990-EZ

SCANNED MAR 2 0 2019

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning January 1 , 2018, and ending	December	31 , 20 18
B	check if a			entification number 21
	Address	change Financial Services Stakeholder Action NFP	8	21727600
	Name ch	Ange Number and street (or P O box, if mail is not delivered to street address) ? Room/suite E	Telephone n	umber
	Initial retu	2513 N Central Park Ave	31	2-933-0230
\equiv	Final retu Amended	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	mption
=		on pending Chicago, IL 60647	Number 1	100 · 100 ·
				f the organization is not
	Vebsite	# 1985年 - 1987年 - 19		ach Schedule B
JT	ax-exer			0-EZ, or 990-PF)
		f organization 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other		
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets	
(Pai	t II, col	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► s	\$750
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions	
	- 10.00	Check if the organization used Schedule O to respond to any question in this Part I.		´ . 🗹
?1	1	Contributions, gifts, grants, and similar amounts received	1	0
?1	2	Program service revenue including government fees and contracts	2	\$750
.?1	3	Membership dues and assessments	3	0
?1	4	Investment income	. 4	0
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events:		- N.
	a	Gross income from gaming (attach Schedule G if greater than		
ne		\$15,000) 6a		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
æ	1	from fundraising events reported on line 1) (attach Schedule G if the		
13.77		sum of such gross income and contributions exceeds \$15,000) . 6b		
	С	Less. direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct	
		line 6c)	· 6d	0
	7a	Gross sales of inventory, less returns and allowances		7.5
	b	Less. cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from IRECEIVED	. 7c	0
	8	Other revenue (describe in Schedule O)	. 8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	\$750
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	. 11	0
ses	12	Salaries, other compensation, and employee benefits OGDEN, UT .	12	0
ens	13	Professional fees and other payments to independent contractors 24	. 13	\$540
Expenses	14	Occupancy, rent, utilities, and maintenance	. 14	0
ш	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe in Schedule O) 2:	16	\$1.173
	17	Total expenses. Add lines 10 through 16		\$1.713
ts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(\$963)
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with the control of the		
Ä		end-of-year figure reported on prior year's return)	19	\$1.882
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	\$919
For	Papen	work Reduction Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2018)

Pa	rt II	Balance Sheets (see the instruct		and the second s			-
	1_	Check if the organization used Sch	edule O to respond to a				(B) End of year
	2 %	7 20 W K		-	(A) Beginning of year	001	7.00
22		n, savings, and investments			\$1.882	_	\$91
23		d and buildings				23	
24		er assets (describe in Schedule O)	* * * * * * * * *			24	
25		al assets			\$1.882	26	\$91
26		al liabilities (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·	· · · · ·	\$1.882		The second secon
27		assets or fund balances (line 27 of constant of Program Service Action 1988)				21	\$91
al	t III	Check if the organization used Sch				1	Expenses
Vha	t in the	organization's primary exempt purpos		arry question in this i	raitiii . 🗆		quired for section
							(c)(3) and 501(c)(4) anizations, optional fo
s n	neasure	e organization's program service acc d by expenses. In a clear and conc nefited, and other relevant information	ise manner, describe th	ne services provided	, the number of		ers)
28	Develo	op policy and legislative solutions for th	e environment, social, and	l governance problems	s related to		
		ments made by financial services firms.	including but not limited t	to private equity firms.	hedae funds.	l	
	and in	frastructure funds.					
?1	(Grants		nount includes foreign gr	ants, check here .	▶ □	28a	\$1.37
29							
						72/27	
	(Grants	s\$) If this an	nount includes foreign gr	ants, check here .	▶ 🗆	29a	3
30							
							1
	(Grants	e \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
				ants, check here .	▶ ⊔	30a	3
31		program services (describe in Schedu	le O)		· · · · <u>· · · · · · · · · · · · · · · </u>	1000000	
	(Grants	program services (describe in Schedus \$) If this an	le O)	ants, check here		31a	1
32	(Grants	program services (describe in Schedu s \$) If this an program service expenses (add lines	le O) nount includes foreign gr s 28a through 31a)	rants, check here .		31a	
32	(Grants	program services (describe in Schedu s \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar	le O)	rants, check here .	▶ □ ▶ pensated—see the i	31a	
32	(Grants	program services (describe in Schedu s \$) If this an program service expenses (add lines	le O)	rants, check here	Densated—see the in	31a	
32	(Grants	program services (describe in Schedu s \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar	le O)	ch one even if not company question in this	pensated—see the II	31a 32 nstru	ctions for Part IV
32 Par	(Grants Total p t IV	program services (describe in Schedus \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, at Check if the organization used Sch	le O)	ch one even if not company question in this forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstru	ctions for Part IV)
32 Par	(Grants Total t IV	program services (describe in Schedus \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, and Check if the organization used Schedus (a) Name and title	le O)	ch one even if not company question in this compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstru	ctions for Part IV
am Pres	(Grants Total I t IV	program services (describe in Schedus \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, and Check if the organization used Schedus (a) Name and title	le O)	ch one even if not company question in this is compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstru	ctions for Part IV
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Form 990-EZ (2018)

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Form	gan.	F7	120	18

Part	Other Information (Note the Cahadula A and personal hangit contract statement requirements	-		
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		0
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		Ľ
54	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	2000000		100
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
and the second	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	074	_	
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	_	7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Joa	- 22.00	
39	Section 501(c)(7) organizations. Enter.	1		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		1
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	V100		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			l i
	on organization managers or disqualified persons during the year under sections 4912,			
10.20	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1 1
е	All organizations. At any time during the tax year, was the organization a party to a promoted tax shelter			
41	transaction? If "Yes." complete Form 8886-T	400		
	transaction? If "Yes," complete Form 8886-T	40e		~
	List the states with which a copy of this return is filed ▶ Illinois		3-023	
	List the states with which a copy of this return is filed ► Illinois The organization's books are in care of ► James Baker Telephone no. ►	312-93	33-023	0
	List the states with which a copy of this return is filed ► Illinois The organization's books are in care of ► James Baker Located at ► 2513 N Central Park Ave. Chicago. IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over	312-93		0
12a	List the states with which a copy of this return is filed ► Illinois The organization's books are in care of ► James Baker Located at ► 2513 N Central Park Ave. Chicago. IL ZIP + 4 ►	312-93	7-1107	0
42a	List the states with which a copy of this return is filed ► Illinois The organization's books are in care of ► James Baker Located at ► 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ►	312-93 60647	7-1107	0 No
42a	List the states with which a copy of this return is filed ► Illinois The organization's books are in care of ► James Baker Located at ► 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and	312-93 60647	7-1107	0 No
42a b	List the states with which a copy of this return is filed ▶ Illinois The organization's books are in care of ▶ James Baker Located at ▶ 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	312-93 60647 42b	7-1107	0 No
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42a b	List the states with which a copy of this return is filed ▶ Illinois The organization's books are in care of ▶ James Baker Located at ▶ 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	312-93 60647 42b	7-1107 Yes	No V
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t2a b c	List the states with which a copy of this return is filed ▶ Illinois The organization's books are in care of ▶ James Baker Located at ▶ 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	312-93 60647 42b	7-1107 Yes	No V
b c c 113	List the states with which a copy of this return is filed ▶ Illinois The organization's books are in care of ▶ James Baker Located at ▶ 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	312-93 60647 42b	7-1107 Yes	No V
t2a b c	List the states with which a copy of this return is filed Illinois The organization's books are in care of James Baker Located at Sentral Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	312-93 60647 42b 42c	7-1107 Yes	No V
t42a b c c 443	List the states with which a copy of this return is filed ▶ Illinois The organization's books are in care of ▶ James Baker Located at ▶ 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	312-93 60647 42b	7-1107 Yes	No V
t2a b c t3 44a b	List the states with which a copy of this return is filed ▶ Illinois The organization's books are in care of ▶ James Baker Located at ▶ 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	312-93 60647 42b 42c	7-1107 Yes	No V
t2a b c t3 44a b	List the states with which a copy of this return is filed ▶ Illinois The organization's books are in care of ▶ James Baker Located at ▶ 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	312-93 60647 42b 42c	7-1107 Yes	No V
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t 2a b c c 43 b c c d	List the states with which a copy of this return is filed ▶ Illinois The organization's books are in care of ▶ James Baker Telephone no. ▶ Located at ▶ 2513 N Central Park Ave. Chicago. IL ZIP + 4 ▶ 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	312-93 60647 42b 42c 44a 44b 44c 44d	7-1107 Yes	No V
t42a b c t43 t44a b c d	List the states with which a copy of this return is filed ▶ Illinois The organization's books are in care of ▶ James Baker Located at ▶ 2513 N Central Park Ave. Chicago. IL 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	312-93 60647 42b 42c 44a 44b 44c 44d	7-1107 Yes	No V

Form 99	0-EZ (2	018)						Р	age 4
46	Did the	né organization engage, directly or in	directly, in political complete Schedule C	ampaign activities	on behalf	of or in oppositi	on 46	Yes	No
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s Only s must answer que	stions 47-49b ar	nd 52, and	d complete the		or line	
47	Did t	he organization engage in lobbying If "Yes," complete Schedule C, Part	activities or have a					Yes	No
48 49a b 50	Is the Did th If "Ye	organization a school as described in the organization make any transfers to s," was the related organization a sepolete this table for the organization's	section 170(b)(1)(A)(i o an exempt non-cha ction 527 organizatio	ritable related organic	anization?		47 48 49a 49b	es an	d kev
	emple	oyees) who each received more than			ganization. (d) H contribu benefit p	If there is none ealth benefits,		lone."	unt of
None			19 P	O to be					
			1 (1)				10.00		
			100 E5 E5			23/2			
f 51	Comp \$100,	number of other employees paid over olete this table for the organization's 000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no	ensated independe			received		than
None							<u> </u>		
					_				
d 52	Did t	number of other independent contra he organization complete Schedu	•						
Jnder perrue, cor	nalties	of perjury, I declare that I have examined this rid d complete Declaration of preparer (other than	eturn, including accompany officer) is based on all info	ying schedules and stat irmation of which prepa	ements, and t rer has any kn	o the best of my kno lowledge	wledge and	belief,	ıt ıs
Sign Here	?:	Signature of officer James Baker Type or print name and title				1/ \ /2019 Date			
Paid Prepa	12 4 3 1 2 2	Print/Type preparer's name Firm's name ▶	Preparer's signature		Date	Check □ self-employ			
Use (en kon 🕶 co	Firm's address discuss this return with the preparer	shown above? See i	nstructions		Phone no	Yes		No

Form **990-EZ** (2018)

SCHEDULE O (Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Department of the Treasury nternal Revenue Service	► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest infor	mation. Open to Publ
Name of the organization		Employer identification number
Part I, 16: Other expense	s	
Office expenses: \$387, In	nsurance: \$400, Bank fees: \$135	
·		
	·	•
·		
·		
·		

