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)

OMB No 1545-1150 2018

ment of the Treasury

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

-	- 4	The device		
_		2018 calendar year, or tax year beginning January 1 , 2018, and ending	Decembe	
	check if a	A SECTION AND A SECTION AND A SECTION ASSESSMENT ASSESS		entification number 31
	Address			21727600
	Name cha		E Telephone n	umber
_	Initial retu	Z513 N Central Park Ave	31	2-933-0230
	Amended	City or town, state or province, country, and ZIP or foreign postal code	F Group Exe	mption
	Application	on pending Chicago, IL 60647	Number I	7:
G	Accoun	ting Method ☐ Cash ☑ Accrual Other (specify) ► H C	Check ► 🗹	f the organization is not
IV	Vebsite	1998年 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ach Schedule B
JT	ax-exer	mpt status (check only one) — ☐ 501(c)(3)	Form 990, 99	0-EZ, or 990-PF)
71.		organization Corporation Trust Association Other		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total is	assets	
(Par	rt 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	nstructions	
	70.00	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 5b		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	Gaming and fundraising events:	. 50	0
		Gross income from gaming (attach Schedule G if greater than		
9	а	0.00		
Ę		-		
Revenue	ь	Gross income from fundraising events (not including \$ of contributions		
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .	100	
		The Color of the C		
	C	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 sub		
	-2	line 6c)	· · 6d	0
	7a	Gross sales of inventory, less returns and allowances		
	Ь	Less. cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from IRECEIVED .	. 7c	0
	8	Other revenue (describe in Schedule O)	8 ا	0
0	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	3 ▶ 9	\$750
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11		• • • • • • • • • • • • • • • • • • • •	0
es	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	
ш	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe in Schedule O)	16	\$1.173
	17	Total expenses. Add lines 10 through 16	. > 17	\$1.713
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(\$963)
se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with	
Net Assets		end-of-year figure reported on prior year's return)	. 19	\$1.882
et	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	0
Z	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)

Par	t II	Balance Sheets (see the instruction					5.00
	L	Check if the organization used Sched	dule O to respond to a	ny question in this		- 1	🗆
					(A) Beginning of year		(B) End of year
22		n, savings, and investments			\$1.882	_	\$919
23		and buildings	* * * *		0	-	0
4		r assets (describe in Schedule O) .	: x x			24	0
25		l assets	* * * * *		\$1.882		\$919
26		I liabilities (describe in Schedule O) .				26	0
27		assets or fund balances (line 27 of col			\$1.882	27	\$919
art		Statement of Program Service Acc					Expenses
	100	Check if the organization used Sched		iny question in this	Part III . \square	(Regi	uired for section
/hat	is the	organization's primary exempt purpose	·	47 - 20 - 40		501(0	c)(3) and 501(c)(4)
s m	easure	e organization's program service accord by expenses. In a clear and concise nefited, and other relevant information for	e manner, describe th			orgar	nizations, optional for 's)
8	investr	op policy and legislative solutions for the oments made by financial services firms. In frastructure funds.					
?1	(Grants	***************************************	unt includes foreign gr	ants, check here .	. ▶ 🗆	28a	\$1.370
9	1		3				
		•••••			2000		
	(Grants	s\$) If this amo	unt includes foreign gr	ants, check here .	▶ 🗆	29a	
0							
	(Grants	s \$) If this amo	unt includes foreign gr	anta abaak bara	▶ □	30a	ł.
	Condition	, ii iiiio airre	unt includes loreign gr	ants, check here .	· · · ·		
11	1	program services (describe in Schedule		ants, check here .		-	
	1	program services (describe in Schedule				31a	
	Other p (Grants Total p	program services (describe in Schedule s \$) If this amo program service expenses (add lines 2	O) unt includes foreign gr 8a through 31a)	ants, check here .		31a 32	
32	Other p (Grants Total p	program services (describe in Schedule s \$) If this amo program service expenses (add lines 2 List of Officers, Directors, Trustees, and	O)	ants, check here .	bensated—see the in	31a 32	tions for Part IV)
32	Other p (Grants Total p	program services (describe in Schedule s \$) If this amo program service expenses (add lines 2	O)	ants, check here ch one even if not company question in this	Densated—see the in	31a 32	tions for Part IV)
2	Other p (Grants Total p	program services (describe in Schedule s \$) If this amo program service expenses (add lines 2 List of Officers, Directors, Trustees, and	O)	ants, check here .	pensated—see the in Part IV (d) Health benefits, contributions to employ	31a 32 nstruc	□
art	Other p (Grants Total p	program services (describe in Schedule s \$) If this amorprogram service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title	O)	ants, check here 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 nstruc	Estimated amount of
art	Other p (Grants Total p	program services (describe in Schedule s \$) If this amorprogram service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title	O)	ants, check here 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 nstruc	Estimated amount of ther compensation
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Form 990-EZ (2018)

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			
		33	_	~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	~		ر.
05-		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)?	25-		.,
•	·	35a 35b	\vdash	~
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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		S
C	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	330		•
30	during the year? If "Yes," complete applicable parts of Schedule N	36		V
27-	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	30		-
37a		37b		~
ь 38а	Did the organization file Form 1120-POL for this year?	3/6		·
Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	_	~
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	004		-
39	Section 501(c)(7) organizations. Enter.	2		
	Initiation fees and capital contributions included on line 9			į.
a b	Gross receipts, included on line 9, for public use of club facilities	S.		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	8		8
TVa	section 4911 ► ; section 4912 ► ; section 4955 ►			
h	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	70 0		
	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			
•	on organization managers or disqualified persons during the year under sections 4912,			
	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			N.
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶ Illinois			
42a		12-93	3-023	0
	Located at ▶ 2513 N Central Park Ave. Chicago. IL ZIP + 4 ▶	60647	-1107	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	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		İ	
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		~
	If "Yes," enter the name of the foreign country ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	15 - 5		▶ ⊔
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	Did the second of the second of the second to the second t		Yes	No
14а	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		—	
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	445		
perm		44b	-	-
c	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	465		_
	explanation in Schedule O	44d	-	.,
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	~
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b	ı	~

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	 >s
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			ig n	District Control of the Control of t					
			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)

Form 990 or 990-E2)

Department of the Treasury Internal Revenue Service

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
2018
Open to Public Inspection

Employer identification number

Name of the organization	
Part I, 16: Other expenses	
Office expenses: \$387, Insurance: \$400, Bank fees: \$135	
,	·

	icons to display help windows Il enable you to file a more complete return and reduce the chances the IRS will need to contac	t you
.4	Short Form	OMB No 1545-0047
990-EZ	Return of Organization Exempt From Income Tax	୭ ⋒ 4 0

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

• Do not enter social security numbers on this form, as it may be made public.

