting Organizations			
_			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"			
	describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to			
	such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	_		
-	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	organización.			
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations		ļ	
	71 11 3 3		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 in line 2 above, did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_ <u>></u>	ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	\		
		115):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	nstruc	tions)	
2	Activities Test. Answer lines 2a and 2b below.			
-	Activities result filles at the 22 selection		Yes	No
	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.	2-		
	•	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
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.	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	٦h	I	

Schedule A (Form 990) 2021

Page **6**

(B) Current Year

optional

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (A) Prior Year Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations m 4 'n / œ Н ~ 9 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) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Section A - Adjusted Net Income Other gross income (see instructions) Recoveries of prior-year distributions Other expenses (see instructions) Depreciation and depletion Net short-term capital gain Add lines 1 through 3 Part V Ŋ m 4 9 ω

(B) Current Year (optional) **1**p 1, 19 1a Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): c Fair market value of other non-exempt-use assets a Average monthly value of securities **b** Average monthly cash balances d Total (add lines 1a, 1b, and 1c)

2 Acquisition indebtedness applicable to non-exempt use assets
3 Subtract line 2 from line 1d
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see

e Discount claimed for blockage or other factors

(explain in detail in Part VI)

~

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3)

Multiply line 5 by 0.035

Ŋ

9

ω

ㅁ | 7

6 Multiply line 5 by 0.035
 7 Recoveries of prior-year distributions
 8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line

Current Year

3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

ဖ

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

9

Schedule A (Form 990) 2021 Page **7**

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	rganizations (c	ontinued	1)
Section D - Distributions				Current Year
Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pur	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to what details in Part VI). See instructions	lich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribut Pre-2021	ions	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
d From 2019				
e From 2020				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2021 distributable amount				
i Carryover from 2016 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021 from Section D, line 7:				
a Applied to underdistributions of prior years				
b Applied to 2021 distributable amount				
c Remainder, Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.				
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2022. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020 e Excess from 2021				
e Excess from 2021			-	

Schedule A	Schedule A (Form 990) 2021	Page
Part VI	Supplemental Information Section A, lines 1, 2, 3b, 3c IV, Section D, lines 2 and 3; lines 5, 6, and 8; and Part V	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).
		Facts And Circumstances Test
	Return Reference	Explanation

DLN: 93493194012192

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Na	nce me of the organization ANCIAL SERVICES STAKEHOLDER		Employer identification number
	DJECT NFP		82-1722599
Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye		or Accounts.
	i	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	or education) Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui	red after 7/25/06, and not on a historic	2d
-	structure listed in the National Register		
3	Number of conservation easements modified, transferre tax year	d, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservatio	n easement is located 🕨	
5	Does the organization have a written policy regarding the enforcement of the conservation easements it holds? .		of violations, and
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, • \$	handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Ye		her Similar Assets.
1a	If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial stateme	ic exhibition, education, or research in furthe	
b	If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publ following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line $1 \ \ldots \ \ldots$		▶\$
	i) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	al treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	, and the second	▶\$
h	Assets included in Form 990 Part X		<u> </u>

Schedule D (Form 990) 2021 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): а Public exhibition Loan or exchange programs b Other ... Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, **1**a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes U No **Amount** If "Yes," explain the arrangement in Part XIII and complete the following table: c 10 **1**d d **1e** е Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year **1a** Beginning of year balance . . . **b** Contributions . . . c Net investment earnings, gains, and losses **d** Grants or scholarships . . . Other expenditures for facilities and programs . . **f** Administrative expenses . . **g** End of year balance . Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment b Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the За organization by: Yes No (i) Unrelated organizations . 3a(i) 3a(ii) (ii) Related organizations . If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) **1a** Land **b** Buildings . c Leasehold improvements 2,355 2,405 4,760 d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . .

Schedule D (Form 990) 2021

2.405

Schedule D (Form 990) 2021 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3)Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

<u>a</u>	Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
-	Total revenue, gains, and other support per audited financial statements	1	1,949,382
7	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
æ	Net unrealized gains (losses) on investments • • • •		
Q	Donated services and use of facilities		
U	Recoveries of prior year grants		
ס	Other (Describe in Part XIII.)		
Ø	Add lines 2a through 2d	2e	
m	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · · ·	æ	1,949,382
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
æ	Investment expenses not included on Form 990, Part VIII, line 7b		
Q	Other (Describe in Part XIII.)	ı	
U	Add lines 4a and 4b	4c	
Ŋ	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	2	1,949,382
Ä	TEXTILE Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er Retu	rn.
-	Total expenses and losses per audited financial statements	1	946,254
7	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
æ	Donated services and use of facilities		
р	Prior year adjustments		
U	Other losses		
σ	Other (Describe in Part XIII.)		
Ø	Add lines 2a through 2d	2e	
m	Subtract line 2e from line 1	3	946,254
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
æ	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Q	Other (Describe in Part XIII.)		
U	Add lines 4a and 4b	4c	
Ŋ	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2	946,254
ď	Part XIII Supplemental Information		
İ			

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. Also complete this part to provide any additional information.

Explanation

Return Reference

efile GRAPHIC print	nt Submission Date - 2022-07-13 DEV: 93493194012192
SCHEDULE O (Form 990) Department of the Treasury	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. Open to Public per
Internal Revenue Bappe of the organization FINANCIAL SERVICES STAKEHOI PROJECT NFP	DER 82-1722599
Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	FINANCIAL SERVICES STAKEHOLDER PROJECT, NFP WAS ORGANIZED TO CONDUCT AND DISTRIBUTE RESEARCH STUDIES AND ANALYSIS RELATED TO THE IMPACT OF FINANCIAL SERVICES FIRMS ON STAKEHOLDER GROUPS INCLUDING IMPACTS ON HUMAN RIGHTS, JOBS, HOUSING, CONSUMERS AND THE ENVIRONMENTS.
FORM 990, PAGE 6, PART VI, LINE 11B	THE COMPLETED 990 IS REVIEWED BY THE BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS AND EMPLOYEES SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY.
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF DOCUMENTS ARE PROVIDED UPON REQUEST.
For Paperwork Reduct 990-EZ.	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Cat. No. 51056K Schedule O (Form 990) 2021 990-EZ

efile GRAPHIC print Su	Submission Date - 2022-07-13						DLN: 937	DLN: 93493194012192	92
SCHEDULE R	Related Orga	anizations and Unrelated Partnerships	and Unrel	ated Pa	rtnershi	sd	OMB	OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service	 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. 	if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b Attach to Form 990. Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	es" on Form 990, o Form 990. r instructions and	Part IV, line 33 the latest info	1, 34, 35b, 36, ormation.	or 37.	Oper	COLL Open to Public Inspection	
Name of the organization FINANCIAL SERVICES STAKEHOLDER PROJECT NFP					ш 8	Employer identification number 82-1722599			
Part Identification of	Identification of Disregarded Entities. Complete if th	the organization answered "Yes" on Form 990, Part IV, line 33	swered "Yes" on F	orm 990, Part	IV, line 33.				
Name, address, and Ell	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of related tax-exempt	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.	Complete if the or	ganization answe	red "Yes" on F	orm 990, Part	: IV, line 34 be	cause it had one	or more	ı
Name, address, and E	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	te Exempt Code section		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 (13) cont entity	olled
(1)FINANCIAL SERVICES STAKEHOLDER ACTI ACTION NFPS13 N CENTRAL PARK AVE CHICAGO, IL 60647 82-1727600		SOCIAL WEL	=	501C4			N/A	z z	og og
07									
- C 1									
(2)									
For Paperwork Reduction Act	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 50135Y	10135Y			Schedule R (Form 990) 2021	orm 990) 2021	l,

Schedule R (Form 990) 2021

Page 2

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.

(k) Percentage ownership					cause	(i) Section 512(b)(13) controlled entity?	No		1			0) 2021
(j) General or managing partner?	No				ine 34 be	Section controll	Yes					Schedule R (Form 990) 2021
	Yes				Part IV, I	(h) Percentage ownership						nedule R
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					orm 990,							Scl
(h) Disproprtionate allocations?	No				l "Yes" on F	(g) Share of end-of- year						
Dispro	Yes				answered	(f) Share of total income						
(g) Share of end-of- year assets					ization							
(f) Share of total income					the organ	(e) Type of entity (C corp, S corp,						
Predominant income (related, unrelated, excluded from tax under sections 512-514)					a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because poration or trust during the tax year.	(d) Direct controlling entity						
(d) Direct controlling entity					tion or Tru s trust during	(c) Legal domicile	ıtry)					
(c) Legal domicile (state or foreign country)					Corpora oration or) Le dom	(State of For					
(b) Primary activity					able as a as a corp	tivity						
					ations Tax ons treated	(b) Primary activity						
(a) Name, address, and EIN of related organization					Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete in the late of the integration of the second or th	(a) Name, address, and EIN of related organization						