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

miceri	ury nal Ra	evenue	Go to www.	<u>irs.gov/Form990</u> for instructions	and the le	itest illioill	ideioiii		Inspection
			 alendar year, or tax year l	peginning 01-01-2019 . and end	ding 12-31	-2019			
		applicable:	C Name of organization		g JI		D Employ	er identifi	ication number
☐ Add	dress	change nange	FINANCIAL ŠERVICES STAKEHO PROJECT NFP	JLDER			82-172	2599	
O Init	tial ret	-	Doing business as PRIVATE EQUITY STAKEHOLDE	R PROJECT					
Am	ende	d return	Number and street (or P.O. bo: 2513 N CENTRAL PARK AVE	x if mail is not delivered to street address)	Room/suit	e	E Telephon	e number	
Apı Gend	p l icati ling	ion		e, country, and ZIP or foreign postal code			(312) 9	33-0230	
			CHICAGO, IL 60647	., country, and 211 of foreign postal code			G Gross r	eceipts \$ 5	70,545
		Ī	F Name and address of pr	incipal officer:		H(a) Is thi	s a group ret	urn for	
			JIM BAKER 2513 N CENTRAL PARK AVE CHICAGO, IL 60647	:		H(b) Are a	rdinates? II subordinat	es	☐ Yes ✓ No
Tax	«-exen	npt status:	✓ 501(c)(3) □ 501(c)() ((insert no.) 4947(a)(1) or	527	inclu If "No	ded? o," attach a l	ist. (see ii	☐ Yes ☐No nstructions)
W	ebsit	te:▶ PES	TAKEHOLDER,ORG				p exemption		
C Forn	n of o	rganization:	✓ Corporation ☐ Trust ☐	Association Other		L Year of form	ation: 2017	M State o	of legal domicile: IL
De	ert. I	S							
Ра	rt	Sumi		sion or most significant activities:					
Governance		RELATED 1	O THE IMPACT OF FINANCIAL CONSUMERS AND THE ENVI	ROJECT, NFP WÅS ORGANIZED TO CO L SERVICES FIRMS ON STAKEHOLDER RONMENTS.	R GROUPS II	NCLUDING IM	IPACTS ON H	UMAN RIC	GHTS, JOBS,
				on discontinued its operations or disp			of its net as		
5	l		,	verning body (Part VI, line 1a)			•	3	3
į	l		•	ers of the governing body (Part VI, li			•	4	3
	l		• •	in calendar year 2019 (Part V, line 2			•	5	3
Activities &	l			if necessary)			•	6	
	7a			n Part VIII, column (C), line 12			•	7a	0
	b	Net unrel	ated business taxable incom	e from Form 990-T, line 39		· · ·		7b	
		6	Constant of the Constant NULL Pro-	- 16)		Pr	ior Year		Current Year
Hevenue	l		ions and grants (Part VIII, lin		•		160	402	423,000
9	l	•		ne 2g)			169,	493	147,545
Ŷ	l			(A), lines 3, 4, and 7d)	•		-	000	(
	l			lines 5, 6d, 8c, 9c, 10c, and 11e)	12)		176.	092	570,545
	_			. (must equal Part VIII, column (A), li	ne 12)		170,.	303	370,343
	l		•	t IX, column (A), lines 1–3)	•	-			(
220	I			IX, column (A), line 4)		_	54,	200	
Expenses	I			ree benefits (Part IX, column (A), line , column (A), line 11e)			54,.	200	159,018
2	l								
8	l		aising expenses (Part IX, column	-			62	406	101.613
239	1,		oenses (Part IX, column (A), I		•		116,		101,613
	19			t equal Part IX, column (A), line 25)				-	260,633
es .	19	Revenue	less expenses. Subtract line	18 110111	• •	Reginning	59,: of Current Y		309,914 End of Year
d Balances									
Bak	20	Total asse	ets (Part X, line 16)				81,	173	391,087
Fund	21	Total liabi	lities (Part X, line 26)						(
2	22	Net asset	s or fund balances. Subtract	line 21 from line 20			81,	173	391,087
	rt II		ature Block						
nda.		and belie		examined this return, including accon uplete. Declaration of preparer (other					
nowl		euue.				20	21-07-01		
nowl	ledge nowl	TÁ					ate		
nowl ny ki	nowle	Signat	ure of officer						
nowl ny ki i gn	nowle	(i)							
nowl ny ki i gn	nowle	јім ва	ure of officer KER PRESIDENT r print name and title						
nowl ny ki ign	nowle	JIM BA Type o	KER PRESIDENT	Preparer's signature	l Da	ate		PTIN	
nowl ny ki ign lere	nowle	JIM BA Type o	KER PRESIDENT r print name and title	Preparer's signature	Da 20	021-07-14 Ch	eck 📙 if 📙	PT IN P00248238	
nowl ny ki ign lere	nowle	JIM BA Type o	KER PRESIDENT r print name and title		Da 20	021-07-14 Ch sel	eck if f-employed m's EIN > 36-	P00248238	
ign lere Pai	d epa	JIM BA Type o	KER PRESIDENT r print name and title rint/Type preparer's name rm's name	D PC	Da 20	021-07-14 Ch sel Fin	eck U if f-employed m's EIN > 36-	P00248238 3665717	
ign lere	d epa	JIM BA Type o	KER PRESIDENT r print name and title rint/Type preparer's name	D PC N ST APT 3307	Da 20	021-07-14 Ch sel Fin	eck U if I f-employed	P00248238 3665717	

J. G	Part III Statement	Statement of Program Service Accomplishments	mplisnments		
-	Uneck It Sched Briefly describe the or	Check it schedule O contains a response of note to any line in this Part III describe the organization's mission:	ote to any line in this Part III		
FINA	FINANCIAL SERVICES STAKEI THE IMPACT OF FINANCIAL S THE ENVIRONMENTS.	HOLDER PROJECT, NFP WAS OR(SERVICES FIRMS ON STAKEHOLD	EHOLDER PROJECT, NFP WAS ORGANIZED TO CONDUCT AND DISTRIBUTE RESEARCH STUDIES AND ANALYSIS RELATED TO SERVICES FIRMS ON STAKEHOLDER GROUPS INCLUDING IMPACTS ON HUMAN RIGHTS, JOBS, HOUSING, CONSUMERS AND	TE RESEARCH STUDIES AND A IUMAN RIGHTS, JOBS, HOUSIN	NALYSIS RELATED TO
7	Did the organization u	undertake any significant progra	Did the organization undertake any significant program services during the year which were not listed on	e not listed on	
m	the prior Form 990 or 990-EZ? If "Yes," describe these new se Did the organization cease cor	the prior Form 990 or 990-EZ?	the prior Form 990 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·	☐ Yes 🔽 No
ı	services? • • • • If "Yes," describe thes	ese changes on Schedule O.			☐ Yes 🔽 No
4	Describe the organize Section 501(c)(3) and and revenue, if any, f	tion's program service accompl 1501(c)(4) organizations are req or each program service reporte	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	orogram services, as measure and allocations to others, the t	d by expenses. otal expenses,
4	(Code: CONDUCT AND DISTRIE IMPACTS ON HUMAN RI) (Expenses \$ 3UTE RESEARCH STUDIES AND ANALY IGHTS, JOBS, HOUSING, CONSUMERS) (Expenses \$ 257,506 including grants of \$) (Revenue \$ 147,545) RIBUTE RESEARCH STUDIES AND ANALYSIS RELATED TO THE IMPACT OF FINANCIAL SERVICES FIRMS ON STAKEHOLDER GROUPS INCLUDING RIGHTS, JOBS, HOUSING, CONSUMERS AND THE ENVIRONMENTS.) (Revenue \$ SERVICES FIRMS ON STAKEHOLDER	147,545) 3 GROUPS INCLUDING
4	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
40	Other program serv (Expenses \$	Other program services (Describe in Schedule O.) (Expenses \$) (Revenue \$	
4e	Total program service expenses		257,506		

Form 990 (2019) Page **3**

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 Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
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	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? <i>If</i> "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? <i>If</i> "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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
_			Form 99	90 (2019)

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? 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? <i>If</i> "Yes," <i>complete Schedule L,</i> 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	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	200		
		28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If</i> "Yes," <i>complete Schedule M</i>	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? <i>If</i> "Yes," <i>complete Schedule R, Part I</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 in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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	• ;	•	
1 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
та b	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 in 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		

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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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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
b	If "Yes," enter the name of the foreign country:			
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).			
а	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.			
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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

Form 990 (2019) Page **6**

Part VI 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 Section A. Governing Body and Management No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 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? No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 No Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 No No 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes **b** Each committee with authority to act on behalf of the governing body? 8b Yes 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 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c 13 No 14 **14** Did the organization have a written document retention and destruction policy? Yes 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? 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Vupon request Other (explain in Schedule O) 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.

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

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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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ensa	ated a	ny c	urrent officer, direc	tor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for		ne b	ox, ι n of tor/t	t che inles ficer	ss pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JIM BAKER PRESIDENT	40.00			х				64,471	0	
(2) SARAH HIMMELHEBER SECRETARY	1.00			х				0	0	(
(3) MICHAEL METTLER TREASURER	1.00			х				0	0	(
		<u> </u>								
	1	1 '		1	1	ı		1	<i>i</i>	

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Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a from the week (list from related compensation any hours for director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and related Individual trustee or director Highest compensated organizations Former related Institutional Trustee ey employee below dotted organizations line) c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual 4 No Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 No **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization

Form 990 (2019)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1a Federated campaig	ins	1a	_				
ant	b Membership dues		1b					
5 6	c Fundraising events		1 c					
fts,	d Related organizatio	ons	1d					
છં.≅	e Government grants (co	ontributions)	1e					
Contributions, Giffs, Grants and Other Similar Amounts	All other contributions, and similar amounts n above	, gifts, grants, ot included	1f	423,000				
dip.	g Noncash contributions lines 1a - 1f:\$	included in	1g					
<u>5</u> <u>F</u>	h Total. Add lines 1a-	-1f		▶	423,000			
	_			Business Code				
	2a CONSULTING				147,545	147,545		
Program Service Revenue				_				
e ve	b							
9	с							
SL.				-				
S.	d							
gra	е							
Pe				-				
	f All other program se	rvice revenue	·.					
	9 Total. Add lines 2a-			147,545				_
	3 Investment income (ir similar amounts) .	ncluding divid	lends, ii	nterest, and other				
	4 Income from investme		mpt bo	nd proceeds	+			
	5 Royalties				+			
		(i) Re	al	(ii) Personal				
	6a Gross rents	Sa						
	b Less: rental							
	·	5b						
	c Rental income or (loss)	Sc						
	d Net rental income o	or (loss)		F	1			
	Γ	(i) Secu	rities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a						
	b Less: cost or other basis and	7b			=			
	sales expenses c Gain or (loss) 7	7c			+			
	d Net gain or (loss)			📡	-			
122	8a Gross income from fund			· · ·				
Other Revenue	(not including \$ contributions reported o	of line 1c).						
Ne.	See Part IV, line 18		8a					
æ	b Less: direct expense	s	8b					
her	c Net income or (loss)	from fundrais	sing eve	ents				
5	• Garage in a constant of the constant							
	9a Gross income from ga See Part IV, line 19	ming activities	9a					
	b Less: direct expense	s	9b					
	c Net income or (loss)		activiti	es				
	10aGross sales of invent returns and allowand		10a					
	b Less: cost of goods s		10b		_			
	c Net income or (loss)			orv ►				
	Miscellaneous			Business Code				
	11a							
					<u> </u>	1	<u> </u>	
	b							
	c							
	d All other revenue				+	1	†	1
	e Total. Add lines 11a	-11d		►				
	12 Total revenue. See	instructions						