Open to Public

		of the Treasury	► Go to www.irs.gov/Form990EZ for instructions and the latest information.		Inspection
_			ar year, or tax year beginning , 2019, and ending		, 20
	Check if ap			Employer	identification number
	Address o	Necessaria	Financial Services Stakeholder Action NFP		821727600
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address)	Telephone	number
Initial return Final return/terminated		STEEL CO. LANCE CO. LANCE CO.	2513 N Central Park Ave		312-933-0230
$\overline{}$	Amended				xemption
=		on pending	Chicago, IL 60647	Number	▶ ?
G	Account	ting Method	☐ Cash ☑ Accrual Other (specify) ► H Che	eck 🕨 🖸	If the organization is not
1 1	Nebsite	e: ►		juired to a	attach Schedule B
JI	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Fo	rm 990, 9	990-EZ, or 990-PF)
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
_			500,000 or more, file Form 990 instead of Form 990-EZ	•	\$ 30.957
Ρ	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
_			the organization used Schedule O to respond to any question in this Part I	? ;∵.	
.21	31		ons, gifts, grants, and similar amounts received	. 1	0
.?:	2	233 J. A. W. W. W. W. W.	ervice revenue including government fees and contracts	. 2	\$30,957
,?1	2.000		p dues and assessments	3	0
2	4	Investment		4	0
	5a		unt from sale of assets other than inventory	0	
	Ь		or other basis and sales expenses	0 _	
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	50	0
	6		d fundraising events:		
ø	а	\$15,000) .	ome from gaming (attach Schedule G if greater than	0	
Revenue					
eve	D		me from fundraising events (not including \$of contributions aising events reported on line 1) (attach Schedule G if the		
ď				0	
	۱ .			0	
	d		t expenses from gaming and fundraising events . [6c] e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra		
	u	line 6c)	e or (loss) from gaming and fundraising events (add lines of and ob and subtra	6d	
	7a	- was a same of the same	s of inventory, less returns and allowances	0	
	, a		of goods sold	-	
	c		t or (loss) from sales of inventory (subtract line 7b from Hine 7a) VED	. 7c	
	8		Ol	8	
	9		`	▶ 9	\$30,957
	10		similar amounts paid (list in Schedule O)	10	
	11		ud to or for members	. 11	
S	12		her compensation, and employee benefits OGDEN, UT	. 12	
penses	13		al fees and other payments to independent contractors 2	. 13	
be	14		r, rent, utilities, and maintenance	. 14	
Ä	15	Printing, pu	iblications, postage, and shipping	15	
	16	Other expe	nses (describe in Schedule O) 🔃	. 16	\$14,474
<u> </u>	17	Total expe	nses. Add lines 10 through 16	▶ 17	\$14,474
s	18		deficit) for the year (subtract line 17 from line 9)	. 18	\$16,483
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w	ıth	
As		end-of-yea	r figure reported on prior year's return)	. 19	\$919
et	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	20	0
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	\$17,402

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2019)

	990-EZ (2019) rt II Balance Sheets (see the instruction	ons for Part II)				
4	Check if the organization used Sched		any question in this	Part II		Г
	onder in the organization does denote	adio o to roopona to a	1	(A) Beginning of year		B) End of year
22	Cook source and sourcetments		- F	\$919		\$10,331
	Cash, savings, and investments		· · ·	0	23	0.0,001
23	Land and buildings		· · · · +	0	-	\$20,697
24	Other assets (describe in Schedule O)	* * * * * * *	+		24	
25	Total assets	9 9 8 30 E		\$919	25	\$31,028
26	Total liabilities (describe in Schedule O)			0	26	\$13,626
27	Net assets or fund balances (line 27 of col	umn (B) must agree wit	th line 21) .	\$919	27	\$17,402
What Desc	Check if the organization used Schert is the organization's primary exempt purpose cribe the organization's program service accordances by expenses in a clear and concision.	dule O to respond to a ? mplishments for each one manner, describe the	any question in this	Part III	501(c)	Expenses red for section (3) and 501(c)(4) zations, optional fo)
erso 28	ons benefited, and other relevant information for Supported efforts by workers to engage institute		akers, etc. for more s	ustainable jobs	 	
20						
.25	(Grants \$ 0) If this amo	ount includes foreign gr	ants, check here	▶ 🗆	28a	\$13,626
29						
					İ	· _ _
	(Grants \$) If this amo	ount includes foreign gr	ants, check here .	▶ □	29a	
30	*************************************					
	(Grants \$) If this amo	ount includes foreign gr	ants, check here .	> 🗆	30a	
31	Other program services (describe in Schedule	0)				
		. ()			1 1	
	the state of the s		ants, check here		31a	
32	(Grants \$) If this amo	ount includes foreign gr			31a	\$13,626
	(Grants \$) If this amo	ount includes foreign gr 28a through 31a)		•	32	
	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and	ount includes foreign gr 28a through 31a) Key Employees (list eac		▶ pensated—see the □	32	
	(Grants \$) If this amo	ount includes foreign gr 28a through 31a) Key Employees (list eac	ch one even if not come any question in this compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstructi	ons for Part IV)
Parl	(Grants \$) If this amount of the program service expenses (add lines 2) List of Officers, Directors, Trustees, and Check if the organization used Scheme	ount includes foreign gr 28a through 31a)	ch one even if not com any question in this (c) Reportable	pensated—see the II Part IV (d) Health benefits, contributions to employ	32 nstructi	ons for Part IV)
Pari	(Grants \$) If this amount of the program service expenses (add lines 2 to 10	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not come any question in this compensation (Forms W-2/1099-MISC)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi ee (e) E	ons for Part IV)
Jam Pres Alys	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title nes Baker sident ssa Giachino	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not come any question in this 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 deferred compensation	32 nstructi	ons for Part IV)
Jam Pres Alys	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title The Baker Sident Saa Giachino Sasurer	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not company question in this (c) Reportable 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 deferred compensation	32 nstructi ee (e) E	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title nes Baker sident ssa Giachino	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not come any question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)
Jam Pres Alys Trea	(Grants \$) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title res Baker sident ssa Giachino asurer x Han	punt includes foreign gr 28a through 31a) I Key Employees (list each dule O to respond to a (b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstructi	ons for Part IV)

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	Form 99	90-EZ (2019)		Р	age 3
	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	e	20.755
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	۷.	
	-20			Yes	No
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 0			J
	ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	_	-
	ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	300		
4	a	Initiation fees and capital contributions included on line 9			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
	b	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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	100		
	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	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	_	_
	41	List the states with which a copy of this return is filed ▶ Illinois			
	42a	The organization's books are in care of ▶ James Baker Located at ▶ 2513 N Central Park Ave, Chicago, Illinois ZIP + 4 ▶	312-93 60647		
	b	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)?	42b	Yes	No 🗸
		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).			
	С	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 •	42c		V
	43	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		,	- 🗆
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		J
	c d	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	44c		<u></u>
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	_	