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	oN s
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	inizations listed in F	arts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a	٥ ۷
b Gift, grant, or capital contribution to related organization(s)				1b	8
c Giff, grant, or capital contribution from related organization(s)				1c	٥ N
d Loans or loan guarantees to or for related organization(s)				1d	Š
e Loans or loan guarantees by related organization(s)				1e	No
				,	;
f Dividends from related organization(s)				Ħ	ŝ
g Sale of assets to related organization(s) · · · · · · · · · · · · · · · · · · ·				1g	o N
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				11	9 N
j Lease of facilities, equipment, or other assets to related organization(s)				1.j	٥ N
k Lease of facilities, equipment, or other assets from related organization(s)				1 <u>k</u>	٥
l Performance of services or membership or fundraising solicitations for related organization(s)				11	٥ ۷
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	8
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
• Sharing of paid employees with related organization(s)				10	8 N
p Reimbursement paid to related organization(s) for expenses				1р	No
q Reimbursement paid by related organization(s) for expenses				1q Yes	s s
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s	o N
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.	cluding covered rel	ationships and tran	saction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ount involv	pə.
1)FINANCIAL SERVICES STAKEHOLDER ACTI ACTION NFP	0	68,257	PCT OF TIME, ACTUAL COSTS		
			Schedule B (Form		990) 2021

Schedule R (Form 990) 2021

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

(k) Percentage ownership 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. ŝ (j) General or managing partner? Yes (i)
Code V-UBI
amount in
box 20
of Schedule
K-1
(Form 1065) (h)
Disproprtionate
allocations? ŝ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners
section
501(c)(3)
organizations? ŝ Yes Predominant income (related, unrelated, excluded from sections 512-514) (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of entity

Schedule R (Form 990) 2021

Page 5

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

			Under section 501(c), 527, or 4947(a)(1) of the Internal ▶ Do not enter social security numbers on th				ons)	2022
			► Go to <u>www.irs.gov/Form990</u> for instruct		-	:		Open to Public
Depai Treas		nt of the	F Go to <u>www.ns.gov/rorms50</u> for instructi	ions and the	iatest iiiit	omacion.		Inspection
Intern	naĺ Ro	evenue le 2022 c	 alendar year, or tax year beginning 01-01-2022 , and	l ending 12.3	11-2022			
		applicable:	C Name of organization	chang 12 5	I LULL	D Employe	r identi	fication number
☐ Ad	dress	change	FINANCIAL ŠERVICES STAKEHOLDER PROJECT NFP			82-1722	599	
_		hange	Doing business as					
☐ Init ☐ Fina		rn/terminated	PRIVATE EQUITY STAKEHOLDER PROJECT					
		ed return	Number and street (or P.O. box if mail is not delivered to street add 2513 N CENTRAL PARK AVE	lress) Room/su	iite	E Telephone		
Gend	p l icati ling	.iori	City or town, state or province, country, and ZIP or foreign postal c	ode		(312) 93	3-0230	
			CHÍCAGO, IL 60647			G Gross re	cointe d'	2 800 862
			F Name and address of principal officer:		U/a) Ic			2,000,002
			JIM BAKER			this a group retuabordinates?	1111 101	☐Yes ✓ No
			2513 N CENTRAL PARK AVE CHICAGO, IL 60647		H(b) A	re all subordinate	es	☐ Yes ☐No
Tax	(-exer	mpt status:	✓ 501(c)(3)	☐ 527		cluded? "No," attach a lis	t. See i	
j w	ebsit	te:▶ PES	TAKEHOLDER.ORG			roup exemption		
K Forn	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of fo	ormation: 2017	M State	of legal domicile: IL
Pa	rt I	Sum	mary					
I a			scribe the organization's mission or most significant activitie	S:				
		FINANCIAI	. SERVICES ŠTAKEHOLDER PROJECT, NFP WAS ORGANIZED T	O CONDUCT A				
Ce			TO THE IMPACT OF FINANCIAL SERVICES FIRMS ON STAKEHO CONSUMERS AND THE ENVIRONMENTS.	LDER GROUPS	INCLUDING	IMPACTS ON HU	JMAN R	IGHTS, JOBS,
an	:							
len.	:							
Activities & Governance	2	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations o	r disposed of n	nore than 2	25% of its net ass	ets	
×8	3		of voting members of the governing body (Part VI, line 1a)			•	3	3
es	4	Number	of independent voting members of the governing body (Part	VI, line 1b) .			4	3
M	5	Total nun	nber of individuals employed in calendar year 2022 (Part V, I	line 2a)			5	22
Act	ı		nber of volunteers (estimate if necessary)				6	22
	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			•	7a	0
	ь	Net unre	ated business taxable income from Form 990-T, Part I, line 1	1			7b	
	-					Prior Year		Current Year
3	l		ions and grants (Part VIII, line 1h)			1,848,2	_	2,744,387
Revenue	l	_	service revenue (Part VIII, line 2g)			101,0	39	56,473
2	l							0
	l	Other rev	ont income (Part VIII, column (A), lines 3, 4, and 7d)	1				
	12	Total rove	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			1 949 3	32	2
	13		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,949,3	32	2,800,862
	l	Grants a	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (nd similar amounts paid (Part IX, column (A), lines 1–3)	A), line 12)		1,949,3	32	2,800,862 0
40	14	Grants a	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (and similar amounts paid (Part IX, column (A), lines 1–3). paid to or for members (Part IX, column (A), line 4).	A), line 12)				2,800,862 0 0
Ses	14 15	Grants a Benefits Salaries,	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (and similar amounts paid (Part IX, column (A), lines 1–3) . paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A))	A), line 12)		1,949,3: 824,4		2,800,862 0
sasuad	14 15	Grants and Benefits Salaries, Profession	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (and similar amounts paid (Part IX, column (A), lines 1–3) apaid to or for members (Part IX, column (A), line 4) acount of the compensation, employee benefits (Part IX, column (A), line 11e) and fundraising fees (Part IX, column (A), line 11e) and 11e	A), line 12)				2 2,800,862 0 0 1,720,239
Expenses .	14 15 16a b	Grants and Benefits Salaries, Profession	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (and similar amounts paid (Part IX, column (A), lines 1–3) . paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A))	A), line 12)			43	2 2,800,862 0 0 1,720,239
	14 15 16a b 17	Grants and Benefits Salaries, Profession Total funding	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (and similar amounts paid (Part IX, column (A), lines 1-3) apaid to or for members (Part IX, column (A), line 4) abother compensation, employee benefits (Part IX, column (A), and fundraising fees (Part IX, column (A), line 11e) asising expenses (Part IX, column (D), line 25)	A), line 12)		824,4	43	2 2,800,862 0 0 1,720,239
	14 15 16a b 17 18	Grants al Benefits Salaries, a Professio Total fundi Other ex Total exp	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (and similar amounts paid (Part IX, column (A), lines 1-3) apaid to or for members (Part IX, column (A), line 4) abother compensation, employee benefits (Part IX, column (A), and fundraising fees (Part IX, column (A), line 11e) asising expenses (Part IX, column (D), line 25) to penses (Part IX, column (A), lines 11a-11d, 11f-24e)	A), line 12)		824,4 121,8	13 11 54	2 2,800,862 0 0 1,720,239 0 405,141
Exp	14 15 16a b 17 18	Grants al Benefits Salaries, a Professio Total fundi Other ex Total exp	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (and similar amounts paid (Part IX, column (A), lines 1-3) and id to or for members (Part IX, column (A), line 4) and the compensation, employee benefits (Part IX, column (A), roal fundraising fees (Part IX, column (A), line 11e) and signing expenses (Part IX, column (D), line 25) to be conses (Part IX, column (A), lines 11a-11d, 11f-24e) and enses. Add lines 13-17 (must equal Part IX, column (A), line	A), line 12)	Beginn	824,4 121,8 946,2	43 111 54	2 2,800,862 0 0 1,720,239 0 405,141 2,125,380
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Exp	14 15 16a b 17 18 19	Grants a Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (A) dismilar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), line 11e) other compenses (Part IX, column (A), line 11e) other saising expenses (Part IX, column (D), line 25) to enses (Part IX, column (A), lines 11a-11d, 11f-24e) otherses. Add lines 13-17 (must equal Part IX, column (A), line less expenses. Subtract line 18 from line 12 otherses.	A), line 12)	Beginn	824,4 121,8 946,2 1,003,1 ning of Current Ye	111 54 28 ar	2 2,800,862 0 0 1,720,239 0 405,141 2,125,380 675,482 End of Year
Exp	14 15 16a b 17 18 19	Grants and Benefits Salaries, a Profession Total funds Other ex Total exp Revenue	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (A) dismilar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), line 11e) other compenses (Part IX, column (A), line 11e) other separates (Part IX, column (A), line 25) to enses (Part IX, column (A), lines 11a-11d, 11f-24e) otherses. Add lines 13-17 (must equal Part IX, column (A), line less expenses. Subtract line 18 from line 12 otherses (Part X, line 16) otherses (Part X, line 26) otherses (Part X, line 26	A), line 12)	Beginn	121,8 946,2 1,003,1 hing of Current Ye 1,578,1 2,4	111	2,800,862 0 0 1,720,239 0 405,141 2,125,380 675,482 End of Year 2,272,340 21,139
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Net Assets or Monday Fund Balances	14 15 16a b 17 18 19 20 21 22 t II	Grants an Benefits Salaries, a Profession Total funding Other ex Total exp Revenue Total asss Total liab Net asse Sign alties of pe and belief	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (and similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), line 11e) aising expenses (Part IX, column (A), line 11e) openses (Part IX, column (A), line 11e) openses (Part IX, column (A), lines 11a-11d, 11f-24e) openses (Part IX, column (A), lines 11a-11d, 11f-24e) openses (Part IX, column (A), lines 11a-11d, 11f-24e) openses. Subtract line 18 from line 12 openses (Part X, line 16) openses (Part X, line 26) openses (Part X, line 2	A), line 12)	schedules	824,4 121,8 946,2 1,003,1 ling of Current Ye 1,578,1 2,4 1,575,7 and statements,	111 554 228 aar 331 112 119	2,800,862 0 0 1,720,239 0 405,141 2,125,380 675,482 End of Year 2,272,340 21,139 2,251,201 the best of my
Net Assets or Exp	14 15 16a b 17 18 19 20 21 22 t II	Grants an Benefits Salaries, a Profession Total funding Other ex Total exp Revenue Total asss Total liab Net asse Sign alties of pe and belief	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e enue—add lines 8 through 11 (must equal Part VIII, column (and similar amounts paid (Part IX, column (A), lines 1–3). paid to or for members (Part IX, column (A), line 4). other compensation, employee benefits (Part IX, column (A) aising eses (Part IX, column (A), line 11e). aising expenses (Part IX, column (D), line 25) penses (Part IX, column (A), lines 11a-11d, 11f-24e). enses. Add lines 13–17 (must equal Part IX, column (A), line less expenses. Subtract line 18 from line 12 ets (Part X, line 16)	A), line 12)	schedules	121,8 946,2 1,003,1 hing of Current Ye 1,578,1 2,4 1,575,7 and statements, d on all informat	111 554 228 aar 331 112 119	2,800,862 0 0 1,720,239 0 405,141 2,125,380 675,482 End of Year 2,272,340 21,139 2,251,201 the best of my
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FINANCIAL SERVICES STACEHOLDER RINGS ON STACEHOLDER GROUPS INCLUDING INPACTS ON HUMAN RIGHTS, JOBS, HOUSING, CONSUMERS AND THE ENVIRONMENTS. 2	-	1 Briefly describe the organization's mission:
	불 뿔 뿔 ┃	FINANCIAL SERVICES STAKEHOLDER PROJECT, NFP WAS ORGANIZED TO CONDUCT AND DISTRIBUTE RESEARCH STUDIES AND THE IMPACT OF FINANCIAL SERVICES FIRMS ON STAKEHOLDER GROUPS INCLUDING IMPACTS ON HUMAN RIGHTS, JOBS, HOUS THE ENVIRONMENTS.
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	m	Did the organization cease conducting, or make significant changes in how it conducts, any program
	4	
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		including grants of \$