Form 990 (2019) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b, (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. 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 **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. **4** Benefits paid to or for members **.** 5 Compensation of current officers directors trustees and key

	nployees	04,471	02,557	1,954	
de	ompensation not included above, to disqualified persons (as effined under section 4958(f)(1)) and persons described in ection 4958(c)(3)(B)				
	ther salaries and wages	65,464	65,464		
	ension plan accruals and contributions (include section 01(k) and 403(b) employer contributions)				
9 0	ther employee benefits	17,896	17,359	537	
0 Pa	yroll taxes	11,187	11,032	155	
1 Fe	ees for services (non-employees):				
а М	anagement				
b Le	gal				
c A	counting				
d Lo	obbying				
e Pr	ofessional fundraising services. See Part IV, line 17				
f In	vestment management fees				
	ther (If line 11g amount exceeds 10% of line 25, column (A) mount, list line 11g expenses on Schedule O)	14,430	14,430		
2 A	dvertising and promotion	7,895	7,895		
3 O	ffice expenses	11,254	10,918	336	
4 In	formation technology	27,834	27,834		
5 R	pyalties				
6 0	ccupancy	350	339	11	
7 Tr	avel	27,072	27,072		
	yments of travel or entertainment expenses for any deral, state, or local public officials •				
. 9 C	onferences, conventions, and meetings	878	878		
0 In	terest				
1 Pa	yments to affiliates				
2 D	epreciation, depletion, and amortization	337	337		
3 In	surance	3,262	3,164	98	
m ex	ther expenses. Itemize expenses not covered above (List iscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	SUPPLIES	5,548	5,548		
b	PAYROLL FEES	1,315	1,276	39	
c	PROFESSIONAL FEES	740	740		
d	TELEPHONE/INTERNET	400	388	12	
	All other expenses	298	295	3	
	otal functional expenses. Add lines 1 through 24e	260,631	257,506	3,125	0
6 Jo	int costs. Complete this line only if the organization ported in column (B) joint costs from a combined ducational campaign and fundraising solicitation.				

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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			80,869	1	378,903
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[4	
	5	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, c	or 35% controlled entity		5	
	6	Loans and other receivables from other disqualit 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				9	10,288
A	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	 10a	1,929			10,230
	Ь	Less: accumulated depreciation	10b	337		10c	1.592
	11	Investments—publicly traded securities •		337		11	1,552
	12	Investments—other securities. See Part IV, line	11	-		12	
	13	Investments—program-related. See Part IV, line		F		13	
	14	Intangible assets		•		14	
	15	Other assets. See Part IV, line 11			304	15	304
				-	81,173	16	
	16	Total assets. Add lines 1 through 15 (must equ			01,173		391,087
	17	Accounts payable and accrued expenses	•	· ·		17	
	18	Grants payable		-		18	
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities	• •			20	
es	21	Escrow or custodial account liability. Complete P.	art IV o	of 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	
Ï	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	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 .		•	0	26	0
Assets or Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	eck he	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions	•		81,173	27	391,087
d B	28	Net assets with donor restrictions				28	
- Fun		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, c	heck here 🕨 🗌 and			
0	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building or equ	uipment	t fund		30	
SS	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
t A	32	Total net assets or fund balances		[81,173	32	391,087
Net	33	Total liabilities and net assets/fund balances .		[81,173	33	391,087

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570,54	260,63	309,91	81,17						391,08	>	S No		No			S			S		No		Form 990 (2019
											Yes		2a			2b Yes			2c Yes		3a	3b	Forn
1	2	3	4	2	9	7	8	6	10		,		7			7	, si		7	O	m		
1 Total revenue (must equal Part VIII, column (A), line 12)	2 Total expenses (must equal Part IX, column (A), line 25)	3 Revenue less expenses. Subtract line 2 from line 1	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5 Net unrealized gains (losses) on investments	6 Donated services and use of facilities	7 Investment expenses	8 Prior period adjustments	9 Other changes in net assets or fund balances (explain in Schedule O)	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	Check if Schedule O contains a response or note to any line in this Part XII		Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	2a Were the organization's financial statements compiled or reviewed by an independent accountant?	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:	\Box Separate basis \Box Consolidated basis \Box Both consolidated and separate basis	b Were the organization's financial statements audited by an independent accountant?	elow to indicate whether the financial starboth:	☐ Separate basis ✓ Consolidated basis ☐ Both consolidated and separate basis	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b 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.	

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Submission Date - 2021-07-14

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

b

Magne adfitthe onganization

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

DLN: 93493195012241

Employer identification number

Open to Public Inspection

ENAMERAL SERVICES STAKEHOLDER PROJECT NFP Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).) 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 described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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 331/3% 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 in 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 а 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.

f	Enter the number of supported	d organizations				<u></u>	
g	Provide the following inf	formation about	the supported organiz	zation(s).			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
		•					
Tota	I						
F = 1	Damamuauk Daduatian Ast No.	+: +b- I	netrustions for	Cat No. 1120	EC	Cabadula A /Farm (200 am 000 EZ\ 201

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

organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

instructions). You must complete Part IV, Sections A and D, and Part V.

or Type III non-functionally integrated supporting organization.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported

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

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,

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

complete Part IV, Sections A and C.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

L	Support Schedule for (Complete only if you ch						
	the organization failed to	o qualify under	the tests listed	d below, please	complete Part II	l.)	
	Section A. Public Support	Г	1				
	lendar year r fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received. (Do not						
	include any "unusual grant.") . .						
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
s	line 4. Section B. Total Support						
	lendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
(OI	r fiscal year beginning in) 🟲	(a) 2013	(b) 2010	(C) 2017	(u) 2016	(e) 2019	(I) Iotal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business		+				
,	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization	n's first, second,	third, fourth, or fi	fth tax year as a se	ection 501(c)(3) or	ganization, check
	this box and stop here		<u></u>		<u> </u>	▶□	
	Section C. Computation of Publi						
	Public support percentage for 2019 (lir					14	
	Public support percentage for 2018 Sc					15	
16a	33 1/3% support test—2019. If the o	organization did n	ot check the box	on line 13, and li	ine 14 is 33 1/3% or	more, check this	
	and stop here. The organization quali	ifies as a publicly	supported organ	nization			🏲 🗆
b	33 1/3% support test—2018. If the	organization did	not check a box	on line 13 or 16a,	, and line 15 is 33 $\scriptscriptstyle 1$	/3% or more, chec	k this
	box and stop here. The organization						🕨 🗆
17a	a 10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets						►
	organization						🕨 🗆
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organization Explain in Part VI how the organization						
	•						▶□
18	supported organization						🗷 🔾

Schedule A (Form 990 or 990-EZ) 2019

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	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total	
(or 1	fiscal year beginning in) Gifts, grants, contributions, and								
	membership fees received. (Do not			5,000	7,421	4	123,000	43	5,421
2	include any "unusual grants.") Gross receipts from admissions,								
2	merchandise sold or services								
	performed, or facilities furnished in			46,481	174,743	1	147,545	36	8,769
	any activity that is related to the								
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			51,481	182,164	5	570,545	80	4,190
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons			5,000	7,000			1	2,000
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			5,000	7,000			1	2,000
8	Public support. (Subtract line 7c							79	2,190
S	from line 6.) ection B. Total Support								
	endar year	T	I		<u> </u>	I	1		
	fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total	
9	Amounts from line 6			51,481	182,164	į	570,545	80	4,190
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.								
C	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
	regularly carried on. Other income. Do not include gain						-		
12	or loss from the sale of capital								
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).			51,481	182,164	5	570,545	80	4,190
14	First five years. If the Form 990 is fo	the organization	l n's first, second,	l . third. fourth. or fifth	l n tax vear as a sec	tion 501(c)	(3) ora	anization.	
	check this box and stop here							▶□	
Se	ection C. Computation of Public								
15	Public support percentage for 2019 (lin	ne 8, column (f) d	livided by line 1	3, column (f)) . . .		15		98.5	10 %
16	Public support percentage from 2018 9	Schedule A, Part I	II, line 15			16		94.8	60 %
Se	ection D. Computation of Invest								
17	Investment income percentage for 20	19 (line 10c, colu	mn (f) divided b	y line 13, column (f))	17			0 %
18	Investment income percentage from 2					18			0 %
19a	$33_{1/3}\%$ support tests—2019. If the o	rganization did no	ot check the box	on line 14, and line	15 is more than 3	33 1/3 % , and			÷ _
	than 33 1/3%, check this box and stop h								
b	33 1/3% support tests—2018. If the							_	, not
20	more than 33 1/3%, check this box and	•						J ▶∩	
	Private foundation. If the organizati	on did not check	a nox on line 14	i iya oriyo check	THIS DOX AND SEE I	mstructions			

answer line 10b below.

the organization had excess business holdings).

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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.			
	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).			
	III Section 309(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 (b) and (c) 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		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
D	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 (b) and (c) 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 or 990-EZ).			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes " provide detail in Part V			
	which the supporting organization also had an interest? It "Yes " provide detail in Part VI			

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

10a

Pal	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 in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the 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 Par . 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 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.			
Se	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 or			
	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		
Se	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	9		
	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 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).	s)		
3	By reason of the relationship described in (2), 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 ta year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	.		
Se	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 instruc	ions):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
k	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instruc	tions)	
2	Activities Test. Answer (a) and (b) below.			
_			Yes	No
a	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the support 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.			
L	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a		
	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.	24		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
	 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? Provide details in Part VI. 	За		
t	b Did the organizations? Provide details in Part VI. supported 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.	25		
		3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Schedule A (Form 990 or 990-EZ) 2019

Section A - Adjusted Net Income	(A) Prior Year	(b) Current Yeal (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	9	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
S Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	9	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	2	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	9	

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting Or	ganizations (continued	(1)
Section D - Distributions			Current Year
Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers e excess of income from activity	xempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pur			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)		
6 Other distributions (describe in Part VI). See instruction	S		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to whit details in Part VI). See instructions	ich the organization is respons	ive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount i Carryover from 2014 not applied (see			
instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-EZ) 2019 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). Explanation **Facts And Circumstances Test** Return Reference Part VI