45b V Form 990-EZ (2019)

m 990-EŻ (2	2019)						F	age 4
						-	Yes	No
	he organization engage, directly or in			behalf o	f or in opposit			
	andidates for public office? If "Yes," o		, Part I		• •	46	1	~
art VI	Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.	s must answer que				e tables	for lin	es
	Check if the organization used Sc	hedule O to respond	to any question in t	this Part	VI	• •	Yes	No
	the organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) election	on in effe	ct during the	tax 47		NO
	e organization a school as described ii		i)? If "Yes," complete	Schedule	Ε.	. 48		V
	the organization make any transfers t					. 498	1	~
b If "Ye	es," was the related organization a se	ection 527 organization	on?			. 491		
	plete this table for the organization's							
empl	loyees) who each received more than	\$100,000 of comper	nsation from the orga			e, enter "	None.	
(a)) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributi	alth benefits, ons to employee ans, and deferred apensation	(e) Estima other co		
one								
				5	_	-	0	_
				-	-11-11			
	•••••							
	1000	1.1						
	••••••			1				
	I number of other employees paid ov		D 0					
Com \$100	I number of other employees paid ov plete this table for the organization 0,000 of compensation from the orga 0,000 and business address of each independ	's five highest companization. If there is no	ensated independent			receive		tha
Com \$100 (a)	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."					tha
Com \$100 (a)	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."					tha
(a)	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."					tha
(a)	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."					tha
1 Com \$100 (a)	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."					tha
(a)	plete this table for the organization 0,000 of compensation from the organ 0 Name and business address of each independence	's five highest companization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of sen	vice	(c)	Compensa		tha
Com \$100 (a) One d Total	plete this table for the organization 0,000 of compensation from the organization of Name and business address of each independent contract the organization complete Scheduling	's five highest companization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of sen	vice	(c)	Compensa	tion	
Com \$100 (a) One d Total Did comper penalties	plete this table for the organization 0,000 of compensation from the organization of the organization of the organization of the organization of the organization complete Schedules	dent contractor actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of sen over \$100,000	▶_anizations	must attach	Compensa	s v	No
Com \$100 (a) One d Total : Did com; er penalties	plete this table for the organization 0,000 of compensation from the organization of Name and business address of each independent of the organization complete Schedupleted Schedule A	dent contractor actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of sen over \$100,000	▶_anizations	must attach	Compensa	s v	No
d Total Did comper penalties correct, ar	plete this table for the organization 0,000 of compensation from the organization of Name and business address of each independent of the organization complete Schedupleted Schedule A	dent contractor actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of sen over \$100,000	▶_anizations	must attach	Compensa	s v	No
Com \$100 (a) One d Total 2 Did com er penalties c correct, ar	Inumber of other independent contratte organization complete Schedule A sof perjury, I declare that I have examined this indicomplete Declaration of preparer (other than Signature of officer James Baker, President	dent contractor actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of sen over \$100,000	▶_anizations	must attach	Compensa	s v	No
d Total Did comper penalties correct, ar	Inumber of other independent contratte organization of the organization complete. Schedupleted Schedule A	dent contractor actors each receiving alle A? Note: All services in the services of the servi	ensated independent one, enter "None." (b) Type of sen over \$100,000 ection 501(c)(3) organizing schedules and statemormation of which preparer	▶_anizations	must attach	O a Ye	s v	No
d Total 2 Did compler penalties, correct, ar	Inumber of other independent contratte organization complete Schedule A sof perjury, I declare that I have examined this indicomplete Declaration of preparer (other than Signature of officer James Baker, President	dent contractor actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of sen over \$100,000 ection 501(c)(3) organizing schedules and statemormation of which preparer	▶_anizations	must attach	O a Ye nowledge an	s v	No
d Total 2 Did components, correct, ar	Inumber of other independent contratte organization of the organization complete. Schedupleted Schedule A	dent contractor actors each receiving alle A? Note: All services in the services of the servi	ensated independent one, enter "None." (b) Type of sen over \$100,000 ection 501(c)(3) organizing schedules and statemormation of which preparer	▶_anizations	must attach the best of my krowledge 5/23/2020 Date	O a Ye nowledge an	s v	No

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Name of the organization

OMB No 1545-0047

2019

Open to Public Inspection Employer identification number

82-1722599

Financial Services Stakeholder Project NFP	82-1722599
Part VI 11b: The executive director and board reviewed this Form 990 prior to su	bmission.
Part VI, 19: The organizations's governing documents, conflict of interest policy,	and financial statements are available upon request.
Part XII, 1: The organization changed its accounting method from cash-based to	accrual-based.
- ~	o . = =
	·····

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

Cat No 51056K

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

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2019 (f) Direct controlling entity ٩ Open to Public Inspection Employer identification number OMB No 1545-0047 2019 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes 82-1727600 (f)
Direct controlling
entity (e) End-of-year assets ¥ (e)
Public chanty status
(if section 501(c)(3)) 170 (b) (1) (A) (vi) (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships (d) Exempt Code section 501(c)(3) (c) Legal domicile (state or foreign country) ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Cat No 50125Y (c) Legal domicile (state or foreign country) ▶ Attach to Form 990. (b) Primary activity Illinois (b) Primary activity Education For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) Financial Services Stakeholder Project NFP 82-1722599 2513 N Central Park Ave, Chicago, IL 60647 (a) Name, address, and EIN of related organization Financial Services Stakeholder Action NFP Name of the organization SCHEDULE R (Form 990) (2) Part I Part II 9 ල 3 3 9 E Ξ ල 9 2 4

Schedule R (Form 990) 2019

because it had one or more related organizations treated as a partnership during the tax year.	e or more related of	organizations treated as a partnership during the tax year.	treated as a pa	artnership	during the	tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512—514)		(f) Share of total S income	(p) (h) Share of end-of- Disproportionale year assets allocations?	(h) Disproportional allocations?	() Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
(1)								Yes	0	Yes	8 9	
(2)												
(6)												
(4)										-		
(9)	Y.									-		
(9)												
(7)												
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organizate had one or more	tions Taxable related organia	as a Corpora zations treated	ation or T	rust. Comp poration or t	ete if the rust durin	organizatio g the tax ye	n answe ear.	red "Yes" on	Form 9	190, Pa	rt IV,
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or Irust)		Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	age Sect	(i) Section 512(b)(13) controlled entity?
€											Yes	No Si
											-	+
(3)											+	+
							Š					
(4)												
(5)												
(9)												-
ω.												
							0.0000000					