Form 990 (2022) Page **3**

Day	The Charlest of Deguired Schodules			rage <u>-</u>
Pai	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		No
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		No
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," <i>complete Schedule C, Part II</i>	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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			No
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		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Yes	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		No
		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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		No
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		No
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		No
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		No
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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		No

гаг	Checklist of Required Schedules (Continued)			
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	Yes	No No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
c	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	28b		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			No.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule	31		No No
33	N, Part II	32		No
	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		162	IAO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Form 9 9	90 (2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	9.4		N
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
13	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . If "Yes," complete Form 6069.	17		

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

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL METTLER 2513 N CENTRAL PARK AVE CHICAGO, IL 60647 (312) 933-0230			

Form 990 (2022) Page **7**

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

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, or 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than controls is b	on (do	(C) o not ox, u n of tor/t) t che inles ficer rust	eck moss s pers	ore son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		ise e	rustee			ensated				
(1) BIANCA AGUSTIN DIRECTOR	1.00	Х						0	0	0
(2) SARAH HIMMELHEBER SECRETARY	1.00			х				0	0	0
(3) MICHAEL METTLER TREASURER	1,00			х				0	0	0
-										

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	(A) Name and title	(B) Average hours per week (list any hours for related	than d	ne b	ox, u n off tor/tr	che nles icer uste		on	Repo compe fror organiz	D) ortable ensation in the ation (W- 099-	(E) Reportable compensatio from related organizations (2/1099-	n I	Estim amount of comper from organizat	nated of other nsation othe
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		099-NEC)	MISC/1099-NE	C)	relat organiz	ted
												\dashv		
_														
_														
												4		
												\dashv		
												\dashv		
	Sub-Total						*							
d.	Total (add lines 1b and 1c) Total number of individuals (including reportable compensation from the org			liste	d abo	ove)	who r	ecei	ved more	than \$100),000 of			
	reportable compensation from the org	anization											Yes	No
	Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i>			e, ke	y em	ploy •	ee, or	high •	nest comp	oensated e	mployee on	3		No
	For any individual listed on line 1a, is organization and related organization individual										the			
;	Did any person listed on line 1a receiver services rendered to the organization										idual for	4		No
S	ection B. Independent Contract	,	te stre	duie	1 101 3	Suci	i perso) •	• •			5		No
	Complete this table for your five higher the organization. Report compensation	n for the calenda										npens		
	Name a	(A) and business addre	ss							Desc	(B) ription of services			C) ensation
_														
_														

d All other revenue . .

e Total. Add lines 11a-11d 12 Total revenue. See instructions 2,800,862 Exhibit 5 (Page 110 of 162)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations

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

	eck if Schedule O contains a response or note to any		(B)	(C)	(D)
	amounts reported on lines 6b, d 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	other assistance to domestic organizations and overnments. See Part IV, line 21				
	other assistance to domestic individuals. See				
	other assistance to foreign organizations, foreign ts, and foreign individuals. See Part IV, lines 15				
4 Benefits pa	id to or for members	Ī			
5 Compensate employees	ion of current officers, directors, trustees, and key	77,885	75,548	2,337	
defined und	ion not included above, to disqualified persons (as der section 4958(f)(1)) and persons described in 8(c)(3)(B)				
	ies and wages	1,240,901	1,240,901		
8 Pension pla	n accruals and contributions (include section 403(b) employer contributions)	56,526	54,830	1,696	
9 Other empl	oyee benefits	236,585	229,487	7,098	
	· · · · · · · · · · · · · · · · · · ·	108,342	108,155	187	
11 Fees for ser	vices (non-employees):				
a Manageme	nt				
b Legal .		11,630	11,514	116	
c Accounting		17,830	17,651	179	
d Lobbying					
e Professiona	l fundraising services. See Part IV, line 17				
f Investment	management fees				
	e 11g amount exceeds 10% of line 25, column (A) t line 11g expenses on Schedule O)	1,924	1,905	19	
12 Advertising	and promotion	11	11		
13 Office expe	nses	51,431	49,902	1,529	
14 Information	technology	270,680	268,400	2,280	
L5 Royalties					
L6 Occupancy					
17 Travel .		67,707	67,707		
	of travel or entertainment expenses for any te, or local public officials				
19 Conference	s, conventions, and meetings	5,260	5,260		
20 Interest .					
21 Payments t	o affiliates				
22 Depreciatio	n, depletion, and amortization	6,783	6,580	203	
23 Insurance		4,980	4,831	149	
miscellaned exceeds 10	nses. Itemize expenses not covered above (List bus expenses in line 24e. If line 24e amount % of line 25, column (A) amount, list line 24e n Schedule O.)				
a GRANTS		150,000	150,000		
b JOB SUPPI	LIES	57,212	57,212		
c CONSULTA	ANTS	15,525	15,525		
d LICENSES	AND TAXES	1,665	1,615	50	
e All other	expenses	-257,497	-257,497		
25 Total func	tional expenses. Add lines 1 through 24e	2,125,380	2,109,537	15,843	
reported in educationa	complete this line only if the organization column (B) joint costs from a combined campaign and fundraising solicitation. I following SOP 98-2 (ASC 958-720).				