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue

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

Open to Public Inspection

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

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

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

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

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

		· (6) organizations: Complete			
	me of the organization			Employer identifi	cation number
PRC	DJECT NFP			82-1722599	
Par	t I-A Complete if the	organization is exempt un	der section 501(c) or is a s	ection 527 organiza	ntion.
1	Provide a description of the "political campaign activities"		political campaign activities in Par	t IV (see instructions for	definition of
2	Political campaign activity e	expenditures (see instructions)		> \$	
3	•		ons)		
Par	t I-B Complete if the	organization is exempt un	der section 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organizati	on under section 4955	-	
2	•	, ,	managers under section 4955		
3	If the organization incurred	a section 4955 tax, did it file Form	1 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b Par	If "Yes," describe in Part IV. t I-C Complete if the	organization is exempt un	der section 501(c), except	section 501(c)(3).	
1	Enter the amount directly e	expended by the filing organization	for section 527 exempt function a	ctivities 🕨 \$	
2			d to other organizations for sectior	n 527 exempt	
3	Total exempt function expe	nditures. Add lines 1 and 2. Enter l	nere and on Form 1120-POL, line 1	7b ▶ \$	
4	Did the filing organization f	ile Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made paymen political contributions receive	ts. For each organization listed, er ved that were promptly and directl	per (EIN) of all section 527 political ster the amount paid from the filing ly delivered to a separate political is needed, provide information in l	g organization's funds. Al organization, such as a s	so enter the amount of
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					

	section 501(h)).			
1	Check U if the filing organization belongs to an expenses, and share of excess lobbyin	affiliated group (and list in Part IV each affiliated gr g expenditures).	oup member's name	e, address, EIN,
3		A and "limited control" provisions apply.		
	Limits on Lobbyin (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated grou totals
.a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and	d 1d)		
f	Lobbying nontaxable amount. Enter the amount fror columns.	n the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0	- ,		
i	Subtract line 1f from line 1c. If zero or less, enter -0-			
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?			☐ Yes ☐ No

columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-	Year Averagiı	ng Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					or 000-E7) 2010

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

activity	activity.			
		Yes	8	Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
Ø	Volunteers?		No	
Q			No	
U	Media advertisements?		No	
0			No	
Ð	Publications, or published or broadcast statements?		No	
Ψ-	Grants to other organizations for lobbying purposes?		No	
6	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
4	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
-	Other activities?		No	
_	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
q	If "Yes," enter the amount of any tax incurred under section 4912			
U				
0	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Ÿ	Fart 1154 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).	o ,(c	Section	*
н	Were substantially all (90% or more) dues received nondeductible by members?		<u></u>	1 165
7	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1	2
m	Did the organization agree to carry over lobbying and political expenditures from the prior year?			8
<u>a</u>	Part III-5 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."	5), ol I-A, Ili	sections and a sections are a sections and a sections and a sections are a sections and a sections are a sections are a sections and a section are a sections are a sections are a sections are a section and a section are a	on 501(c)(6 s answered
_	Dues, assessments and similar amounts from members	1		
7	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
Ø	Current year	2a		
Q	Carryovér from last year	2b		
O	Total	2C		
m	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	٣		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?			
ın	Taxable amount of lobbying and political expenditures (see instructions)	4 10		
•	emental Information			
Prc ins	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.	II-A, Iir	es 1 anc	12 (see
	Return Reference Explanation			

DLN: 93493195012241

SCHEDULE D (Form 990)

Department of the 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			1=
FIN	me of the organization NOCIAL SERVICES STAKEHOLDER JECT NFP		Employer identification number 82-1722599
Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye		
	Complete if the organization answered he	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor davised rands	(b) Failus and other decounts
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 adviso 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	be used only for
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	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) \square Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a	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 fo	rm 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) acquistructure listed in the National Register	ired after 7/25/06, and not on a historic	2d
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 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 Yes No
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, \$\rightarrow\$\$\$\$\$	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	footnote to the organization's financial state	ise statement, and
Pa	the organization's accounting for conservation easemer till Organizations Maintaining Collections Complete if the organization angular of IVA	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Ye If the organization elected, as permitted under SFAS 116		rement and halance sheet works of
1a	art, historical treasures, or other similar assets held for in Part XIII, the text of the footnote to its financial stater	public exhibition, education, or research in f ments that describes these items.	urtherance of public service, provide,
b	If the organization elected, as permitted under SFAS 110 historical treasures, or other similar assets held for publifollowing amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line $1 \ \ldots \ \ldots$		> \$
(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 SFAS 1		ncial 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) 2019 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 ☐ Loan or exchange programs Public exhibition 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 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?. . . ☐ 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 □ No **Amount** If "Yes," explain the arrangement in Part XIII and complete the following table: c 1c **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 Temporarily restricted 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 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) 2019 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 (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 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 (2) (3) (4) (5) (6) (7) (8) (9) (10) 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 (a) Description (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) (10) **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 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ٠

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) 2019

Page **4**

Q	*** Reconciliation of Bevenue ner Audited Financial Statements With Bevenue ner	Venile ner		5
ž)		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1 570,545	545
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			
0	Other (Describe in Part XIII.)			
Ð	Add lines 2a through 2d		2e	
m	Subtract line 2e from line 1		3 570,545	545
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$:			
a	Investment expenses not included on Form 990, Part VIII, line 7b .			
q	Other (Describe in Part XIII.)			
U	Add lines 4a and 4b		4c	
Ŋ	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>	5 570,545	545
Pa	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.	xpenses per Re	sturn.	
	Total expenses and losses per audited financial statements	 - -	1 260,631	631
7	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
æ	Donated services and use of facilities			
Q	Prior year adjustments			
U	Other losses			
0	Other (Describe in Part XIII.)			
Ð	Add lines 2a through 2d		2e	
m	Subtract line 2e from line 1		3 260,631	631
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			
q	Other (Describe in Part XIII.)			
U	Add lines 4a and 4b		4c	
2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 260,631	631
Pa	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) 2019 Explanation Return Reference

efile GRAPHIC print	Submission Date - 2021-07-14	DLN: 93493195012241
SCHEDULE O	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on	OMB No. 1545-0047
990-EZ) Department of the	Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Variation Interior	On Employer identification number	ation number
BROJECE NFP	82-172599	
Return Reference	Explanation	
FORM 990, PAGE 1, ITEM B	THIS RETURN IS BEING AMENDED BECAUSE OF AN AUDIT.	
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.	D DISTRIBUTE FIRMS ON VSUMERS AND
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.	LY.
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.	
FORM 990, PAGE 12, PART XII, LINE 1	THE ORGANIZATION CHANGED ITS ACCOUNTING METHOD FROM CASH TO ACCRUAL.	
For Paperwork Reduction 990-EZ.	on Act Notice, see the Instructions for Form 990 or Cat. No. 51056K	Schedule O (Form 990 or 990-EZ) 2019

efile GRAPHIC print Submis	Submission Date - 2021-07-14						DLN: 93493195012241	12241
SCHEDULE R	Related Organ	anizations and Unrelated Partnerships	d Unrelate	d Partn	erships	, _{(A}	OMB No. 1545-0047	047
(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 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.	on Form 990, Part I rm 990. tructions and the I	V, line 33, 34, stest informat	35b, 36, or i	37.	2019 Open to Public Inspection	ე ≝
Name of the organization FINANCIAL SERVICES STAKEHOLDER PROJECT NFP					Empl	Employer identification number 82-1722599	n number	
Part Identification of Dis	Identification of Disregarded Entities. Complete if the c	the organization answered "Yes" on Form 990, Part IV, line 33	ed "Yes" on Form 9	90, Part IV, lir	4.			
(a) Name, address, and EIN (if applicable) of disregarded entity	a) iplicable) of disregarded entity	(b) Primary activity	y Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	Direct controlling entity	
Part II Identification of Relater Part II Identification of Relater Part III Identific	Identification of Related Tax-Exempt Organizations, Corelated tax-exempt organizations during the tax year.	omplete if the organi	zation answered "	res" on Form	990, Part IV,	line 34 becaus	S. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more	
(a) Name, address, and EIN of related organization	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))	Direct controlling 51 entity cc	(g) Section 512(b)(13) controlled entity?
(1)FINANCIAL SERVICES STAKEHOLDER ACTI ACTION NFP2513 N CENTRAL PARK AVE	08	SOCIAL WEL	크	501C4				No No
CHICAGO, IL 60647 82-1727600						2	N/A	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	e, see the Instructions for Form 990.		Cat. No. 50135Y		_	S	Schedule R (Form 990) 2019	2019

Page 2

Schedule R (Form 990) 2019

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				
j) eral or agging tner?	No			
Gene Gene par	Yes			
(g) (h) Share of Disproprtionate Code V-UBI General or analocations? 20 of Partner? Schedule K-1 (Form 1065)				
(tionate tions;	No			
(h Dispropr allocat	Yes			
(g) Share of end-of-year assets				
(f) Share of total income				
Predominant income(related, unrelated, excluded from tax under sections 512-514)				
(d) Direct controlling entity				
Legal Legal domicile (state or or foreign				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because

(p)	ا ا					
(i) ion 512 control entity?						
Sect (13)	, e					
(h) Percentage ownership						
(g) Share of end-of- year assets						
(f) Share of tota income						
(e) Type of entity (C corp, S corp, or trust)						
(d) Direct controlling entity						
(c) Legal domicile (state of foreign	country)					
(b) Primary activity						
(a) Name, address, and EIN of related organization						
	(b) (c) Legal Direct controlling Type of entity (C corp. S corp. income assets (state or foreign (state or foreign)	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal Direct controlling domicile Direct controlling entity Direct controlling or trust) Share of total share of end-of-secretage entity Percentage ownership ownership ownership	Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-controlling State of foreign (C corp., S corp., country) C corp., S corp., corp., s corp., contrust) C corp., s corp., country) C corp., s corp., c	Primary activity Legal Direct controlling Type of entity Corp., S corp., S corp. assets Country) Primary activity Legal Direct controlling Type of entity Corp., S corp., and the of end-of-country) Corp., S corp., S corp., assets ownership of trust) Country) Corp., S corp., S corp., assets ownership of trust) Country) Corp., S corp., S corp., assets ownership of trust)	Primary activity Legal Direct controlling Type of entity activity domicile entity (corp., S corp., s country) Country Cap., S corp., s corp., s corp., s corp., s corp., s country (state of foreign country) Cap., S corp.,	Primary activity Legal Direct controlling Group, Share of total Share of ending country) Primary activity (b) Legal domicile entity (C corp., Scop., income assets country) Country) Country) Percentage of entity (C corp., Scop., income assets) Or trust) Appendix (b) (h) (e) Percentage of entity (C corp., Scop., income assets) Or trust) Or trust) Appendix (c) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

m 990) 2019

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

Page 3

1	10 10 10 10 10 10 10 10
19 10 10 10 10 10 10 10	1
10 10 10 10 10 10 10 10	10 10 10 10 10 10 10 10
10 10 10 10 10 10 10 10	10 11 12 13 14 15 15 15 15 15 15 15
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16 17 18 19 19 19 19 19 19 19	1 1 1 1 1 1 1 1 1 1
19 11 11 11 11 11 11 11	19 11 11 11 11 11 11 11
11 11 11 11 11 11 11 1	1
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1j 1k 1l 1l 1l 1l 1l 1l 1l	1
1 1 1 1 1 1 1 1 1 1	1k 1l 1l 1l 1l 1l 1l 1l
1k	1 1 1 1 1 1 1 1 1 1
10 10 10 10 10 10 10 10	11 1m 1m 1m 1m 1m 1m 1m
The Inc	Transaction type (a-s) Amount involved DCT OF TIME, ACTUAL COSTS COSTON CO
10 10 10 10 10 10 10 10	10 10 10 10 10 10 10 10
10 10 10 10 10 10 10 10	10 10 10 10 10 10 10 10
. 1p Yes 1d Yes 1d Yes 2d 1d Yes 2d 1d Yes 2d 1d	(d) L COSTS edule R (Form 990) 20
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(d) Eremining amount involved	(d) Ermining amount involved L COSTS Edule R (Form 990) 20
termining amount involved	(d) COSTS edule R (Form 990) 20
(d) Eremining amount involved L COSTS	(d) L COSTS edule R (Form 990) 20
o must complete this line, including covered relationships and transaction thresholds. (b) Transaction Transaction Transaction Amount involved type (a-s) 2 13,626 PCT OF TIME, ACTUAL COSTS	o must complete this line, including covered relationships and transaction thresholds. (b) Transaction Amount involved type (a-5) 13,626 PCT OF TIME, ACTUAL COSTS Schedule R (Form 990) 2019
Transaction Amount involved by type (a-s) 13,626 PCT OF	Transaction Amount involved Method of type (a-s) 13,626 PCT OF TIME, AC
13,626	13,626 PCT OF TIME, AC
	Schedule R (Form 990) 2019

Page 4

Schedule R (Form 990) 2019

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

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.