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Method of determining amount involved 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. Percentage of time, actual cost of expenses Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? \$13,626 (c) Amount involved Transaction type (a-s) ۵ Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid to related organization(s) for expenses . Reimbursement paid by related organization(s) for expenses . . Gift, grant, or capital connections of contact or some sor loan guarantees to or for related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) (a)
Name of related organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Financial Services Stakeholder Project NFP Part V Eco 0 0 N Ξ **Đ** 9 9 2 හ

Schedule R (Form 990) 2019

(k) Percentage ownership Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships General or managing partner? Yes No (I)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 (h)
Disproportionate
allocations? ŝ Yes (9) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? Yes No Predominant Are income (related, unrelated, excluded from tax under or sections 512 – 514) (c)
Legal domicile
(state or foreign
country) Primary activity Name, address, and EIN of entity (2) Part VI (4) (13) Ξ (2) 9 (11) (12) (14) 8 (3) 8 6 5

Exhibit 6 (Page 14 of 84)

(16)

Schedule R (Form 990) 2019

	form 990) 2019 Pag	
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
	Provide additional information for responses to questions on deficultion.	_
• • • • • • • • • • • • • • • • • • • •		
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The	e inforn	nation provide	ark icons to display help windows and will enable you to file a more complete return and reduce the chances the IRS w	ull need to	o cont	act yo	4501622
_			Short Form				OMB No 1545-0047
	00	10-EZ	Return of Organization Exempt From Incom	ne Ta	ıv		0000
Form	J	-LL	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p			ionel	2020
			Order Section 501(c), 521, or 4947(a)(1) of the internal Revenue Code (except p	nvate 10	unuan	ionsj	
			▶ Do not enter social security numbers on this form, as it may be ma	de publi	c. ,	1.	Open to Public
Depa	rtment o	of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest inf ar year, or tax year beginning January 1, 2020, and en	ormation	201	V	Inspection
	5) 10 - 10 - 30		r year, or tax year beginning January 1 , 2020, and en	lina	Dece	embe	r 31 , 20
_	heck if ap		C Name of organization ?				lentification number ?
	ddress c	change -	Enancial Services Stakeholder Action NFP			8	321727600
	lame cha		Number and street (or P O box if mail is not delivered to street address) Room/s	uite E	Teleph	hone n	umber
$\overline{}$	nitial retu	rn/terminated	2513 N Central Park Ave			31	2-933-0230
=	mended		City or town, state or province, country, and ZIP or foreign postal code	JY F			mption
		n pending			9.107-71.104.00	CANCORD L	• ? 1A
	ccount ebsite	ting Method	Cash ✓ Accrual Other (specify) ►	505			of the organization is not each Schedule B
		TO THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TO THE PERSON N	ck only one) — ☐ 501(c)(3) ☐ 501(c) (4) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 52	0.000			ach Schedule B ? 0-EZ, or 990-PF).
		organization		, , ,		-,	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total as	ssets		
(Par	t II, col		500,000 or more, file Form 990 instead of Form 990-EZ			> \$	58,480
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se				
_			the organization used Schedule O to respond to any question in this	Part I.	• ;		
?	1		ns, gifts, grants, and similar amounts received	81	- 1	1	0
?	2		ervice revenue including government fees and contracts			2	\$58,480 0
?	4	Investment	p dues and assessments		.	4	0
	5a		unt from sale of assets other than inventory 5a		٥		
	b		or other basis and sales expenses	-	0		
	С		s) from sale of assets other than inventory (subtract line 5b from line 5a)		.	5c	0
	6	Gaming an	d fundraising events:				
ø.	а		ome from gaming (attach Schedule G if greater than			v	
Revenue		\$15,000)			_ 0		
eve	b		me from fundraising events (not including \$ 0 of contraising events reported on line 1) (attach Schedule G if the	ibutions			
Œ			h gross income and contributions exceeds \$15,000)		0		
	С		t expenses from gaming and fundraising events 6c	77.0	0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b ar	d subtra	act		
		line 6c)			. [6d	\$58,480
	7a	Gross sale	s of inventory, less returns and allowances		0		
	b		of goods sold		0	_	
	c	The second secon	t or (loss) from sales of inventory (subtract line 7b from line 7a)	* *	. }	7c	\$58,480
	8 9		nue (describe in Schedule O)	× ×	. H	9	\$58,480
	10		similar amounts paid (list in Schedule O)		-	10	0
	11			7:	. Ի	11	0
S	12		her compensation, and employee benefits . FECEIVED			12	0
Expenses	13	Profession	l fees and other navments to independent contractors	30.5		13	\$25,278
χb	14	District of the second of the second of	r, rent, utilities, and maintenance	J& .		14	0
ш	15		blications, postage, and shipping	7º1		15	0
	16		, – 1 – 1 – 1 – 1 – 1 – 1		, F	16	\$15,793
-	17 18		nses. Add lines 10 through 16			17	\$41,071 \$17,409
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must	agree w	_{/ith}	10	\$17,405
Net Assets	4945E 101		r figure reported on prior year's return)		.	19	\$17,402
et	20	Other chan	ges in net assets or fund balances (explain in Schedule O).			20	0
z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		>	21	\$34,811

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2020)