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Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any	/ line in this Part IX			\square
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,532,869	1	2,169,448
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	4,500	4			
	5	Loans and other receivables from any current or	officer, director,				
		trustee, key employee, creator or founder, subst controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqualif section $4958(f)(1)$), and persons described in se		6			
10	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges		i. i. i i i	38,357	9	80,337
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	31,693	30,337		30,337
	b	Less: accumulated depreciation	10b	9,138	2,405	10c	22,555
	11	·	100	9,130	2,403	11	22,333
		Investments—publicly traded securities .	11	-		12	
	12	Investments—other securities. See Part IV, line		⊢		13	
	13	Investments—program-related. See Part IV, line		14			
	14	Intangible assets					
	15	Other assets See Part IV, line 11		 -	1.570.101	15	2 272 242
	16	Total assets. Add lines 1 through 15 (must equ			1,578,131	16	2,272,340
Liabilities	17	Accounts payable and accrued expenses	2,412	17	21,139		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete P		21			
	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons		22			
Ĭ	23	Secured mortgages and notes payable to unrela		23			
00000	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		2,412	26	21,139	
35		Organizations that follow FASB ASC 958, ch		oro N Z and			,
Net Assets or Fund Balances	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions	ieck ne	and	1,575,719	27	2,251,201
	28	Net assets with donor restrictions			1,373,713	28	2,231,201
pu				heck here ► □ and			
r Fur	20	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		29			
S 0	29	, , ,			<u> </u>		
set	30	Paid-in or capital surplus, or land, building or equ	_		30		
AS	31	Retained earnings, endowment, accumulated inc		31			
et	32	Total net assets or fund balances	1,575,719	32	2,251,201		
Z	33	Total liabilities and net assets/fund balances .			1,578,131	33	2,272,340

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39 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 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 Ω

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Both consolidated and separate basis

Consolidated basis

consolidated basis, or both:

Separate basis

v

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õ

Yes

2c

efile GRAPHIC print

Submission Date - 2023-08-31

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue

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

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047
2022

DLN: 93493243006483

open to Public Inspection

Name of the organization		Employer identific	ation number
FINANCIAL SERVICES STAKEHOLI	DER		
PROJECT NFP		82-1722599	
Part I Reason for	r Public Charity Status (All organizations must complete this part.) S	ee instructions.	
The organization is not a pr	givate foundation because it is: (For lines 1 through 12, check only one box)		

Tha :	ranni	ation is not a private foun					ce mstractions.	-	
The organization is not a private foundation because it is: (For lines 1 through 12, check 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 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
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	government or	governmental unit des	scribed in sectio	n 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 descr	ibed in section	170(b)(1)(A)(vi). (C	complete Part II.)				
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:							
10	✓	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organize	ed and operated	l exclusively to test for	public safety. Se	ee section 509((a)(4).		
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							
d		Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
е		Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated,							
f	or Type III non-functionally integrated supporting organization. Enter the number of supported organizations								
g		Provide the following info	ormation about	the supported organiz	ation(s).				
(i) N	ame o	f supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			

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

Total

Cat. No. 11285F

Schedule A (Form 990) 2022 Page 2 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant."). . 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 Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) Amounts from line 4. . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 11 10 12 13 First 5 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 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 15 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \dots 10%-facts-and-circumstances test—2021. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🕨 🗌

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2022 Page **3**

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.)

Se	ction A. Public Support			,				
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
	iscal year beginning in)	(a) 2010	(6) 2019	(6) 2020	(u) 2021	(0) 2022		(1) local
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	7,421	423,000	576,000	1,848,293	2,7	744,387	5,599,101
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	174,743	147,545	73,690	101,089		56,473	553,540
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	182,164	570,545	649,690	1,949,382	2,8	300,860	6,152,641
	Amounts included on lines 1, 2, and 3 received from disqualified persons	7,000						7,000
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	7,000						7,000
8	Public support. (Subtract line 7c from line 6.)							6,145,641
	ction B. Total Support				_			
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
9	iscal year beginning in) Amounts from line 6	182,164	570,545	649,690	1,949,382	2.8	300,860	6,152,641
10a	Gross income from interest,	102,101	3,0,313	0 13,030	1,3 13,302	2,0	.00,000	0,132,011
	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.							
c	Add lines 10a and 10b.							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.).	182,164	570,545	649,690	1,949,382	2,8	300,860	6,152,641
14	First 5 years. If the Form 990 is for the box and step here	_			-		_	
	box and stop here ction C. Computation of Public	Support Perc	entage		<u> </u>		<u> </u>	. 🕶
15	Public support percentage for 2022 (lin			column (f))		15		99.890 %
16	Public support percentage from 2021 9					16		
	ction D. Computation of Invest				• • •	10		99.650 %
	Investment income percentage for 20			ine 13 column (f)	1)	1		0.0/
17	Investment income percentage from 2				•	17		0 %
18	77 0/					18 1/2% and	lling 1	0 %
19a		_					-	_
b	than 33 1/3%, check this box and stop 33 1/3% support tests—2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is r	nore than 3	3 1/3% a	and line 18 is not
	more than 33 $_{1/3}$ %, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiza	ation	•	
20	Private foundation. If the organizati	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see	instructions		. 🏲 🗆

Schedule A (Form 990) 2022 Page **4**

Part IV Supporting Organizations

the organization had excess business holdings).

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

	12d, of Part I, complete Sections A and D, and complete Part V.)			
Se	ection A. All Supporting Organizations			
	·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
		2		
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.	2-		
	D'd the count of the first had been dead on a 'delice of the count of the FOI/AVA (F) and C) and an 'delice of the	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
		3b		
С	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.	2.		
4-	West and a second secon	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	50		
Ū	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 .			
	organization 3 supported organizations. In Test, provide decarring are an	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
	Contributor: If Tes, Complete Part For Schedule E (Form 990).	7		
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).	8		
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.	9a		
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.	9b		
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 .	9с		
L0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.			
_		10a		
h	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to determine whether			

Sche	edule A (Form 990) 2022			Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c		11c		
	VI.			
S	ection B. Type I Supporting Organizations		l.,	
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"			
	describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to			
	such powers during the tax year.			
2	Did the experiencies approach for the bonefit of any guaranted experiencies other than the guaranted experience (c) that	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	_		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
-	ection D. All Type III Supporting Organizations			
	ection 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 in line 2 above, did the organization's supported organizations have a significant			
•	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ns):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	nstruc	tions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported			
	organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
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	3a		
	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.	٦h	I	

Page **6**

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) (B) Current Year (optional) (B) Current Year **Current Year** optional Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (A) Prior Year Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations **1**p 1, 19 1a 4 Ŋ 9 m 4 'n œ ~ Ŋ 9 ω Н ~ 9 / Н N m Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 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) Distributable Amount. Subtract line 5 from line 4, unless subject to emergency Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see Minimum asset amount for prior year (from Section B, line 8, Column A) Adjusted net income for prior year (from Section A, line 8, Column A) Net value of non-exempt-use assets (subtract line 4 from line 3) Acquisition indebtedness applicable to non-exempt use assets Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) c Fair market value of other non-exempt-use assets e Discount claimed for blockage or other factors Minimum Asset Amount (add line 7 to line 6) Section B - Minimum Asset Amount Section C - Distributable Amount Section A - Adjusted Net Income temporary reduction (see instructions) Other gross income (see instructions) Recoveries of prior-year distributions Recoveries of prior-year distributions a Average monthly value of securities Other expenses (see instructions) Income tax imposed in prior year **b** Average monthly cash balances d Total (add lines 1a, 1b, and 1c) Enter greater of line 2 or line 3 (explain in detail in Part VI) Subtract line 2 from line 1d Depreciation and depletion Net short-term capital gain Multiply line 5 by 0.035 Add lines 1 through 3 Enter 85% of line instructions). Part V Ŋ œ m 4 ဖ 9 œ m 4 Ŋ 9 Н m 4 Ŋ

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **7**

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	rganizations (co	ntinued	1)
Section D - Distributions				Current Year
Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to what details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations	(i)	(ii)	<u> </u>	(iii)
(see instructions)	Excess Distributions	Underdistributio Pre-2022	ons	Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable 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 e				
g Applied to underdistributions of prior yearsh 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. If the amount is greater than zero, explain in Part VI . See instructions.				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

Schedule A (Form 990) (2022

Schedule A	Schedule A (Form 990) 2022	Page
Part VI	Supplemental Information Section A, lines 1, 2, 3b, 3c IV, Section D, lines 2 and 3, lines 5, 6, and 8; and Part V	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).
		Facts And Circumstances Test
	Return Reference	Explanation

DLN: 93493243006483

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Serv	•		
FIN.	me of the organization ANCIAL SERVICES STAKEHOLDER DIECT NFP		Employer identification number
	organizations Maintaining Donor Advi	sed Funds or Other Similar Funds	82-1722599
	Complete if the organization answered "Yes		or Accounts.
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose c	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	ization (check all that apply).	
	\square Preservation of land for public use (e.g., recreation	or education) $\ \square$ Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements . $\ .$		2b
c	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acqui historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferre tax year	d, released, extinguished, or terminated by t	the organization during the
4	Number of states where property subject to conservation	n easement is located 🕨	
5	Does the organization have a written policy regarding the enforcement of the conservation easements it holds? .		of violations, and
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, • \$	handling of violations, and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d)		70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conset balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	
Pa	Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Historical Treasures, or Oth	her Similar Assets.
1a	If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publi Part XIII, the text of the footnote to its financial statemen	958, not to report in its revenue statement ic exhibition, education, or research in furthe	
b	If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publi following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line $1\ .\ .\ .\ .$		> \$
(i	i) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A		cial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2022 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): а Public exhibition Loan or exchange programs b Other ... Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, **1**a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes U No **Amount** If "Yes," explain the arrangement in Part XIII and complete the following table: c 10 **1**d d **1e** е Distributions during the year Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year **1a** Beginning of year balance . . . **b** Contributions . . . c Net investment earnings, gains, and losses **d** Grants or scholarships . . . Other expenditures for facilities and programs . . **f** Administrative expenses . . **g** End of year balance . Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment b Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the За organization by: Yes No (i) Unrelated organizations . 3a(i) 3a(ii) (ii) Related organizations . If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) **1a** Land **b** Buildings . c Leasehold improvements 12,083 18,693 6,610 d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . .

12.083

Schedule D (Form 990) 2022 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3)Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 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 FIN 48 (ASC 740), Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

Page 4

Schedule D (I	Schedule D (Form 990) 2022
Part XI	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per
	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	. Total revenue, gains, and other support per audited financial statements	1	2,800,862
7	: Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
.0	a Net unrealized gains (losses) on investments		
	b Donated services and use of facilities		
J	c Recoveries of prior year grants		
J	d Other (Describe in Part XIII.)		
v	e Add lines 2a through 2d	2e	
m	Subtract line 2e from line 1	е	2,800,862
4	. Amounts included on Form 990, Part VIII, line 12, but not on line $f 1$:		
	a Investment expenses not included on Form 990, Part VIII, line 7b		
_	b Other (Describe in Part XIII.)	ı	
9	c Add lines 4a and 4b	4c	
Ŋ	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	2	2,800,862
Δ	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Retu	rn.
-	. Total expenses and losses per audited financial statements	1	2,125,380
7	: Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities 2a		
	b Prior year adjustments	ı	
J	c Other losses		
•	d Other (Describe in Part XIII.)		
v	e Add lines 2a through 2d	2e	
m	Subtract line 2e from line 1	æ	2,125,380
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
.0	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
_	b Other (Describe in Part XIII.)		
9	c Add lines 4a and 4b	4c	
Ŋ	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2	2,125,380

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. Also complete this part to provide any additional information.

Supplemental Information

Part XIII

Schedule D (Form 990) 2022 Explanation Return Reference

efile GRAPHIC print	nt Submission Date - 2023-08-31 DLN: 93493243006483
SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Gp Go to www.irs.gov/Form990 for the latest information.
Mangerial Hevenie Name of the organization FINANCIAL SERVICES STAKEHOLDER PROJECT NFP	On Employer identification number HOLDER 82-172599
Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	FINANCIAL SERVICES STAKEHOLDER PROJECT, NFP WAS ORGANIZED TO CONDUCT AND DISTRIBUTE RESEARCH STUDIES AND ANALYSIS RELATED TO THE IMPACT OF FINANCIAL SERVICES FIRMS ON STAKEHOLDER GROUPS INCLUDING IMPACTS ON HUMAN RIGHTS, JOBS, HOUSING, CONSUMERS AND THE ENVIRONMENTS.
FORM 990, PAGE 6, PART VI, LINE 11B	THE COMPLETED 990 IS REVIEWED BY THE BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS AND EMPLOYEES SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY.
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF DOCUMENTS ARE PROVIDED UPON REQUEST.
For Paperwork Reduct 990-EZ.	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Cat. No. 51056K Schedule O (Form 990) 2022 990-EZ.

efile GRAPHIC print Su	Submission Date - 2023-08-31						DLN: 93	DLN: 93493243006483	6483
SCHEDULE R	Related Orga	anizations and Unrelated Partnerships	and Unr	elated Pa	artnersk	ips	OME	OMB No. 1545-0047	47
(FORM 990) Department of the Treasury Internal Revenue Service	 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. 	if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b Attach to Form 990. Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	Yes" on Form 9 to Form 990. or instructions	90, Part IV, line and the latest in	33, 34, 35b, 3 formation.	6, or 37.	o o s	Open to Public Inspection	<u>.</u>
Name of the organization FINANCIAL SERVICES STAKEHOLDER PROJECT NFP						Employer identification number 82-1722599	fication number		
Part Identification of	Identification of Disregarded Entities. Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33	ıswered "Yes" c	ın Form 990, Paı	t IV, line 33.				
Name, address, and Ell	(a) Name, address, and EIN (if applicable) of disregarded entity	Primary	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
							+		
Part II Identification of related tax-exempt	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.	Complete if the o	ı organization an	swered "Yes" on	Form 990, Pa	rt IV, line 34 be	ecause it had one	e or more	
	Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		Exempt Code section (i)	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		(g) Section 512(b) (13) controlled entity?
(1)FINANCIAL SERVICES STAKEHOLDER ACTI ACTION NPP.513 N CENTRAL PARK AVE CHICAGO, IL 60647	ACTI	SOCIAL WEL	=	501C4			N/A	Tes	o N
. 1									
27									
_ C 1									
(2)									
For Paperwork Reduction Act	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat, N	Cat. No. 50135Y			Schedule R (Schedule R (Form 990) 2022	022

Page 2

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.

(k) Percentage ownership					cause	(i) Section 512(b)(13) controlled entity?	No				0) 2022
	No				ine 34 be	Section :	Yes				Schedule R (Form 990) 2022
(j) General or managing partner?	Yes				Part IV, li	(i) ntage rship					edule R
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					orm 990,	(h) ownership					Sch
(h) Disproprtionate allocations?	No				l "Yes" on F	(g) Share of end-of- year	dascen				
	Yes				answerec	(f) Share of total income					
(g) Share of end-of- year assets					ization						
(f) Share of total income					the organ	(e) Type of entity (C corp, S corp,	100				
(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	,				a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because poration or trust during the tax year.	(d) Direct controlling entity					
(d) Direct Controlling entity					tion or Trus trust during	(c) Legal domicile	country)				
(c) Legal domicile (state or foreign country)					Corpora	(c) Lega domic	cour				
(b) Primary activity					a ble as a l as a corp	tivity					
					ations Tax ons treated	(b) Primary activity					
Name, address, and EIN of Primary Legal activity domicile (state or foreign foreign country)					Part IV Identification of Related Organizations Taxable as it had one or more related organizations treated as a cor	(a) Name, address, and EIN of related organization					

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

2		0	No	No	No	No	No	No	S N	S S	No	N	No	No	No	No	Yes	No	S.
1a	3 4	Ω.Τ	1c	14	1e	11	19	11	Τį	1.j	1k	17	1m	1n	10	1p	_ b1	1r	15
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity,		Curt, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)	Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)	Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses	Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)FINANCIAL SERVICES STAKEHOLDER ACTI ACTION NFP	0	257,497	PCT OF TIME, ACTUAL COSTS

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. Schedule R (Form 990) 2022

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

age									
(k) Percentage ownership									
ral or iging ner?	٩								
General or managing partner?	Yes								
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)									
ionate ons?	N _o								
(h) Disproprtionate allocations?	Yes								
(g) Share of end-of-year assets									
(f) Share of total income									
Are all partners section 501(c)(3) organizations?	No								
Are all p sec 501(organiz	Yes								
Predominant income (related, unrelated, excluded from tax under sections 512-	514)								
(c) Legal domicile (state or foreign country)									
(b) Primary activity									
Name, address, and EIN of entity Primary Legal Predominant Areactivity domicile income scribing activity (state or (related, foreign unrelated, organical country) excluded from tax under sections 512-									

Schedule R (Form 990) 2022

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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

		1	or 4947(a)(1) of the Internal Reve ocial security numbers on this form				ns)	ZUZ 3						
			gov/Form990 for instructions a					Open to Public						
Depai Treas	rtment of the ury	00 to <u>www.ss</u>	g <u>ov/rormsso</u> for mistractions ar	ia ene iae	est iiiioii			Inspection						
	er the 2023 o	। calendar year, or tax year be	ginning 01-01-2023 , and end	ing 12-31	-2023									
B Che	ck if applicable: dress change	C Name of organization FINANCIAL SERVICES STAKEHOLD PROJECT NFP				D Employe 82-17225		fication number						
O Init	me change tial return	Doing business as PRIVATE EQUITY STAKEHOLDER F	PROJECT			_								
O Am	al return/terminated nended return plication	Number and street (or P.O. box if 2513 N CENTRAL PARK AVE	f mail is not delivered to street address)	Room/suite	е	E Telephone (312) 933								
Geno	İing	City or town, state or province, c CHICAGO, IL 60647	country, and ZIP or foreign postal code	4										
		- 11 6 1				G Gross rec		3,897,012						
		F Name and address of prince	cipal officer:			this a group retu	n for							
		2513 N CENTRAL PARK AVE CHICAGO, IL 60647				bordinates? e all subordinate	5	☐Yes ✓No						
Tax	«-exempt status:		nsert no.)	7	inc	luded? 'No," attach a lis		☐ Yes ☐No						
j W	ebsite: PE	STAKEHOLDER,ORG	11sert 110.)			oup exemption n		istructions.						
K Forn	n of organization	n: Corporation Trust As	ssociation Other		L Year of fo	rmation: 2017	M State	of legal domicile: IL						
Pa		nmary												
ce	FINANCIA RELATED		JECT, NFP WAS ORGANIZED TO CON SERVICES FIRMS ON STAKEHOLDER											
Governance														
Ven														
ŝ		ock this box if the organization discontinued its operations or disposed of more than 25% of its net assets. The organization discontinued its operations or disposed of more than 25% of its net assets.												
Activities &		,				•	4							
E E		·	s of the governing body (Part VI, lir calendar year 2023 (Part V, line 2			•	5	20						
£		mber of volunteers (estimate if i					6	20						
ď		related business revenue from P		7a	0									
		elated business taxable income			7b									
	b			Prior Year		Current Year								
O)	8 Contribu	itions and grants (Part VIII, line	1h)			2,744,38	7	3,878,762						
Revenue	9 Program	service revenue (Part VIII, line	2g)		56,47	3	18,250							
₽ĕ	10 Investm	ent income (Part VIII, column (A	(a), lines 3, 4, and 7d)				0							
		venue (Part VIII, column (A), lin					2	0						
			must equal Part VIII, column (A), lin	e 12)		2,800,86	2	3,897,012						
			X, column (A), lines 1–3)				-	0						
			(, column (A), line 4)	· 5 10)		1,720,23	0	2,363,298						
Ses		onal fundraising fees (Part IX, c		3-10)		1,720,23	9	2,303,298						
Expen		raising expenses (Part IX, column (I		•										
页		penses (Part IX, column (A), lin		_		405,14	1	776,712						
	18 Total exp	penses. Add lines 13-17 (must e	equal Part IX, column (A), line 25)			2,125,38	0	3,140,010						
	19 Revenue	e less expenses. Subtract line 18	3 from line 12			675,48	2	757,002						
d Balances					Beginni	ng of Current Yea	r	End of Year						
alan	20 Total acc	sets (Part X, line 16)				2,272,34	0	3,098,148						
AB.		oilities (Part X, line 26)				2,272,34	_	89,945						
Net A		ets or fund balances. Subtract lir	ne 21 from line 20			2,251,20	_	3,008,203						
		nature Block		-			1	2,000,200						
Under know	r penalties of p	perjury, I declare that I have exa	amined this return, including accom ete. Declaration of preparer (other											
Sign		re of officer				024-05-15 ate								
Here	, JIM BAK	ER PRESIDENT print name and title												
		Print/Type preparer's name	Preparer's signature	Dat 202		Check If PO	IN 024823	8						
Pai		Firm's name DDOUTMAN C CO.DC				self-employed								
	parer	Firm's name BROUTMAN & CO PC				Firm's EIN 36-366!	0/1/							
Use	Only	Firm's address 1039 DEVONSHIRE CT				Phone no. (312) 35	7-0700							
		HIGHLAND PARK, IL 6	0035											