(k) Percentage ownership									
	No								
(j) General or managing partner?	Yes								
Code V-UBI amount in box 20 of Schedule K- (Form 1065)									
	No								
(h) Disproprtionate allocations?	Yes								
(g) Share of end-of-year assets									
Share of total income									
(e) Are all partners Section 501(c)(3) organizations?	No								
	Yes								
(d) 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 Negative or (related, foreign unrelated, country) tax under sections 512-									

Schedule R (Form 990) 2019

Page 5

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

	2020 calendar year, or tax year beginning 01-01-2020 , and ending olicable: C Name of organization FINANCIAL SERVICES STAKEHOLDER	g 12-31-2020	D. Saradarrani	
k if app	C Name of organization		D. Francisco de	
	nange PROJECT NFP		82-172259	identification number 99
ne chan al retur	Doing business as			
ended r	return 2513 N CENTRAL PARK AVE	loom/suite	E Telephone n	umber
lication ng	City or town, state or province, country, and ZIP or foreign postal code		(312) 933-	0230
	CHICAGO, IL 00047		G Gross recei	ipts \$ 649,690
	F Name and address of principal officer: JIM BAKER 2513 N CENTRAL PARK AVE CHICAGO, IL 60647	H(b) A	subordinates? Are all subordinates	🗆 Yes 🛂 No
exemp	ot status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 52			
bsite	:▶ PESTAKEHOLDER,ORG	H(c) (Group exemption nu	mber 🕨
of orga	anization: 🗸 Corporation 🗋 Trust 🗋 Association 🗋 Other 🕨	L Year of	formation: 2017 M	State of legal domicile: IL
τl	Summary			
RE	ELATED TO THE IMPACT OF FINANCIAL SERVICES FIRMS ON STAKEHOLDER GF			
			25% of its net asset	ts. 3 3
				4 3
				5 4
6 To	otal number of volunteers (estimate if necessary)			6
7a To	otal unrelated business revenue from Part VIII, column (C), line 12			7a 0
	let unrelated business taxable income from Form 990-T, line 39			7b
				Current Year
	-	•		
		·	147,545	73,690
		-		
		12)	570,545	
	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	
	•	. —		
		-10)	159,018	
	• • •		· ·	(
b To	otal fundraising expenses (Part IX, column (D), line 25) 🕨 0			
17 O	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		101,613	68,947
18 To	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		260,631	468,186
19 R	Revenue less expenses. Subtract line 18 from line 12		309,914	181,504
		Begin	ning of Current Year	r End of Year
20 To	otal assets (Part X. line 16)		391.087	7 572,591
		`. ⊢	331,007	3,2,332
			391,087	7 572,591
	Signature Block	·		
edge a	and belief, it is true, correct, and complete. Declaration of preparer (other tha			
J	Signature of officer		2021-07-01 Date	
	JIM BAKER PRESIDENT		Dutc	
	Type or print name and title			
	Print/Type preparer's name Preparer's signature	Date 2021-07-14		N 248238
	Firm's name ► BROUTMAN & CO PC		self-employed Firm's EIN > 36-366	
pare	er		:::::: S EIN ► 30-366	3111
On	Firm's address ► 200 N DEARBORN ST APT 3307 CHICAGO, IL 606011626		Phone no. (312) 357-	-0700
	20 T 22 N T 1	F. Name and address of principal officer: JIM BAKER 2513 N CENTRAL PARK AVE CHICAGO, IL. 60647 -exempt status: Solic() Solic()	F. Name and address of principal officer:	CHICAGO, IL. 60647 F. Name and address of principal officer:

Form Pa	Form 990 (2020) Page 2 Part III Statement of Program Service Accomplishments
	•
H HE H	1 Briefly describe the 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.
0 m	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
4	Services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 463,251 including grants of \$) (Revenue \$ 73,690) 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.
4p	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$)
4 e	am service expenses▶ 463,251

Form 990 (2020) Page **3**

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 Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
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	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
_			Form 9	90 (2020)

Гаі	Checklist of Required Schedules (continued)			NI-
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		
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? <i>If</i> "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 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			
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete	28b		No No
29	Schedule L, Part IV	28c		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		No
30	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? <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 in 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	· ;	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		162	140
b	Enter the number of Forms W-2G included in 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?	1 c	Form 9 9	90 (2020)
				/

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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3а		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
b	If "Yes," enter the name of the foreign country:			
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?	5с		
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).			
а	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:			
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			
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?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments?//f "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

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Part VI 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 Section A. Governing Body and Management No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 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? No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 No Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 No No 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes **b** Each committee with authority to act on behalf of the governing body? 8b Yes 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 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c 13 13 No 14 **14** Did the organization have a written document retention and destruction policy? Yes 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? 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Vupon request Other (explain in Schedule O) 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.

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 (2020) 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ensa	ated a	ny c	urrent officer, direc	tor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related		ne b	ox, un of tor/t	t che unles ficer	ss pers	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JIM BAKER PRESIDENT	40.00			х				77,885	0	
(2) SARAH HIMMELHEBER SECRETARY	1.00			х				0	0	(
(3) MICHAEL METTLER TREASURER	1.00			х	_			0	0	(
					_					
					┝					
					1					

Form **990** (2020)

	n 990 (2020) rt VII Section A. Officers, Dire	ectors, Trustee:	s, Key	Emp	loye	es,	and I	Higl	hest Compens	sated	l Employees	s (con	tinued)	Page 8
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than is b	one b	ox, u n off tor/tr	che nles icer ruste	eck moss pers and a ee) Highest compensated	on	(D) Reportable compensatio from the organization (2/1099-MISC	m W-	(E) Reportable compensatic from relate organizations 2/1099-MISC	on d (W-	(F) Estimount of compen from organizat relat organiz	ated of other sation the cion and
1b	Sub-Total		<u> </u>	-	Щ.		•							
	Total from continuation sheets to Total (add lines 1b and 1c)	•			٠.	•	*		77,885	5				
2	Total number of individuals (including reportable compensation from the compensation fro	ng but not limited				ove)) who r	ece	ived more than	\$100,	000 of			
													Yes	No
3	Did the organization list any forme line 1a? If "Yes," complete Schedule			ee, ke	y em	ploy •	yee, or •	hig •	hest compensat	ted en	nployee on	3		No
4	For any individual listed on line 1a, organization and related organizatio individual										ne			
5	Did any person listed on line 1a rec services rendered to the organization									individ	dual for	4		No
S	ection B. Independent Contra				,							5		No
1	Complete this table for your five high the organization. Report compensal	ghest compensate										mpen	sation fror	m
	Nam	(A) ne and business addr	ess							Descri	(B) otion of services		Compe	C) nsation
_														
	Total number of independent contract compensation l		not lim	ited to	o tho	se li	isted a	bov	e) who received	more	than \$100,00	00 of		
	25p.21.3ddioi: 110.11 the organization												Form 9 9	90 (2020)

	Check if Schedule O cont	airis a respo	nise or note to any I	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated business	Revenue excluded from
					function revenue	revenue	tax under sections 512 - 514
co 50	1a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues	1b					
E. G.	c Fundraising events	1c					
ifts,		1d					
n is	e Government grants (contributions						
Siis	 All other contributions, gifts, grant and similar amounts not included 	s, 1f	576,000				
tributions, Gift Other Similar	g Noncash contributions included in						
E 0	lines 1a - 1f:\$	1g					
Com	h Total. Add lines 1a-1f		►	576,000			
			Business Code	73.600	72.600		
m)	2a CONSULTANTING AGREEMENTS			73,690	73,690		
and a	l . 		-				
Program Service Revenue	b						
93	С						
Ser.							
E	d		-				
ogr	e						
Δ	f All other program service rev	enue					
	9 Total. Add lines 2a-2f		73,690				
	3 Investment income (including			1		I	1
	similar amounts)		▶	<u> </u>			
	4 Income from investment of tax 5 Royalties	exempt bo	na proceeas				
	· ·	(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental		-	-			
	expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss) .						
	l	Securities	(ii) Other				
	7a Gross amount from sales of 7a						
	assets other than inventory						
	b Less: cost or other basis and 7b						
	sales expenses						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
•	8a Gross income from fundraising ev (not including \$	ents of					
eun	contributions reported on line 1c). See Part IV, line 18						
es Se	·	. 8a					
<u>-</u>	b Less: direct expenses c Net income or (loss) from fun		ents				
Other Revenue	e Net meane of (1033) from full		ints				
•	9a Gross income from gaming acti See Part IV, line 19						
	b Less: direct expenses	34		_			
	c Net income or (loss) from gai		Les				
	10aGross sales of inventory, less returns and allowances .						
	b Less: cost of goods sold .						
	c Net income or (loss) from sal	es of invento	ory ►				
	Miscellaneous Revenu		Business Code				
	11a						
	b						
				1			
	d All other revenue						
	e Total. Add lines 11a-11d .	-	F				
	12 Total revenue. See instructi	ons		649,690	73,690		
	1			L 049,090	1 /3,090	1	1

Form 990 (2020) Page **10** Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 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 **4** Benefits paid to or for members 2,337 77.885 75.548 5 Compensation of current officers, directors, trustees, and key 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 227,545 227,545 **7** Other salaries and wages **8** Pension plan accruals and contributions (include section 15,300 14,841 459 401(k) and 403(b) employer contributions) . . . 54.128 52.504 1.624 **9** Other employee benefits **10** Payroll taxes 24,381 24,194 **11** Fees for services (non-employees): a Management **b** Legal . . **c** Accounting e Professional fundraising services. See Part IV, line 17 f Investment management fees 22,549 g Other (If line 11g amount exceeds 10% of line 25, column (A) 22,549 amount, list line 11g expenses on Schedule O) 8,723 8,723 12 Advertising and promotion . . . **13** Office expenses 3,792 3.680 112 49,899 49,827 72 **14** Information technology . 15 Royalties . . **16** Occupancy . . . 6.322 6.322 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials . 2,544 2,544 **19** Conferences, conventions, and meetings . . **21** Payments to affiliates . . 1,009 1,009 **22** Depreciation, depletion, and amortization . . 4,656 4,516 140 23 Insurance . 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.) 2,103 a JOB SUPPLIES 2,103 **b** LICENSES AND TAXES 134 130 -32,784 -32,784 c REIMBURSED EXPENSES

468,186

e All other expenses

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
 Check here if following SOP 98-2 (ASC 958-720).