	Check if the organization	tion used Schedule	O to respond to a	ny question in this			
		48			(A) Beginning of year		(B) End of year
22 Cas	sh, savings, and investme	ents		[\$10,331	22	\$39,946
23 Lan	nd and buildings				0	23	
24 Oth	her assets (describe in Sc	hedule O)			\$20,697	24	
25 Tot	tal assets			* * *	\$31,028		\$39,94
26 Tot	tal liabilities (describe in	Schedule O) .			\$13,626		\$5,13
	t assets or fund balance				\$17,402	27	\$34,81
	Statement of Progra Check if the organizate e organization's primary of the organization's progra	tion used Schedule exempt purpose?	O to respond to a	ny question in this	Part III 🔲	501	Expenses quired for section (c)(3) and 501(c)(4) anizations, optional f
s measur ersons be	red by expenses. In a c enefited, and other releva orted efforts by workers to engag	lear and concise nation for each	nanner, describe th ach program title	e services provided		othe	ers)
(Gran	nts \$			ants, check here		28a	\$25,27
			-1 -1				
(Gran	nts \$) If this amount	includes foreign gr	ants, check here	<u>.</u> ▶ ⊔	29a	
		\ \(\(\) \		- 4 - 1 - 1 - 1 - 1 - 1		20	
(Gran				ants, check here .	<u>. , , ▶ 🛄 </u>	30a	
	er program services (desc					240	
(Gran	nts \$) If this amount	includes foreign gra	ants, check here .		31a	
(Gran	nts \$ I program service exper) If this amount nses (add lines 28a	includes foreign grathrough 31a)	ants, check here .	🕨	32	\$25,27
(Gran	nts \$ Il program service exper List of Officers, Directo) If this amount nses (add lines 28a rs, Trustees, and Ke	includes foreign grathrough 31a) y Employees (list eac	ants, check here	pensated—see the ii	32 nstruc	\$25,27 ctions for Part IV)
(Gran	nts \$ I program service exper) If this amount nses (add lines 28a rs, Trustees, and Ke	includes foreign grathrough 31a) y Employees (list eac	h one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	\$25,27 ctions for Part IV)
Gran 32 Total Part IV	nts \$ Il program service exper List of Officers, Directo Check if the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	through 31a)	h one even if not compny question in this	pensated – see the in Part IV	32 nstruc	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV	nts \$ Il program service exper List of Officers, Directo Check if the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	through 31a) . y Employees (list eace O to respond to a (b) Average hours per week	h one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	through 31a)	h one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV James Bake President Alyssa Giac	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	through 31a)	h one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign grithrough 31a)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV ames Bake President Alyssa Grac Treasurer Alex Han	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	through 31a)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV ames Bake resident llyssa Grac reasurer llex Han	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign grithrough 31a)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV ames Bake President Alyssa Grac Treasurer Alex Han	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign grithrough 31a)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV ames Bake President Nyssa Giac	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign grithrough 31a)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV ames Bake President Allyssa Grac Treasurer Alex Han	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign grithrough 31a)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV ames Bake President Alyssa Grac Treasurer Alex Han	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign grithrough 31a)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	\$25,27 ctions for Part IV)
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(Gran 32 Total Part IV ames Bake President Alyssa Grac Treasurer Alex Han	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign grithrough 31a)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	\$25,27 ctions for Part IV)
(Gran 32 Total Part IV	nts \$ Il program service exper List of Officers, Directo Check If the organizat (a) Name and title) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign grithrough 31a)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	\$25,27 ctions for Part IV)
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Form	gan.	F7	120	201

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
		12.7	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		,
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		V
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		V
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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		v
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 \$15,000			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	308		_
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			Service Services
b	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.	_	-	-
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	-		
	on organization managers or disqualified persons during the year under sections 4912,			
	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	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶ IL		- 70	
42a	The organization a books are in our of P		3-0230)
h	Located at ► 2513 N Central Park Ave, Chicago, Illinois ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	60647	Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	V
	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)			
С	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 ▶	42c		~
43	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		.)	
	and since the amount of tan overlipt measures of account and any and tan year.		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-	_
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		~

om 99	0-EZ (2	020)						Pi	age 4
46		he organization engage, directly or in ndidates for public office? If "Yes," c			on behalt	f of or in oppos	ition 46	Yes	No
Part \		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que				ne tables f		es 🗆
47		he organization engage in lobbying? If "Yes," complete Schedule C, Part		section 501(h) elec	ction in et	ffect during the	tax 47	Yes	No
48 49a b 50	Did the	e organization a school as described in the organization make any transfers to es," was the related organization a seplete this table for the organization's oyees) who each received more than	an exempt non-cha- ction 527 organization five highest compens	ritable related orga n?	anization? other thar	officers, direct	48 49a 49b tors, trustee	es, and	d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contrib benefit	Health benefits, outions to employee plans, and deferred compensation			
			7 12						
									 8
f 51	Com _j \$100	number of other employees paid over plete this table for the organization, ,000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no				h received		than
									<u> </u>
									_
d 52	Did 1	number of other independent contra the organization complete Schedu pleted Schedule A			ganizatio	ns must attac	h a ▶ □ Yes		
Jnder per rue, cor	enalties rect, an	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all info	ring schedules and state rmation of which prepar	ements, and rer has any l	knowledge	200	belief, i	it is
Sign Here	?	Signature of officer James Baker, President Type or print name and title				May 16, 202	21		_
Paid Prepa		Print/Type preparer's name	Preparer's signature		Date	Check self-emplo			
Use (Firm's name ► Firm's address ► discuss this return with the preparer	shown above? Soo	netructions		Firm's EIN ▶ Phone no	▶ ☐ Yes		
viay in	e ins	discuss this return with the preparer	SHOWIT ADOVE - See II	instructions	·	<u> </u>	Form 99		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2020

Department of the Treasury Internal Revenue Service

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

► 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.

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

Inspection

Section 501(c) (other than section 501(c)(3)) organizations. Complete Part 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(fil)). Complete Part II-B Do not complete Part II-B Section 501(c)(3) organizations that have Mol Tiled Form 5768 (election under section 501(fil)). Complete Part II-B Do not complete Part II-B Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations), then Section 501(c)(4), (5), or (6) organizations. Complete Part III Name of organization Financial Services Stakeholder Action NFP Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. Part I-B Complete if the organization is exempt under section 501(c) or is a section 527 organization. Employer identification number 821727600 Part I-B Complete if the organization is exempt under section 501(c) or is a section 527 organization. Employer identification number 821727600 Definition of "political campaign activities" (See instructions) Volunteer hours for political campaign activities (See instructions) Definition of "political campaign activities (See instructions) Section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. Enter the amount of any excise tax incurred by organization managers under section 4955. Enter the amount of any excise tax incurred by organization managers under section 4955. Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). Enter the amount of the filing organization is exe	
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part IV, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(n)) Complete Part II-B Do not complete Part II-B • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(n)) Complete Part II-B Do not complete Part II If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 3 Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations. Complete Part III Name of organization • Section 501(c)(4), (5), or (6) organizations. Complete Part III Name of organization • Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions) 2 Political campaign activities (See instructions) 3 Volunteer hours for political campaign activities (See instructions) 4 Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 • Section 501(c)(3). 2 Enter the amount of any excise tax incurred by organization under section 4955 • Section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization under section 4955 • Section 501(c)(3). 1 Enter the amount of incitive expended by the filling organization for section 501(c), except section 501(c)(3). 1 Enter the amount of the filling organization is exempt under section 501(c), except section 501(c)(3). 2 Enter the amount of the filling organization is exempt under section 501(c), except section 501(c)(3). 3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filling organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identi	
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1 Enter the amount of any excise tax incurred by the organization under section 4955 . \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	
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Yes Was a correction made? Yes Yes Was a correction made? Yes Was a correction made? Yes Yes Yes Yes Yes Yes Yes Was a correction made? Yes	
Was a correction made?	
b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	∐ No
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	∐ No
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	
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Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	0
527 exempt function activities	
Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$15,000
Inne 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. A the amount of political contributions received that were promptly and directly delivered to a separate political organization as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- (e) Amount of procontributions received that were promptly and directly delivered to a sepolitical organization. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- (e) Amount of procontributions received to a sepolitical organization. (e) Amount of procontributions received to a sepolitical organization. (e) Amount of procontributions received to a sepolitical organization. (e) Amount of procontributions received to a sepolitical organization. (e) Amount of procontributions received to a sepolitical organization. (f) Association End 150 I Street Northwest, Ste 300 Washington, DC 20005 B23171981 \$10,000	415,000
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5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. A the amount of political contributions received that were promptly and directly delivered to a separate political organization as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- (e) Amount of political organization's funds If none, enter -0- (e) Amount of political organization is funds. If none, enter -0- (1) Association (1) EIN (3) Amount paid from filing organization's contributions received to a sepolitical organization is funds. A separate political organization is funds. A s	₩ No
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filing organization's funds if none, enter -0-	so enter on, such
(1) Association Washington, DC 20005 823171981 \$10,000 (2) Friends of Tobias Read PO Box 42307	red and ectly parate ation
(2)	
Portland, OR 97242 204265904 \$5,000	
(3)	
(4)	
(5)	
(6)	