May the IRS discuss this return with the preparer shown above? See Instructions. $\ \ .$ For Paperwork Reduction Act Notice, see the separate instructions.

✓ Yes □ No

Form **990** (2023)

Y

Briefly describe the o INANCIAL SERVICES STAKE THE IMPACT OF FINANCIAL S THE ENVIRONMENTS. Did the organization of the prior Form 990 or if "Yes," describe these services? If "Yes," describe these services? Did the organization of services? If "Yes," describe these services? Services? If "Yes," describe these services? Services? If "Yes," describe these services? A Describe the organization of services? If "Yes," describe these services? If "Yes," describe these services? If "Yes," describe these services? If "Yes," describe these organization of services? A Describe the organization of services?	Briefly describe the organization's mission: INANCIAL SERVICES STAKEHOLDER PROJECT, NFP WAS ORGANIZED TO CONDUCT AND DISTRIBUTE RESEARCH STUDIES AND ANALYSIS RELATED TO THE IMPACT OF FINANCIAL SERVICES FIRMS ON STAKEHOLDER GROUPS INCLUDING IMPACTS ON HUMAN RIGHTS, JOBS, HOUSING, CONSUMERS AND THE ENVIRONMENTS.	ED TO CONDUCT AND DISTRIBUTE RE ROUPS INCLUDING IMPACTS ON HUMA	SEARCH STUDIES AND A N RIGHTS, JOBS, HOUSIN	ANALYSIS RELATED TO NG, CONSUMERS AND
	100 Care Care Care Care Care Care Care Care			
	on undertake any significant program se) or 990-EZ?	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	listed on	☐ Yes < No
	lf "yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	changes in how it conducts, any prog	ıram	No No
	hanges on Schedule O. n's program service accom 1(c)(4) organizations are r ach program service repo	ents for each of its three largest progritor report the amount of grants and all	am services, as measure locations to others, the	ed by expenses.
	(Code:) (Expenses \$ 3,120,237 including grants of \$) (Revenue \$ 3,896,812) CONDUCT AND DISTRIBUTE RESEARCH STUDIES AND ANALYSIS RELATED TO THE IMPACT OF FINANCIAL SERVICES FIRMS ON STAKEHOLDER GROUPS INCLUDING IMPACTS ON HUMAN RIGHTS, JOBS, HOUSING, CONSUMERS AND THE ENVIRONMENTS.	including grants of \$ ATED TO THE IMPACT OF FINANCIAL SERVICE E ENVIRONMENTS.) (Revenue \$:S FIRMS ON STAKEHOLDER (3,896,812) GROUPS INCLUDING
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
4d Other program ser (Expenses \$	Other program services (Describe in Schedule O.) (Expenses \$	\$ (Revenue	ν	
4e Total program servi	ce expenses			,

Form 990 (2023) Page **3**

Day	t IV Checklist of Required Schedules			rage <u>-</u>
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		No
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		No
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," <i>complete Schedule C, Part II</i>	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b 13	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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		No
13		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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		No
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		No
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		No
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		No
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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		No

Par	t 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		No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	
Pai	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- :	<u> </u>
7 -	Enter the number reported in hex 2 of Form 1006. Enter 10 if not applicable.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 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		
			Form 9 9	90 (2023)

Page **4**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • •	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6069.	17		

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

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

Se	ction A. Governing Body and Management			
			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	ection C. Disclosure			
L7	List the states with which a copy of this Form 990 is required to be filed IL			
L8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			

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

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, or 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 no	r any related or	ganizati	ion c	omp	oens	sated a	any o	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related	more pers	thar on is	one bot irect	not e bo ch ai	c check ex, unle n office rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	(W-Z/1099- MISC/1099-NEC)	related organizations
(1) JIM BAKER PRESIDENT	40.00			х				102,691	0	0
(2) BIANCA AGUSTIN SECRETARY	1.00			х				0	0	0
(3) MICHAEL METTLER TREASURER				х				0	0	0
-										
-										

Form **990** (2023)

Form 990 (2	023)	Page 8
Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)	

	(A) Name and title	(B) Average hours per week (list any hours for related		ne b oth a	οχ, ι	t ch unle fice	ss per r and a	son	Repo compe from organiza	rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (2/1099-	w-	Estima amount of compen from	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		99-NEC)	MISC/1099-NE		organizat relat organiz	ed
												4		
c ·	Lb Sub-Total													
2	Total number of individuals (including be reportable compensation from the organization)		o those	liste	d ab	ove) who	recei	ived more	than \$100	0,000 of			
3	Did the organization list any former of	ficer director o	r trustee	ke ke	v em	nnlo	vee o	r hia	hest comr	ensated e	employee on		Yes	No
•	line 1a? If "Yes," complete Schedule J fo	or such individu	al	•	•	•		•			• •	3		No
4	For any individual listed on line 1a, is t organization and related organizations individual	he sum of repor greater than \$1	table co .50,000	mpe ? <i>If</i> "	ensat <i>Yes,</i> '	tion ' <i>cor</i>	and of mplete	her Sch	compensa edule J foi	ition from r such	the	4		No
5	Did any person listed on line 1a receive services rendered to the organization?									on or indiv	ridual for	5		No
S	ection B. Independent Contracto	ors												110
1	Complete this table for your five highe the organization. Report compensation	for the calenda									year.	npens		
	Name a	(A) nd business addres	SS							Desc	(B) ription of services	_	Compe	
_		Condinate - E		- al •				la e	- \					
	Total number of independent contractors compensation from the organization	(including but r	iot iimiti	eu to) tho	ise I	isted a	νοαι	e) wno red	.eivea moi	e man \$100,000) OT		

Form **990** (2023)

Form 990 (2023) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt function Revenue excluded from Total revenue Unrelated business ax under sections revenue 512 - 514 , gifts, grants, nilar amounts 1a Federated campaigns . **b** Membership dues . . 1b **c** Fundraising events . . **1**c d Related organizations **1**d Contributions, g and other simila e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included 3.878.762 1f g Noncash contributions included in lines 1a - 1f:\$ **1**g h Total. Add lines 1a-1f . 3,878,762 Business Code 2a CONSULTING AGREEMENTS Revenue Program Service f All other program service revenue. g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) . . . 4 Income from investment of tax-exempt bond proceeds **5** Royalties . . (i) Real (ii) Personal 6a Gross rents **b** Less: rental 6b expenses
c Rental income or (loss)
d Net rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory Other Revenue **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ 0 contributions reported on line 1c).
See Part IV, line 18 8b **b** Less: direct expenses . . . c Net income or (loss) from fundraising events **9a** Gross income from gaming activities. See Part IV, line 19 . . . 9b **b** Less: direct expenses . . . c Net income or (loss) from gaming activities **10a**Gross sales of inventory, less returns and allowances 10b ${f b}$ Less: cost of goods sold . . **c** Net income or (loss) from sales of inventory Business Code 11a Miscellaneous Revenue

d All other revenue

e Total. Add lines 11a-11d 12 Total revenue. See instructions

> Form **990** (2023) Exhibit 5 (Page 140 of 162)

3,897,012

Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ or	ganizations must comp	olete all columns. All	l other organizations must comp	lete col	iumn (A).
--	--	-----------------------	------------------------	---------------------------------	----------	-----------