Form **990** (2020)

0

4,935

463,251

Form 990 (2020) 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			378,903	1	570,911
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other payables to any current or form	er offic	er, director, trustee, key			
		employee, creator or founder, substantial contri				5	
	6	or family member of any of these persons Loans and other receivables from other disqualit					
		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		· . · . · · · · · · · · · · · · · · · ·	10,288	9	
A	_	Land, buildings, and equipment: cost or other		· ·		-	
		basis. Complete Part VI of Schedule D	10a	3,026			
	b	Less: accumulated depreciation	10b	1,346	1,592	10c	1,680
	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		[304	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line	33)	391,087	16	572,591
	17	Accounts payable and accrued expenses				17	
	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 contril or family member of any of these persons				22	
Ξ	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	earties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			0	26	0
Assets or Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	eck he	ere 🕨 🗹 and	201.007		570 501
Sale	27	Net assets without donor restrictions	•		391,087	27	572,591
d E	28	Net assets with donor restrictions	•			28	
Fun		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, c	heck here ▶ □ and			
0	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building or equ	•	ļ-		30	
155	31	Retained earnings, endowment, accumulated inc	come, c	or other funds		31	
Net /	32	Total net assets or fund balances	•		391,087	32	572,591
ž	33	Total liabilities and net assets/fund balances .			391,087	33	572,591

Form **990** (2020)

Poconcilliation of Not Accote	0 (2020) Page 12
>	990

Form 990 (2020		
	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.
No	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
		If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
Yes	2 c	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?
		☐ Separate basis ✓ Consolidated basis ☐ Both consolidated and separate basis
		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:
Yes	2b	Were the organization's financial statements audited by an independent accountant?
		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
		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:
No	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?
		Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
Yes No		
_		Check if Schedule O contains a response or note to any line in this Part XII
		Financial Statements and Reporting
572,59		Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))
		Other changes in net assets or fund balances (explain in Schedule O)
		Prior period adjustments
		Investment expenses
		Donated services and use of facilities
		Net unrealized gains (losses) on investments
391,08		Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
181,50		Revenue less expenses. Subtract line 2 from line 1
468,18		Total expenses (must equal Part IX, column (A), line 25)
649,69		Total revenue (must equal Part VIII, column (A), line 12)
-		Check if Schedule O contains a response or note to any line in this Part XI

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Submission Date - 2021-07-14

SCHEDULE A (Form 990 or 990EZ)

Department of the

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

OMB No. 1545-0047

DLN: 93493195010381

Open to Public Inspection

Treasury

Mameadfikhe organization

BUANE LA SERVICES STAKEHOLDER
PROJECT NFP

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).) 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 described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 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 331/3% 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 in 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 а 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. 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 II, Type III, Typ or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) FIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1-10 above (see instructions)) Yes No

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

Cat. No. 11285F

Page 2

	art II Support Schedule for	Organizations	Described i	n Sections 17	0(b)(1)(Δ)(iv) a	nd 170(h)(1)(Δ)(vi)
	(Complete only if you ch						
	the organization failed to						, a
	ection A. Public Support			,,,		,	
	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	fiscal year beginning in) 🕨	(a) 2010	(D) 2017	(C) 2016	(u) 2019	(e) 2020	(I) Iotal
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
	ection B. Total Support	ı	1		<u> </u>	1	
	lendar year · fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, thi	d, fourth, or fifth	tax year as a section	on 501(c)(3) orga	nization, check
	this box and stop here						
	ection C. Computation of Publi						
14	Public support percentage for 2020 (lir			, column (f)) . .		14	
15	Public support percentage for 2019 Sc		=			15	
	33 1/3% support test—2020. If the o						hov
TOS							
	and stop here. The organization qual 33 1/3% support test—2019. If the						
I.	box and stop here. The organization						_
	10%-facts-and-circumstances test						🕶 🔾
1/2	is 10% or more, and if the organization						
	in Part VI how the organization meets						
	organization						▶ □
b	10%-facts-and-circumstances tes						
-	15 is 10% or more, and if the organize						
	Explain in Part VI how the organizatio				,	, ,	
	supported organization						🕨 🗆
18	Private foundation. If the organization				•		
	instructions						▶□

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 iscal year beginning in) 📂	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		5,000	7,421	423,000	576,000	1,011,421
2	include any "unusual grants.") . Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in		46,481	174,743	147,545	73,690	442,459
	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 The value of services or facilities						
5	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	1,453,880
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		5,000	7,000			12,000
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		5,000	7,000			12,000
8	Public support. (Subtract line 7c from line 6.)						1,441,880
Se	ction B. Total Support						
	ndar year	(-) 2016	45.2017	(-) 2010	(4) 2010	4-1-2020	(f) T. b. l
	iscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6		51,481	182,164	570,545	649,690	1,453,880
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
c 11	Add lines 10a and 10b. Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on. 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.).		51,481	182,164	570,545	649,690	1,453,880
14	First 5 years. If the Form 990 is for the	he organization's	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organ	ization,
	check this box and stop here						▶□
Se	ction C. Computation of Public						
15	Public support percentage for 2020 (lin		•			15	99.170 %
16	Public support percentage from 2019 S					16	98.510 %
	ction D. Computation of Invest				,		
17	Investment income percentage for 20				•	17	0 %
18	Investment income percentage from 2					18	0 %
	331/3% support tests—2020. If the o						
t	han 33 1/3%, check this box and stop h 33 1/3% support tests—2019. If the	ere. The organiza	ation qualifies as a	publicly supported	ed organization .		and line 19 is not
b	more than 33 1/3%, check this box and					non f	$\overline{}$
20	Private foundation. If the organizati	-					

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.	2		
	sc 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 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			
5a	the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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).	4c 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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9a 9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
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.			
-		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).	10h		

Schedule A (Form 990 or 990-EZ) 2020

10b

Pa	rt	Supporting Organizations (continued)			
				Yes	No
11	F	las the organization accepted a gift or contribution from any of the following persons?			
а		loverning body of a supported organization?	112		
h	,				
	١	/I.			
_ <u>S</u>	ec	tion B. Type I Supporting Organizations			
1				Yes	No
Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described in 11a above? C A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations					
2	C	perated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit arried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
		No. C. Torre II Commenting Commissions			
	ec	tion C. Type II Supporting Organizations		Yes	No
1	١	Vere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	140
-	e	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	_		
		upporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_ <u>S</u>	ec	tion D. All Type III Supporting Organizations			
		F		Yes	No
1	t F	old the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the orm 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing locuments in effect on the date of notification, to the extent not previously provided?			
2		Vere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s)	1		
_	C	or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization naintained a close and continuous working relationship with the supported organization(s).	2		
3	F	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		
•	\	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times luring the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ec	tion 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	The organization satisfied the Activities Test. Complete line 2 below.			
	b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)	
2		activities Test. Answer lines 2a and 2b below.		Yes	No
	c r	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 organization was esponsive to those supported organizations, and how the organization determined that these activities constituted ubstantially all of its activities.	2a		
		Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the			
	Ċ	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 proof or	2b		
3	F	arent 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?!f "Yes" or "No" provide details in Part VI.	3a		
		old the organization exercise a substantial degree of direction over the policies, programs and activities of each of its upported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		

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

 Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred fincome or for management, conservation, or mproduction of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and Section B - Minimum Asset Amount tax year or assets held for part of year): A Average monthly value of securities A Average monthly value of securities A Average monthly cash balances Fair market value of other non-exempt-use asset A Total (add lines 1a, 1b, and 1c) C Fair market value of other non-exempt-use asset A Cash (add lines 1a, 1b, and 1c) A Acquisition indebtedness applicable to non-exer (explain in detail in Part VI): Acquisition indebtedness applicable to non-exer (explain in detail in Part VI): Acquisition indebtedness applicable to non-exer (explain in detail in Part VI): A Cash deemed held for exempt-use assets (subtract line 5 instructions). Net value of non-exempt-use assets (subtract line 6) Multiply line 5 by 0.035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount A djusted net income for prior year (from Section 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section 3 Minimum asset amount for prior year (from Section 3 Minimum asset amount for prior year (from Section 3 Minimum asset amount for prior year (from Section 3 Minimum asset amount for prior year (from S	Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	1 2 %		
	distributions instructions) on enses paid or incurred for production or collection of gross ent, conservation, or maintenance of property held for ee instructions) rructions) (subtract lines 5, 6 and 7 from line 4)	7 "		
	instructions) on enses paid or incurred for production or collection of gross ant, conservation, or maintenance of property held for se instructions) rructions) (subtract lines 5, 6 and 7 from line 4)	٤		
	on anses paid or incurred for production or collection of gross ent, conservation, or maintenance of property held for te instructions) ructions) (subtract lines 5, 6 and 7 from line 4))		
	on enses paid or incurred for production or collection of gross ent, conservation, or maintenance of property held for instructions) ructions) (subtract lines 5, 6 and 7 from line 4)	4		
	enses paid or incurred for production or collection of gross ent, conservation, or maintenance of property held for se instructions) rructions) (subtract lines 5, 6 and 7 from line 4)	2		
	ructions) (subtract lines 5, 6 and 7 from line 4)	9		
	(subtract lines 5, 6 and 7 from line 4)	7		
	1 A A A A	8		
	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	-		
	value of securities	1a		
	alances	1p		
u u u u u u u u u u	of other non-exempt-use assets	1c		
o	and 1c)	11		
	ockage or other factors VI):			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	1d	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	2		
		9		
	distributions	7		
	Amount (add line 7 to line 6)	8		
	itable Amount			Current Year
I	Adjusted net income for prior year (from Section A, line 8, Column A)	П		
		2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	line 3	4		
5 Income tax imposed in prior year	rior year	2		
6 Distributable Amount. Subtract line temporary reduction (see instructions)	 Subtract line 5 from line 4, unless subject to emergency e instructions) 	9		

Part V Type III Non-Functionally Integrate	d 509(a)(3) Supporting O	raanizations	(continue	-d)
Section D - Distributions	a 303(a)(3) Supporting O	- gainzacions	(continue	Current Year
Amounts paid to supported organizations to accomple	ich oxompt purposos	1		
			•	
2 Amounts paid to perform activity that directly further in	s exempt purposes of supported	organizations,	.	
excess of income from activity				
3 Administrative expenses paid to accomplish exempt	purposes of supported organizati	ons 3	1	
4 Amounts paid to acquire exempt-use assets		4		
5 Qualified set-aside amounts (prior IRS approval requi	red - provide details in Part VI)	5	,	
6 Other distributions (describe in Part VI), See instruct	•	6	,	
7 Total annual distributions. Add lines 1 through 6.		7		
7 Total annual distributions: Add lines 1 through 0.		<u> </u>		
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is respons	sive (<i>provide</i>	3	
9 Distributable amount for 2020 from Section C, line 6		g	,	
10 Line 8 amount divided by Line 9 amount		1	.0	
Section E - Distribution Allocations	(i)	(ii)	<u> </u>	(iii)
(see instructions)	Excess Distributions	Underdistri Pre-20		Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020				
(reasonable cause required explain in Part VI). See instructions,				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				
 Carryover from 2015 not applied (see instructions) 				
i Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2020 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				
b Applied to 2020 distributable amount				
c Remainder, Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to				
2020, if any. Subtract lines 3g and 4a from line 2.				
If the amount is greater than zero, explain in Part VI				
See instructions. 6 Remaining underdistributions for 2020. Subtract				
lines 3h and 4b from line 1. If the amount is greater				
than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2021. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				
		9	chedule A	. (Form 990 or 990-EZ) (2020