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2020

	8						
che	dule C (Form 990 or 990-EZ) 2020					1	Page 2
Par	t II-A Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction und	er
(Check ► ☐ If the filing organization belong address, EIN, expenses, and s				liated group memb	er's name,	
3 (Check ► ☐ If the filing organization checked	ed box A and	"limited control" p	rovisions apply.			
	Limits on Lobby	ing Expendit	ures		(a) Filing	(b) Affiliate	d
	(The term "expenditures" me	ans amounts	paid or incurred.	.)	organization's totals	group tota	Is
18	Total lobbying expenditures to influence	oublic opinion	(grassroots lobby	ing)		V (1 X	
t	Total lobbying expenditures to influence	a legislative bo	ody (direct lobbyin	g)			
•	 Total lobbying expenditures (add lines 1a 	and 1b) .					
•	d Other exempt purpose expenditures					ACCUPATE ASSESSMENT	
•	Total exempt purpose expenditures (add	lines 1c and 1	d)		1000	0000000000	
f	Lobbying nontaxable amount. Enter to columns.	he amount f	rom the following	g table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:	10000010 New 1000000		
	Not over \$500,000	20% of the ar	mount 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		10% of the excess				
	Over \$1,500,000 but not over \$17,000,000		5% of the excess of	ver \$1,500,000	l l		
	Over \$17,000,000	\$1,000,000	* *(*)				
9			7.8				
ľ			2.5	* * * * * *			
į					(1 5 1700		- 100
j	If there is an amount other than zero reporting section 4911 tax for this year?	on either line		the organization		Yes [] No
	(Some organizations that made a sec See the	tion 501(h) ele separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	s below.	
	Lobbying	Expenditures	During 4-Year A	veraging Period			227
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
28	Lobbying nontaxable amount	15 280 VI 3 -300					
t	Lobbying ceiling amount (150% of line 2a, column (e))					103	
•	: Total lobbying expenditures						
c	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	5768		
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	mount	
1	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 Volunteers?					
a 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?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					3
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		_			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . Other activities?	-				
- !	Other activities?		-			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_		11 10	
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			5		- 8
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			er j		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), c	or se	ction		
	501(c)(6).			-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	V	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	~	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		~
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of				ine 3	, is
_	answered "Yes."		1			
1	Dues, assessments and similar amounts from members	of				-
2	political expenses for which the section 527(f) tax was paid).	01				
a b	Current year		2a 2b			-
c	Total		2c		-	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	-		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	/ing				
-	and political expenditure next year?		4	-		
5	Taxable amount of lobbying and political expenditures (See instructions)		5			-
	Supplemental Information the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground strength of the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground strength of the descriptions are under the descriptions of the descriptions are under the descriptions are un	un list)· Par	t II-A	nes 1	and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	op no	,, . a.	, .		unu
				·		
						·
-						
	Sch	edule (C (Form	n 990 or	990-EZ) 2020

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Internal Revenue Service Employer identification number Name of the organization Financial Services Stakeholder Action NFP 821727600 Part I, Line 16 Other expenses Political expenditures, \$15,000, Insurance, \$400, Bank charges, \$50, Accounting, \$300 Part II, Line 24 The organization began 2020 with receivables totalling \$20,697 Part II, Line 26 The organization began 2020 with payables totalling \$13,626 The organization ended 2020 with payables totalling \$5,135

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

Schedule O (Form 990 or 990-EZ) 2020

Cat No 51056K

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) 2021

OMB No. 1545-0047

			▶ Do not enter soc	ial security numbers on this for	m as it ma	av be ma	de pub	lic.	'	ZUZI		
Treas	ury	it of the		ov/Form990 for instructions						Open to Public Inspection		
Aer Fr	al Rev	venue 2021 c	ı alendar year, or tax year begin	ning 01-01-2021 , and end	ling 12-3	1-2021						
		oplicable:	C Name of organization Financial Services Stakeholder Action		-			D Employer i	dentif	ication number		
	dress cl		Tillalicial Services Stakeholder Action	TNIF				82-172760	00			
	me cha	-	Doing business as									
	ial retu ıl return/	/terminated										
□ Am	ended	l return	Number and street (or P.O. box if ma 2513 N Central Park Ave	il is not delivered to street address)	Room/su	ite		E Telephone n	umber			
Ap Gend	o l icatio ing	on	City or town, state or province, coun	try and ZID or foreign postal sade				(312) 933-	0230			
_			Chicago, IL 60647	itry, and zir or foreign postal code						_		
							_	G Gross recei	pts \$ 2	42,962		
			F Name and address of principa lames Baker	l officer:		H(a) I	s this	a group return	for			
			2513 N Central Park Ave					inates?		☐Yes ✓No		
	ovomi	nt status	Chicago, IL 60647				are all include	subordinates ed?		☐ Yes ☐No		
lax	-exemp	pt status:	☐ 501(c)(3) ✓ 501(c)(4) ◄ (ir	nsert no.)	527	1		attach a list.				
j w	ebsite	e: 🕨				H(c) (Group	exemption nu	mber	•		
						L Year of	format	ion: 2017 M	State	of legal domicile: IL		
K Forn	n of org	ganization:	: Corporation Trust Assoc	iation U Other		L lear or	TOTTTIAL	IOII. 2017	State	or legal dornicile. IL		
Pa	rt I	Sum	mary			l						
	1 B	Briefly des	scribe the organization's mission o									
773			elops policy and legislative solution services firms, including but not lim						estme	ents made by		
Activities & Governance		ilialiciai s	services minis, including but not mi	inted to private equity firms, her	uge iuiius	, and min	astruc	ure iulius.				
E	_											
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3			is box 🕨 🗆 if the organization dis of voting members of the governin			nore than	25% c	f its net asset	.s. 3	3		
100						• •			4	1		
iles			aber of independent voting members of the governing body (Part VI, line 1b)									
2			nber of wolunteers (estimate if nec	6	0							
Ac			7a	0								
		7a Total unrelated business revenue from Part VIII, column (C), line 12								0		
	b							-	7b	_		
							Pric	r Year		Current Year		
CLC	8 (Contribut	tions and grants (Part VIII, line 1h)				Pric	r Year)	Current Year		
enu			tions and grants (Part VIII, line 1h)				Pric	C	_	180,000		
enueve	9 F	Program	service revenue (Part VIII, line 2g)				Pric					
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Form	(20				Page
Pa	Part III Statement of	Statement of Program Service Accomplishments	snments		(
-	Check if Schedul Briefly describe the orga	Schedule O contains a response or note to any line in this Part III the organization's mission:	any line in this Part III • • •		
FSSA servic	develops policy and legis	lative solutions for the environmer of limited to private equity firms, h	FSSA develops policy and legislative solutions for the environment, social, and governance problems related to investments made by financial services firms, including but not limited to private equity firms, hedge funds, and infrastructure funds.	s related to investments mads. S.	de by financial
7	Did the organization und	lertake any significant program sel	Did the organization undertake any significant program services during the year which were not listed on	ot listed on	
"	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? If "Yes," describe these new services on Schedule O. Did the organization cease conducting or make significant	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting or make significant changes in how it conducts, any program		Yes
1	services? . If "Yes," describe these changes on Schedule O.	hanges on Schedule O.			☐ Yes ✓ No
4	Describe the organizatic Section 501(c)(3) and 50 and revenue, if any, for	n's program service accomplishme 01(c)(4) organizations are required each program service reported.	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.	gram services, as measured allocations to others, the to	i by expenses. otal expenses,
4a	(Code: Supported efforts by worker) (Expenses \$ 64,225 including grants of \$ by workers to engage institutional investors, policymakers, etc. for more sustainable jobs.	including grants of \$ ymakers, etc. for more sustainable jobs.) (Revenue \$	242,962)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	(
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4q	Other program services (Expenses \$	services (Describe in Schedule O.) 0 including grants of \$	f\$ 0)(Revenue\$	nue \$	(0
4e	Total program service	service expenses ▶ 64,	64,225		