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	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	I			
	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	1	I		
5	Compensation of current officers, directors, trustees, and key employees	102,691	99,610	3,081	
	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	1,728,238	1,728,238		
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,987	85,347	2,640	
9	Other employee benefits	302,909	293,821	9,088	
10	Payroll taxes	141,473	141,227	246	
11	Fees for services (non-employees):				
а	Management				
b	Legal	23,190	22,494	696	
C.	Accounting	26,244	25,457	787	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,809	9,515	294	
12	Advertising and promotion	249	249		
13	Office expenses	101,108	100,090	1,018	
	Information technology	303,869	302,228	1,641	
15	Royalties				
	Occupancy	2,829	2,829		
	Travel	108,651	108,651		
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings	14,870	14,870		
	Interest				
	Payments to affiliates	10,261	10,261		
	Depreciation, depletion, and amortization	9,005	8,735	270	
	Insurance	9,003	6,733	270	
	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.)				
а	GRANTS	200,000	200,000		
b	CONSULTANTS	94,819	94,819		
c	JOB SUPPLIES	42,414	42,414		
d	LICENSES AND TAXES	413	401	12	
e	All other expenses	-171,019	-171,019		
25	Total functional expenses. Add lines 1 through 24e	3,140,010	3,120,237	19,773	0
	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				

Form 990 (2023) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any	line in this Part IX			\square
		·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,169,448	1	3,039,791
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%		5	
	6	controlled entity or family member of any of the Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	fied per	sons (as defined under		6	
172	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use	• •	· · · · · · · · · · · · · · · · · · ·		8	
SS	9	Prepaid expenses and deferred charges			80,337	9	38,982
A	-				00,337	9	30,902
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	38,774			
	b	Less: accumulated depreciation	10b	19,399	22,555	10c	19,375
	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		[15	
	16	Total assets. Add lines 1 through 15 (must equ	ial line 3	33)	2,272,340	16	3,098,148
	17	Accounts payable and accrued expenses			21,139	17	89,945
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete P	art IV o	f Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons				22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d narties		23	
5000	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	yables	+		25	
	26	Total liabilities. Add lines 17 through 25	_	_	21.139	26	89.945
S					21,133		00/0/10
Assets or Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck he	ere dand	2,251,201	27	3,008,203
Ba	28	Net assets with donor restrictions			, - , -	28	.,,,,,,,,
2	-						
r Fur	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	958, c	heck here 🕨 🗀 and		29	
S O		, , ,	dans - :	· · ·			<u> </u>
set	30	Paid-in or capital surplus, or land, building or equ	•	Ļ		30	
AS	31	Retained earnings, endowment, accumulated inc	come, o	r otner tunas		31	
Net	32	Total net assets or fund balances	•	ļ	2,251,201	32	3,008,203
Z	33	Total liabilities and net assets/fund balances .			2,272,340	33	3,098,148

Form **990** (2023)

н	Accounting method used to prepare the Form 990: Cash ZAccrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
q	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis			
U	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	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?	За		No
Q	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	34		

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Submission Date - 2024-08-22

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue

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

2023

Open to Public

DLN: 93493235014254

Inspection Name of the organization FINANCIAL SERVICES STAKEHOLDER **Employer identification number** PROJECT NFP Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 **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). 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.) 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of (iv) Is the organization listed (ii) EIN (v) Amount of (vi) Amount of organization in your governing document? monetary support other support (see (described on lines instructions) (see instructions) 1-10 above (see instructions)) Yes No Total

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

Cat. No. 11285F

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page 2 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant."). . 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 Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Amounts from line 4. . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 11 10 12 13 First 5 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 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 15 16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \dots 10%-facts-and-circumstances test—2022. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🕨 🗌

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page **3**

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.)

Se	ection A. Public Support							
	endar year fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	423,000	576,000	1,848,293	2,744,387	3,	878,762	9,470,442
2	include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	147,545	73,690	101,089	56,473		18,250	397,047
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	570,545	649,690	1,949,382	2,800,860	3,	897,012	9,867,489
7a	Amounts included on lines 1, 2, and							
b								
	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							
8	Public support. (Subtract line 7c from line 6.)							9,867,489
Se	ection B. Total Support							
	endar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
or) 9	fiscal year beginning in) Amounts from line 6	570,545	649,690	1,949,382	2,800,860	3	897,012	9,867,489
L0a	Gross income from interest,	370,343	049,090	1,949,502	2,000,000	٥,	097,012	9,007,409
·ou	dividends, payments received on securities loans, rents, royalties and							
b	income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,							
c	1975. Add lines 10a and 10b.							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	570,545	649,690	1,949,382	2,800,860	3,	897,012	9,867,489
14	First 5 years. If the Form 990 is for t	he organization's	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	organi:	zation, check this
	box and stop here						<u> </u>	. ▶□
	ection C. Computation of Public			(6)				
15	Public support percentage for 2023 (li					15		100.000 %
16	Public support percentage from 2022					16		99.890 %
Se	ection D. Computation of Invest							
17	Investment income percentage for 20		· · · · · · · · · · · · · · · · · · ·			17		0 %
18	Investment income percentage from 2					18		0 %
19a		-					No.	
b	than 33 1/3%, check this box and stop 33 1/3% support tests—2022. If the	-	•					
	more than 33 $_{1/3}$ %, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶	
20	Private foundation. If the organizati	ion did not chack	hov on line 14 1	0a or 10h chock	thic how and coo i	instructions	-	▶ □

Schedule A (Form 990) 2023 Page **4**

Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	- За		
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.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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 .	9a		
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 .	9b		
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 .	9c		
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)? If "Yes," answer line 10b below.	50		
	answer fine 100 below.	10a		

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).

Sch	edule A (Form 990) 2023			Page 5
Pa	art IV Supporting Organizations (continued)			
			Yes	No
11				
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	·	11b		
С	VI.	11c		
S	Section B. Type I Supporting Organizations			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to		Yes	No
2	such powers during the tax year. 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	1		
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	Section C. Type II Supporting Organizations		V	N.
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		Yes	No
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	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?			
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).	1		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ns):		
	a			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruct	cions)	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
-	 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. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		

Page **6**

Schedule A (Form 990) 2023 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) (B) Current Year (optional) (B) Current Year **Current Year** optional Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (A) Prior Year Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations **1**p 1, 19 1a 4 Ŋ 9 m 4 'n œ ~ Ŋ 9 ω Н ~ 9 / Н N m Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for Distributable Amount. Subtract line 5 from line 4, unless subject to emergency Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see Minimum asset amount for prior year (from Section B, line 8, Column A) Adjusted net income for prior year (from Section A, line 8, Column A) Net value of non-exempt-use assets (subtract line 4 from line 3) Acquisition indebtedness applicable to non-exempt use assets Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) c Fair market value of other non-exempt-use assets e Discount claimed for blockage or other factors Minimum Asset Amount (add line 7 to line 6) Section B - Minimum Asset Amount Section C - Distributable Amount Section A - Adjusted Net Income production of income (see instructions) temporary reduction (see instructions) Other gross income (see instructions) Recoveries of prior-year distributions Recoveries of prior-year distributions a Average monthly value of securities Other expenses (see instructions) Income tax imposed in prior year **b** Average monthly cash balances d Total (add lines 1a, 1b, and 1c) Enter greater of line 2 or line 3 (explain in detail in Part VI) Subtract line 2 from line 1d Depreciation and depletion Net short-term capital gain Multiply line 5 by 0.035 Add lines 1 through 3 Enter 85% of line instructions). Part V Ŋ œ m 4 ဖ 9 œ m 4 Ŋ 9 Н m 4 Ŋ

Schedule A (Form 990) 2023 Page **7**

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	rganizations (c	ontinue	d)
Section D - Distributions				Current Year
Amounts paid to supported organizations to accomplish	exempt purposes		1	
Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	•		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to what details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2023 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023	ons	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021 e From 2022				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7:				
a Applied to underdistributions of prior years				
b Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.				
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2024. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022 e Excess from 2023				
e Excess from 2023				

Schedule A (Form 990) (2023

Page 8 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 (Form 990) 2023 Part VI

Facts And Circumstances Test

Schedule A (Form 990) 2023 Explanation Return Reference

DLN: 93493235014254

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Serv	•		
FIN.	me of the organization ANCIAL SERVICES STAKEHOLDER DIECT NFP		Employer identification number
	organizations Maintaining Donor Advi	sed Funds or Other Similar Funds	82-1722599
	Complete if the organization answered "Yes		or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose c	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	ization (check all that apply).	
	\square Preservation of land for public use (e.g., recreation	or education) $\ \square$ Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements . $\ .$		2b
c	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acqui historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferre tax year	d, released, extinguished, or terminated by t	the organization during the
4	Number of states where property subject to conservation	n easement is located 🕨	
5	Does the organization have a written policy regarding the enforcement of the conservation easements it holds? .		of violations, and
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, • \$	handling of violations, and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d)		70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conset balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	
Pa	Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Historical Treasures, or Oth	her Similar Assets.
1a	If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publi Part XIII, the text of the footnote to its financial statemen	958, not to report in its revenue statement ic exhibition, education, or research in furthe	
b	If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publi following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line $1\ .\ .\ .\ .$		> \$
(i	i) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A		cial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2022 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): а Public exhibition Loan or exchange programs b Other ... Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, **1**a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes U No **Amount** If "Yes," explain the arrangement in Part XIII and complete the following table: c 10 **1**d d **1e** е Distributions during the year Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year **1a** Beginning of year balance . . . **b** Contributions . . . c Net investment earnings, gains, and losses **d** Grants or scholarships . . . Other expenditures for facilities and programs . . **f** Administrative expenses . . **g** End of year balance . Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment b Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the За organization by: Yes No (i) Unrelated organizations . 3a(i) 3a(ii) (ii) Related organizations . If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) **1a** Land **b** Buildings . c Leasehold improvements 12,538 13,236 25,774 d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . .

13.236

Schedule D (Form 990) 2022 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3)Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 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 FIN 48 (ASC 740), Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

Page 4

Schedule D (Schedule D (Form 990) 2022
Part XI	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per
	Return.
	Complete if the organization answered 'Yes' on Form 000 Part IV line 12a

1	Total re	Total revenue, gains, and other support per audited financial statements $oldsymbol{\cdot}$			Н	3,897,012
7	Amount	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
10	a Net unr	Net unrealized gains (losses) on investments	2a			
	b Donated	Donated services and use of facilities	2b			
•	r Recove	Recoveries of prior year grants	2c			
•	d Other (I	Other (Describe in Part XIII.)	2 d			
v	e Add line	Add lines 2a through 2d	·		2e	
m	Subtrac	Subtract line 2e from line 1			3	3,897,012
4	Amount	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
.0	a Investm	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	b Other (I	Other (Describe in Part XIII.)	4b			
•	c Add lin€	Add lines 4a and 4b			4c	
Ŋ	Total re	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2	3,897,012
Δ	Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	ment t IV, li	s With Expenses per ne 12a.	Retui	į.
	Total ex	Total expenses and losses per audited financial statements			-	3,140,010
7	Amount	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
.0	a Donate	Donated services and use of facilities	2a			
	b Prior ye	Prior year adjustments	2b			
•	c Other k	Other losses	2 c			
•	d Other (I	Other (Describe in Part XIII.)	2 d			
v	e Add line	Add lines 2a through 2d			2e	
m	Subtrac	Subtract line 2e from line 1			3	3,140,010
4	Amount	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
.0	a Investm	Investment expenses not included on Form 990, Part VIII, line 7b •	4 a			
	b Other (I	Other (Describe in Part XIII.)	4p			
J	c Add lin€	Add lines 4a and 4b	•		4c	
Ŋ	Total ex	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•		2	3,140,010
	Part XIII	Supplemental Information				

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

Schedule D (Form 990) 2022 Explanation Return Reference

efile GRAPHIC print	nt Submission Date - 2024-08-22
SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ 2023
Department of the Treasury	Form 990 of 990-EZ of to provide any additional information. Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.
Name of the organization Name of the organization Financial services Stakeholder PROJECT NFP	ion HOLDER 82-1722590
Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	FINANCIAL SERVICES STAKEHOLDER PROJECT, NFP WAS ORGANIZED TO CONDUCT AND DISTRIBUTE RESEARCH STUDIES AND ANALYSIS RELATED TO THE IMPACT OF FINANCIAL SERVICES FIRMS ON STAKEHOLDER GROUPS INCLUDING IMPACTS ON HUMAN RIGHTS, JOBS, HOUSING, CONSUMERS AND THE ENVIRONMENTS.
FORM 990, PAGE 6, PART VI, LINE 11B	THE COMPLETED 990 IS REVIEWED BY THE BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS AND EMPLOYEES SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY.
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF DOCUMENTS ARE PROVIDED UPON REQUEST.
For Paperwork Reductior 990-EZ.	ion Act Notice, see the Instructions for Form 990 or Cat. No. 51056K Schedule O (Form 990) 2023

efile GRAPHIC print Subr	Submission Date - 2024-08-22							DLN:	DLN: 93493235014254	501425	4
SCHEDULE R	Related Orga	anizatior	anizations and Unrelated Partnerships	nrelate	d Part	nership	S	Ö	OMB No. 1545-0047	15-0047	
(Form 990) Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	cation answere Atta <u>rs.gov/Form990</u>	d "Yes" on Form ch to Form 990. <u>2</u> for instruction	990, Part IV s and the lat	, line 33, 3. est inform	4, 35b, 36, or ation.	.37.		2025 Open to Public Inspection	Z Z So Public ection	
Name of the organization Financial SERVICES STAKEHOLDER PROJECT NFP						Em	Employer identification number 82-1722599	cation number			ı
Part Identification of I	Identification of Disregarded Entities. Complete if the	he organizatioı	the organization answered "Yes" on Form 990, Part IV, line 33	s" on Form 9	90, Part IV	┨ .					1
Name, address, and EIN ((a) Name, address, and EIN (if applicable) of disregarded entity	<u>a</u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	e (state ountry)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	illing	
Part II Identification of Re related tax-exempt o	Identification of Related Tax-Exempt Organizations. related tax-exempt organizations during the tax year.	. Complete if th	5. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more	answered "\	res" on For	n 990, Part l'	V, line 34 bec	ause it had oı	ne or mor	ė.	ı
(a) Name, address, and EIN of related organization	of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		@ £ ⊈ £ +	(b)
(1)FINANCIAL SERVICES STAKEHOLDER ACTI ACTION NFP2513 N CENTRAL PARK AVE CHICAGO, IL 60647 82-1727600	CTI	SOCIAL WEL)S 20	501C4			N/A		No No	<u>•</u> 9
1											
C 1											
For Paperwork Reduction Act No	For Paperwork Reduction Act Notice, see the Instructions for Form 990	.06	3)	Cat. No. 50135Y				Schedule R (Form 990) 2023	(Form 99	0) 2023	

Page 2

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.

(k) Percentage ownership					ecause	(i) Section 512(b)(13) controlled entity?	No				0) 2023
(J) General or managing partner?	No				ine 34 be	Section controll	Yes				Schedule R (Form 990) 2023
	Yes				Part IV, I	(h) Percentage ownership					hedule R
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					orm 990,						Scl
(h) Disproprtionate allocations?	No				l "Yes" on F	(g) Share of end-of- year	dasers				
	Yes				answered	(f) Share of total income					
(g) Share of end-of-year assets					zation						
Share of total income					the organi	(e) Type of entity (C corp, S corp,	or crust,				
Predominant income(related, unrelated, excluded from tax under sections 512-514)					a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because poration or trust during the tax year.	(d) Direct controlling entity					
(d) Direct controlling entity					i tion or Tru s trust during	(c) Legal domicile	(state of roleign country)				
(c) Legal domicile (state or foreign					Corpora oration or) Le dom	con con				
(b) Primary activity						ctivity					
					ations Ta x ons treate	(b) Primary activity					
(a) Name, address, and EIN of related organization					Part IV Identification of Related Organizations Taxable as it had one or more related organizations treated as a corr	(a) Name, address, and EIN of related organization					

age 🛪

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

2023	1 990)	Schedule R (Form 990) 2023			
				,	ACTION NFP
		BCT OF TIME ACTION COSTS	171 131	type (a-s)	(1) EINANICIAI CEDVICES CTAVEHOI DED ACTI
g	t involve	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction	(a) Name of related organization
		action thresholds.	elationships and trans	including covered re	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.
οN					s Other transfer of cash or property from related organization(s)
N _o					r Other transfer of cash or property to related organization(s)
	<u> </u>	· · ·			d Reilibursellenc paid by refaced organization(s) for expenses
§	_				p Reimbursement paid to related organization(s) for expenses
S	0				o Sharing of paid employees with related organization(s) · · · · · · · · · · · · · · · · · · ·
No	1n				$m{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
٥	1m				m Performance of services or membership or fundraising solicitations by related organization(s)
٩					l Performance of services or membership or fundraising solicitations for related organization(s)
No.		<u> </u>			K Lease of facilities, equipment, or other assets from related organization(s)
٥		<u> </u> 규			j Lease of facilities, equipment, or other assets to related organization(s)
oN N		<u> </u>			i Exchange of assets with related organization(s)
8		· <u> </u>			h Purchase of assets from related organization(s)
ŝ	<u> </u>	19			g Sale of assets to related organization(s)
8 N		11			f Dividends from related organization(s)
			•	· · ·	
2		· · · · · · · · · · · · · · · · · · ·	•	•	
Ş	-				
٥ N	.,		•		c Gift, grant, or capital contribution from related organization(s)
٥	_				b Gift, grant, or capital contribution to related organization(s)
٥	_				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
			Parts II-IV?	rganizations listed in	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
oN N	Yes				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(k) Percentage ownership 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. ŝ (j) General or managing partner? Yes (i)
Code V-UBI
amount in
box 20
of Schedule
K-1
(Form 1065) (h)
Disproprtionate
allocations? ŝ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners
section
501(c)(3)
organizations? ŝ Yes Predominant income (related, unrelated, excluded from sections 512-514) (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of entity

Schedule R (Form 990) 2023

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