Schedule A (Form 990 or 990-EZ) 2020 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). Explanation **Facts And Circumstances Test** Return Reference Part VI

efile GRAPHIC print

Submission Date - 2021-07-14

DLN: 93493195010381

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue

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

Open to Public Inspection

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

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

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

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

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

		(6) organizations: Complete	e Part III.		
FINA	ne of the organization ANCIAL SERVICES STAKEHOLDER			Employer identifi	cation number
	JECT NFP			82-1722599	
Par	t I-A Complete if the	organization is exempt un	der section 501(c) or is a se	ection 527 organiza	ation.
1	Provide a description of the "political campaign activities"		political campaign activities in Part	: IV (see instructions for	definition of
2	Political campaign activity e	expenditures (see instructions)		> \$.	
3			ons)		
Par	t I-B Complete if the	organization is exempt un	der section 501(c)(3).		
1	,	, ,	on under section 4955		
2	•	, ,	nanagers under section 4955	· •	
3	If the organization incurred	a section 4955 tax, did it file Form	1 4720 for this year?		🗆 Yes 🗆 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the	organization is exempt un	der section 501(c), except	section 501(c)(3).	
1	Enter the amount directly e	xpended by the filing organization	for section 527 exempt function a	ctivities 🕨 \$	
2			d to other organizations for section		
3	Total exempt function exper	nditures. Add lines 1 and 2. Enter l	nere and on Form 1120-POL, line 17	7b ▶ \$	
4	Did the filing organization fi	ile Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made paymen political contributions receive	ts. For each organization listed, er ved that were promptly and directl	per (EIN) of all section 527 political liter the amount paid from the filing ly delivered to a separate political of is needed, provide information in F	ı organization's funds. Al organization, such as a s	lso enter the amount of
(a) i	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					

	section 501(h)).			
4	Check if the filing organization belongs to are expenses, and share of excess lobbying	n affiliated group (and list in Part IV each affiliated (group member's name	e, address, EIN,
3		A and "limited control" provisions apply.		
<u>, </u>	Limits on Lobbyin (The term "expenditures" mean	g Expenditures	(a) Filing organization's totals	(b) Affiliated groute totals
La	Total lobbying expenditures to influence public opini	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	e body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c an	d 1d)		
f	Lobbying nontaxable amount. Enter the amount from columns.	m the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g h i j	Grassroots nontaxable amount (enter 25% of line 1f Subtract line 1g from line 1a. If zero or less, enter -0. If there is an amount other than zero on either line section 4911 tax for this year?	.)	, ,	Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-	Year Averagiı	ng Period		
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					or 990-EZ\ 2020

a volunte b Paid ste c Media e d Mailing e Publicar f Grants g Direct c h Rallies, i Other a j Total. A 2a Did the fi b If "Yes, d If the fi Part III-A 1 Dues, a 2 Section expens a Current b Carryov c Total 3 Aggreg 4 If notice the org expend	activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? J Total. Add lines 1c through 1i	NO N	Amount
	ng the year, did the filing organization attempt to influence foreign, national, state or local legislation, rding any attempt to influence public opinion on a legislative matter or referendum, through the use of: nteers? staff or management (include compensation in expenses reported on lines 1c through 1i)? ia advertisements? ings to members, legislators, or the public? ings to other organizations for lobbying purposes? ct contact with legislators, their staffs, government officials, or a legislative body? ct contact with legislators, their staffs, government officials, or a legislative body? es, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	0 N O N	
	staff or management (include compensation in expenses reported on lines 1c through 1i)? ia advertisements?	0 N N	
	staff or management (include compensation in expenses reported on lines 1c through 1i)? ia advertisements?	oN oN	
	ings to members, legislators, or the public?	o _N	
	ings to members, legislators, or the public?	•	
	ications, or published or broadcast statements? Its to other organizations for lobbying purposes? Its to other organizations for lobbying purposes? Its to other organizations, their staffs, government officials, or a legislative body? Its convertions, seminars, conventions, speeches, lectures, or any similar means? Its activities? Its ddd lines 1c through 1i	ON.	
	tts to other organizations for lobbying purposes?	ON.	
	ct contact with legislators, their staffs, government officials, or a legislative body?	No	
	es, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Practivities?	ON.	
	I. Add lines 1c through 1i	N	
	I. Add lines I.c. through 1!	No	
	the artivities in line 1 rance the organization to be not described in sertion 501(r)(3)?		
Were so If "Yes, If the financial III-A were so Did the Did the Did the Expension Current Carryo' Total Aggregif notic the org expension Taxable Taxable	נון מלנועונוכט וון ווווף ד לממסה נות סיטמיוובמנוטו גם שם יוטי מלסליושלא יון פללנוטו לפדולניטי	No	
Were s Did the Did the Did the Did the Section expen Curren Carryo' Total Aggreg If notic the org expenc Taxable	If "Yes," enter the amount of any tax incurred under section 4912		
Were s Were s Did the Did the Did the Section Expen Curren Curren Carryo' Total Aggreg If notic the org expenc	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
Were s Were s Did the Did the Did the Section Expen Curren Curren Carryo' Total Aggreg If notic the org expenc	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Were s Did the Did the Did the Section Expen Curren Curren Total Aggreg If notic the org expenc	501(c)(6).		*
Did the Did the Did the Did the Sart III-B Section expen Curren Carryo Total Aggreg If notic the org expenc Taxable	Were substantially all (90% or more) dues received nondeductible by members?	<u></u>	1 Yes
Did the Did the String Section expen Curren Carryon Total Aggreg If notic the org expenc Taxable	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<u> </u>	2
Dues, a Section expen Curren Carryo' Total Aggreg If notic the org expenc Taxable	Did the organization agree to carry over lobbying and political expenditures from the prior year?		m
	B. Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes"), or sectio -A, line 3, is	n 501(c)((; answere
	Dues, assessments and similar amounts from members	1	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	Current year Carryover from last year	2a 2b	
Aggreg If notic the org expenc	Total	2c	
If notic the org expend Taxable	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	8	
Taxable	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
IdXdDI	blo smount of labbinar and malitical evacuatifurar (con inchainting)	4 ш	
	שׁ	n	
Part IV	Supplemental Information		
ovide the structions	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines instructions), and Part II-B, line 1. Also, complete this part for any additional information.	-A, lines 1 and	2 (see
R	Return Reference Explanation		

DLN: 93493195010381

SCHEDULE D (Form 990)

Department of the 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

	ne of the organization NCIAL SERVICES STAKEHOLDER		Emp	loyer identification number
	ECT NFP			.722599
Pa	organizations Maintaining Donor Adv		or Ac	counts.
	Complete if the organization answered "Ye	(a) Donor advised funds	Т	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor davised rands		(a) Failes and other decounts
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			unds are the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any other purpose o		
Pa	t II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the orga			
	Preservation of land for public use (e.g., recreation		n histor	ically important land area
	Protection of natural habitat			d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the fo	rm of a	conservation
-	easement on the last day of the tax year.	qualified conservation contribution in the 10	1111 01 0	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 histor	ic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, and not on a historic	2d	
3	Number of conservation easements modified, transferred tax year	ed, released, extinguished, or terminated by	the org	ganization during the
4	Number of states where property subject to conservation	on easement is located 🕨		_
5	Does the organization have a written policy regarding t enforcement of the conservation easements it holds? .		of viola	ations, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \begin{align*}	, 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 consebalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial state		
Pa	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures, or Ot	her S	imilar Assets.
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial stateme	lic exhibition, education, or research in furth		
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:	lic exhibition, education, or research in furth	erance	of public service, provide the
() Revenue included on Form 990, Part VIII, line 1			* \$
(i) Assets included in Form 990, Part X		1	\$
2	If the organization received or held works of art, historical following amounts required to be reported under FASB and the second of the secon		ncial ga	in, provide the
а	Revenue included on Form 990, Part VIII, line $1 \ . \ . \ .$		1	\$
b	Assets included in Form 990, Part X			> \$

Schedule D (Form 990) 2020 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 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 □ No **Amount** If "Yes," explain the arrangement in Part XIII and complete the following table: c 1c **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 1,346 3,026 1,680 d Equipment Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . 1.680

Schedule D (Form 990) 2020 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 (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 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 (2) (3) (4) (5) (6) (7) (8) (9) (10) 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 (a) Description (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) (10) **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 (2) (3) (4) (5) (6) (7) (8) (9) 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

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Schedule D (Form 990) 2020

Page **4**

Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	ith Revenue per	,
		٠.	
.	, raitiv, iiid	.53.	
-	lotal revenue, gains, and other support per audited financial statements		649,690
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		
0	Other (Describe in Part XIII.) 2d		
Ð	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e
m	Subtract line 2e from line 1		3 649,690
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
Ø	Investment expenses not included on Form 990, Part VIII, line 7b .		
q	Other (Describe in Part XIII.)		
U	Add lines 4a and 4b		4c
Ľ	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5 649.690
Ра	Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Vec' on Form 900 Part IV line 12a	ith Expenses per Return.	turn.
-	losses per audited financial statements		1 468,186
7	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Ø	Donated services and use of facilities 2a		
q	Prior year adjustments		
U	Other losses		
ъ	Other (Describe in Part XIII.) 2d		
Ð	Add lines 2a through 2d		2e
m	Subtract line 2e from line 1		3 468,186
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Ø	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
72	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		468,186
Pa	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) 2020 Explanation Return Reference

efile GRAPHIC print	Submission Date - 2021-07-14	DLN: 93493195010381
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2020 2020
Department of the	nformation.	Open to Public Inspection
NGMENOY the organization Ingrical STAKEHOL	on HOLDER	on number
Brojece nfp	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.	SISTRIBUTE MS ON IMERS AND
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 Reducti 990-EZ.	on Act Notice, see the Instructions for Form 990 or Cat. No. 51056K	Schedule O (Form 990 or 990-E2) 2020

efile GRAPHIC print Subn	Submission Date - 2021-07-14						DLN: 93493195010381	0381
SCHEDULE R	Related Organ	anizations and Unrelated Partnerships	d Unrelate	d Partne	erships		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 <u>www.irs.gov/Form990</u> for instructions and the latest information. 	e 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.	on Form 990, Part I rm 990. tructions and the I	V, line 33, 34, itest informat	35b, 36, or 3 ion.	37.	2020 Open to Public Inspection	_ <u>.</u>
Name of the organization FINANCIAL SERVICES STAKEHOLDER PROJECT NFP					Emplo	Employer identification number 82-1722599	n number	
Part Identification of D	Identification of Disregarded Entities. Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33	ed "Yes" on Form 9	90, Part IV, lir	4.			
Name, address, and EIN (if	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	y Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification of Re related tax-exempt o	Identification of Related Tax-Exempt Organizations, Correlated tax-exempt organizations during the tax year.	omplete if the organi	zation answered "	res" on Form 9	990, Part IV,	line 34 becaus	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more	
(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))	Direct controlling S12 entity cor	(g) Section 512(b)(13) controlled entity?
(1.) FINANCIAL SERVICES STAKEHOLDER ACTION NFP2513 N CENTRAL PARK AVE CHICAGO, IL 60647		SOCIAL WEL	1	501C4		2	A/N	2 2
•								
For Paperwork Reduction Act Not	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 50135Y		-	S	Schedule R (Form 990) 2020	020