Form 990 (2021) Page **3**

Day	t IV Checklist of Required Schedules			rage L
Par	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		No
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		
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? <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, 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		No
	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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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

Par	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		
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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "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? <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		
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	
Pa	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			
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			
	(gambling) winnings to prize winners?	امدا	Yoc	1

Page **4**

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	
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
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	
b	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	_
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?	79 7h	
	1090°C:	711	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Control 501(c)(32) appreciations Fators		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		
a b	Gross income from members or shareholders		
	against amounts due or received from them.)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No
17	Section 501(c)(21) organizations. Did the trust, 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	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
6.	ction C. Disclosure	16b		
<u>3e</u> L7	List the states with which a copy of this Form 990 is required to be filed			
	<u>l</u> L			
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: James Baker 2513 N Central Park Ave Chicago, IL 60647 (312) 933-0230			

Form 990 (2021) Page **7**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, 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) (C) (D) (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 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) Alyssa Giachino Treasurer Х 109.098 0 40 (2) James Baker Х 75.000 0 President (3) Alex Han Х Secretary

Form **990** (2021)

Page	8
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	(A)	(B)			(C)					(D)	(E)	(1	=)
	Name and title	Average			o not	che	eck mo		Rep	ortable	Reportable	Estim	nated
		hours per week (list					ss pers and a			ensation m the	compensation from related	amount compe	
		any hours for		direc						zation (W-	organizations (W-	from	
		related	9 =	Contract	0	X	DΥ	F	2/:	1099- .099-NEC)	2/1099-	organiza	
		organizations below dotted	Q .	nst	Officer	еу (판	Former	MISC/I	.099-NEC)	MISC/1099-NEC)	rela organiz	
		line)	8 5	tuti	œ.	me	est	ler.					
			Individual trustee or director	Institutional		Key employee	9 G						
			28	=		69	큧						
			90	Trustee			ans.						
				8			Highest compensated employee						
_							ш						
		-		-	igwdapsilon								
					H							1	
b :	Sub-Total						•						
c ·	Total from continuation sheets to P	art VII, Sectio	nΑ.				•						
d.	Total (add lines 1b and 1c)	<u></u>			•		•			0	184,098		
	Total number of individuals (including	but not limited	to those	liste	d abo	ove)) who r	ecei	ved more	e than \$100),000 of		
	reportable compensation from the org	ganization 🕨 1											
												Yes	No
	Did the organization list any former (e, ke	y em	ploy	yee, or	high	nest com	pensated e	mployee on		
	line 1a? If "Yes," complete Schedule J	for such individu	ıal 🛚		•	•	•	•			3	:	No
	For any individual listed on line 1a, is										the		
	organization and related organization individual	s greater than \$	150,000)? If "`	Yes,"	cor	nplete	Sch	edule J fo	or such			
	· · · · · · · · · · · · · · · · · · · ·										. 4		No
	Did any person listed on line 1a recei	ve or accrue con	npensat	ion fr	om a	ny i	unrelat	ted c	organizat	ion or indiv	idual for		
	services rendered to the organization	?If "Yes," comple	te Sche	dule	l for s	suci	h perso	on .			5	,	No
S	ection B. Independent Contract	ors									•	•	•
	Complete this table for your five high											nsation fro	m
	the organization. Report compensation		ar year	endin	g wit	th o	r withi	n the	e organiz	ation's tax		1 ,	<u>C)</u>
	Name	(A) and business addre	ess							Desc	(B) ription of services		C) ensation
												1	
_	Total number of independent contractor	- /		L			and the second	ا ما	. V I-	!	- +1 +100 000 0		

242,962

d All other revenue . .