Schedule R (Form 990) 2020

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. Part III

(k) Percentage ownership (j) General or managing partner? Yes No Disproprtionate Code V-UBI Ge allocations? amount in box m 20 of F Schedule K-1 (Form 1065) Š Yes (g)
Share of I
end-of-year
assets (f) Share of total income Predominant income(related, unrelated, excluded from tax under sections 512-514) (d)
Direct
controlling
entity (c)
Legal
domicile
(state
or
foreign (b) Primary activity (a)
Name, address, and EIN of related organization

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because

	(i) Section 512(b) (13) controlled entity?	No			
	Section (13) cor enti	Yes			
	(h) Percentage ownership				
	(g) Share of end-of- year assets				
	(f) Share of tota income				
	(e) Type of entity (C corp, S corp, or trust)				
ıx year.	(d) Direct controlling Type of entity entity (C corp, S corp, or trust)				
ation or trust during the ta	(c) Legal domicile (state of foreign	country)			
treated as a corpor	(b) Primary activity				
it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				

Schedule R (Form 990) 2020

ş ş å ı ŝ lŝ ٩ ١ ٩ ŝ ٥N ٩ Page 3 ŝ ١ŝ ٩ ٩ (d)
Method of determining amount involved Yes ſes 1p ٦ 1e 1_p 5 19 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. or 36. Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, (c) Amount involved 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? (b) Transaction type (a-s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s). Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution to related organization(s) . Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) . Reimbursement paid to related organization(s) for expenses. Reimbursement paid by related organization(s) for expenses. Sharing of paid employees with related organization(s) . Other transfer of cash or property to related organization(s) . (a) Name of related organization Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) . Exchange of assets with related organization(s) . Dividends from related organization(s) . Sale of assets to related organization(s). (1)FINANCIAL SERVICES STAKEHOLDER ACT ACTION NFP Schedule R (Form 990) 2020 Part V Ε 0 ۵ s _ Б

Page 4

Schedule R (Form 990) 2020

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

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.

Exhibit 5 (Page 70 of 162)

Schedule R (Form 990) 2020	Page 5
Part VII Supplemental Information	ormation
Provide additional infor	Provide additional information for responses to questions on Schedule R. (see instructions).
Return Reference	Explanation
	Schodulo D (Enem DDD) 2020

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 Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.								2021	
				-		-			Open to Public
Depa Treas		t of the	Go to www.irs.g	g <u>ov/Form990</u> for instructions	and the I	atest inform	ation.		Inspection
nter	naĺ Rev								
			calendar year, or tax year begins C Name of organization	inning 01-01-2021 , and en	aing 12-3	1-2021	D Employer i	dentif	ication number
☐ Ad	ck if ap dress cl me cha	_	FINANCIAL SERVICES STAKEHOLDE PROJECT NFP	ER .			82-172259		icación number
O Ini	tia l retu	-	Doing business as PRIVATE EQUITY STAKEHOLDER PROJECT						
□ An	nended p l icatio	return	Number and street (or P.O. box if n 2513 N CENTRAL PARK AVE	nail is not delivered to street address)	Room/su	ite	E Telephone no (312) 933-		
Lp end	JIM BAKER 2513 N CENTRAL PARK AVE CHICAGO. IL 60647 H(b) Are all subordinates						040.202		
	F Name and address of principal officer: JIM BAKER 2513 N CENTRAL PARK AVE H(a) Is this a group return for subordinates?								.,949,382
			JIM BAKER 2513 N CENTRAL PARK AVE	оаі отісег:		subor	dinates?	for	☐Yes ✓No
Tax	k-exemp	pt status:	<u> </u>		1 527			C!.	☐ Yes ☐No
j w	ebsite	e:▶ PES	STAKEHOLDER.ORG	msert no.) 4947(a)(1) 01 —	327		exemption nu		
K Forn	n of org	ganization:	: Corporation Trust Asso	ociation Other		L Year of forma	tion: 2017 M	State	of legal domicile: IL
Do	rt I	Sum	ımary						
Га			scribe the organization's mission	or most significant activities:					
e c	FI Ri	Inańciai Elated	L SERVICES STAKEHOLDER PROJE TO THE IMPACT OF FINANCIAL SE , CONSUMERS AND THE ENVIRON	CT, NFP WAS ORGANIZED TO CC RVICES FIRMS ON STAKEHOLDER					
a	=		,						
E E	=								
200	2 (Check th	nis box 🕨 🗌 if the organization d	iscontinued its operations or dis	posed of m	nore than 25%	of its net asset	s.	
2 Check this box ► U if the organization discontinued its operations or disposed of more than 25% of 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)							3	3	
4 Number 5 Total nur			of independent voting members	of the governing body (Part VI, I	ine 1b) .			4	3
			nber of individuals employed in c	alendar year 2021 (Part V, line 2	2a)			5	12
Act	6 7	Total nun	mber of volunteers (estimate if ne	ecessary)				6	
1775	7a 1	Total unr	elated business revenue from Pa	rt VIII, column (C), line 12 .				7a	0
	1 0	Net unre	lated business taxable income fro	om Form 990-T, Part I, line 11 .		<u></u>		7b	
	-					Pri	or Year		Current Year
9	l		tions and grants (Part VIII, line 11				576,000		1,848,293
Revenue	ı	-	service revenue (Part VIII, line 2	=			73,690		101,089
2	l		ent income (Part VIII, column (A),		•				0
	ı		venue (Part VIII, column (A), lines				640.600		1.040.383
	_		enue—add lines 8 through 11 (m	•			649,690		1,949,382
	ı		nd similar amounts paid (Part IX,						0
	ı		paid to or for members (Part IX,				399,239		824,443
emses	ı		other compensation, employee b onal fundraising fees (Part IX, col			_	399,238		024,443
	1		raising expenses (Part IX, column (D)						0
क्ष	ı		penses (Part IX, column (A), lines				68.947		121,811
	ı		penses. Add lines 13–17 (must eq		•		468,186		946,254
	l		less expenses. Subtract line 18 f				181,504		1,003,128
≽ o						Beginning	of Current Year		End of Year
Net Assets or Fund Balances									
Bal	20 7	Total ass	ets (Part X, line 16)				572,591		1,578,131
E P	21 7	Total liab	oilities (Part X, line 26)						2,412
Zī	22 1	Net asse	ts or fund balances. Subtract line	21 from line 20	•		572,591		1,575,719
	rt II		ature Block			and the second			ha ha da Gar
			perjury, I declare that I have examel, it is true, correct, and complet						
any k	nowled	dge.	· · · · · · · · · · · · · · · · · · ·						
		N.				202	2-05-13		
Sign		Signat	ure of officer			Dat			
Here		јім ва	KER PRESIDENT						
			or print name and title						
		<u> </u>	Print/Type preparer's name	Preparer's signature	Ī	Date 1022-07-13 Che	ck if PTIN	248238	
Pai	d						employed	4023	
		er 🖟	Firm's name 🕨 BROUTMAN & CO PC			Firn	ı's EIN ► 36-366	5717	
Preparer Use Only			Firm's address > 200 N DEARBORN ST	APT 3307		Pho	ne no. (312) 357-	0700	
		ıly 🖟	Firm's address ►200 N DEARBORN ST CHICAGO, IL 606011			Pho	ne no. (312) 357-	0700	

ıplishr

볼뿌뽀	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.
~	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
m	3 Did the organization cease conducting, or make significant changes in how it conducts, any program Services?
4	If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	4a (Code:) (Eavenue \$ 101,089) 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.
1	4b (Code:) (Expenses \$ including grants of \$) (Revenue \$
2	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
1 4	4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	4. Total program service expenses 937.651

Form 990 (2021) 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 Schedule B, Schedule of Contributors? 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	12a	Yes	
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		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

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 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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		res	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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Par	Statements Regarding Other IRS Fillings 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3а	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
c	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).	_		
а	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		
С .	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
a	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	_		
h	required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	7g		
	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.			
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:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
a	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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
15	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, any disqualified person, or mine operator 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			
	1 1		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	Code		
			Yes	No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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?			
	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.			
	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?			
<u> </u>		16b		
<u>5e</u> 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 ☑ Upon request ☐ Other (explain in Schedule O)			
L9	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:			

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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, 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) (B) (D) (F) (C) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours for director/trustee) organization (Worganizations from the related 2/1099-(W-2/1099organization and Former Individual organizations MISC/1099-NEC) MISC/1099-NEC) related Institutional lighest compensat director below dotted organizations emplo line) trustee Trustee (1) JIM BAKER PRESIDENT Х 75.000 0 (2) SARAH HIMMELHEBER Х 0 SECRETARY (3) MICHAEL METTLER Х TREASURER

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	(A)	(B) (C)							(D) (E)				(F)		
Name and title		Average hours per	week (list is both an officer and a						Repo compe		Reportable compensation		Estimated amount of othe		
		week (list any hours for							from the organization (W-2/1099-MISC/1099-NEC)		from related organizations (W-2/1099-		compensation from the		
		related	0 = 0 0 0 1 1										organiza	tion ar	
		organizations below dotted line)	d v	nstit	Key employee Officer	ву ө	Highest compensat employee	Former	MISC/1099-NEC)		MISC/1099-NEC)		related organizations		
	fividual t		Institutional Trustee	-	mpk										
		Individual trustee or director			oyee										
		360	rust												
				00			ated								
-															
b	Sub-Total	<u></u>	<u> </u>		Н.		•		l						
_	Total from continuation sheets to P						▶								
		<u></u>			•		•			75,000					
	Total number of individuals (including reportable compensation from the organization)		to those	liste	d abo	ove)	who r	ecei	ved more	than \$100),000 of				
	<u> </u>												Yes	No	
	Did the organization list any former	officer, director o	or truste	e, ke	v em	/ola	vee, or	high	hest comp	oensated e	mplovee on		103		
	line 1a? If "Yes," complete Schedule J				•	•	•	•	:			3		No	
	For any individual listed on line 1a, is										the				
	organization and related organization individual	s greater than \$	150,000)? IT "	res,"	con	npiete	Scn	eaule j fol	r sucn		4		No	
	Did any person listed on line 12 recei			• ion fr	•	•		•	· ·	e e e	idual for			1 100	
•	Did any person listed on line 1a recei services rendered to the organization									• •	• • •	5		No	
S	ection B. Independent Contract	ors													
_	Complete this table for your five high	est compensated										omper	sation fro	m	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)											1 (C)		
	Name	and business addre	ess							Desc	ription of service	es		ensatio	
_													-		
_															
_	Total number of independent contractor	الطريحا بمصرالم والمصراح	not limi	tad ta	s that	co li	ctad a	hove	a) who roc	oived mor	-a than #100 (100 of			

d All other revenue . .