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	y line in this Part IX (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	Grants and other assistance to domestic organizations and		expenses	general expenses	expenses
	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
LO	Payroll taxes				
11	Fees for services (non-employees):				
ē	Management				
k	Legal	1,058	1,058	0	0
C	Accounting	320	0	320	0
	Lobbying				
e	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
ç	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
	Office expenses				
	Information technology				
	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
	Conferences, conventions, and meetings				
	Interest	63,167	63,167	0	0
	Payments to affiliates Depreciation, depletion, and amortization	03,107	03,107	0	
	Insurance	400	0	400	0
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Bank fees	55	0	55	0
	b				
	<u> </u>				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	65,000	64,225	775	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2021) Page **11**

Part X Balance Sheet

Part)	Check if Schedule O contains a response or note to any line in this Part IX			\square
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	39,946	1	251,131
2	Savings and temporary cash investments	0	2	0
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	0	4	0
5	Loans and other receivables from 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	0	5	0
6				
	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ω 7	Notes and loans receivable, net	0	7	0
e e	Inventories for sale or use	0	8	0
Assets	Prepaid expenses and deferred charges	0	9	0
-	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b	0	10c	
11	Investments—publicly traded securities .	0	11	0
12	Investments—other securities. See Part IV, line 11	0	12	0
13	Investments—program-related. See Part IV, line 11	0	13	0
14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	39,946	16	251,131
17	Accounts payable and accrued expenses	5,135	17	38,358
18	Grants payable	0	18	0
19	Deferred revenue	0	19	0
20	Tax-exempt bond liabilities	0	20	0
ທ 21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
iabilities	Loans and other 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	0	22	0
	Secured mortgages and notes payable to unrelated third parties	0	22	0
23	_ · · · · · · · · · · · · · · · · · · ·	0	23 24	0
24	Unsecured notes and loans payable to unrelated third parties	0		0
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	U	25	
26	Total liabilities. Add lines 17 through 25	5,135	26	38,358
ices	Organizations that follow FASB ASC 958, check here 🕨 🗸 and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	34,811	27	212,773
8 28	Net assets with donor restrictions	0	28	0
Fund Balances	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
ō 29	Capital stock or trust principal, or current funds		29	
€ 30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets	Retained earnings, endowment, accumulated income, or other funds		31	_
	Total net assets or fund balances	34,811	32	212,773
Net 33	Total liabilities and net assets/fund balances	39,946	33	251,131
		33,340		Form 990 (2021

Form **990** (2021)

efile GRAPHIC prin	IIC print Submission Date - 2022-08-13 DLN: 93493225005132
SCHEDULE (Form 990)	E O Supplen
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. P Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.
prefnal Bevent Berne of the org Financial Services S	Handra Stakeholder Action NFP 82-1727600
Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Form 990 was shared with organization's board prior to a board meeting and review at the meeting.
Form 990, Part VI, Section B, Line 12c	Any potential conflicts of interest were reported and reviewed at meetings of the organization's board.
Form 990, Part VI, Section B, Line 15	The organization currently has no staff. Should the organization hire staff, compensation would be reviewed by the organization's board.
Form 990, Part VI, Section C, Line 19	The organization made its governing documents, conflict of interest policy, and financial statements available to the public upon request.
For Paperwork 990-EZ.	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Cat. No. 51056K Schedule O (Form 990) 2021 990-EZ.

efile GRAPHIC print Su	Submission Date - 2022-08-13							DLN:	DLN: 93493225005132	5005132
SCHEDULE R	Related Org	yanizations and Unrelated Partnerships	าร and	Unrelate	ed Par	tnershi	sd	0	OMB No. 1545-0047	5-0047
(Form 990) Department of the Treasury Internal Revenue Service	 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b Attach to Form 990. Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	ed "Yes" on Fach to Form 90 for instruc	orm 990, Part 990. ctions and the	IV, line 33, latest info	34, 35b, 36, mation.	or 37.	•	202 Open to Public Inspection	ublic
Name of the organization Financial Services Stakeholder Action NFP	d.					W 8	Employer identification number 82-1727600	cation number		
Part Identification of	Identification of Disregarded Entities. Complete if	f the organization answered "Yes"	n answered	"Yes" on Form	on Form 990, Part IV, line 33	v, line 33.				
Name, address, and Ell	(a) Name, address, and EIN (if applicable) of disregarded entity	- I	(b) Primary activity	(c) Legal domicile (state or foreign country)	cile (state country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	ling
Part II Identification of related tax-exempt	Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Somplete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more	ne organizat	ion answered	"Yes" on Fo	ırm 990, Part	IV, line 34 bed	cause it had or	ne or more	
Name, address, and El	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		Section 512(b) (13) controlled entity?
(1)Financial Services Stakeholder Project NFP 2513 N Central Park Ave Chicago, IL 60647		Research and education regarding the impacts of private equity investments on people and the planet	ation cts of tments danet	II.	501(c)(3)	509(a)(2)	3)(2)	N/A		_
21										
94)										
For Paperwork Reduction Act	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.060		Cat. No. 50135Y	٤,			Schedule R (Form 990) 2021	(Form 99)	0) 2021

Page 2

Schedule R (Form 990) 2021

(k) Percentage ownership (i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2021 Š Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Yes Š (j) General or managing partner? Yes (**h)** Percentage ownership (i)
Code V-UBI
amount in
box 20 of
Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproprtionate
allocations? Š (f) Share of total income Yes (g)
Share of
end-ofyear
assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity Predominant income(related, unrelated, excluded from tax under sections 512-514) (d)
Direct
controlling
entity one or more related organizations treated as a partnership during the tax year. (c)
Legal
domicile
(state or foreign
country) (c)
Legal
domicile
(state or
foreign (b) Primary activity (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV

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

[]	[5	١	1) a almbadas			
				PCT OF TIME, ACTUAL COSTS	68,257	a	
	olved	t inv	nount	(d) Method of determining amount involved	lved	(b) Transaction type (a-s)	
				action thresholds.	elationships and trans	including covered r	any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
ŝ		5	1s				
Š		H	ä				
٩		+	10		•		
	Yes		1p				
٤			ព				
ŝ		_	디				Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
No		Ε	1m				Performance of services or membership or fundraising solicitations by related organization(s) • • • •
N		_	Ħ				Performance of services or membership or fundraising solicitations for related organization(s)
8 N		-	¥				Lease of facilities, equipment, or other assets from related organization(s)
Š		_	ΞŢ				Lease of facilities, equipment, or other assets to related organization(s)
No		_	ī				
٩		_	1				
Š		_	19				
Š			Ħ				
2		1)	ע ד				·
۶ ا		_	음				
٥N		o o	10				
å			1p				
ž		<u>-</u>	1a				Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity.
					n Parts II-IV?	ganizations listed ir	transactions with one or more related organizations listed in Parts II-IV?
å	Yes	F					Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2021

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

(k) Percentage ownership Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. ŝ (j) General or managing partner? Yes (i)
Code V-UBI
amount in
box 20
of Schedule
K-1
(Form 1065) (h)
Disproprtionate
allocations? ŝ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners
section
501(c)(3)
organizations? ŝ Yes Predominant income (related, unrelated, excluded from sections 512-514) (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of entity

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021	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
	Schodula D (Sow 000) 2021

Schedule R (Form 990) 2021

efile GRAPHIC print | Submission Date - 2022-08-13

DLN: 93493225005132

Name: Financial Services Stakeholder Action NFP

EIN: 82-1727600

Software ID: 21013178

Software Version: v1.00 **Explanation:** Organization filed a form 8868 Application fo

Organization filed a form 8868 Application for Automatic Extension of Time To File an Exempt Organization Return

efile Public Visual Render ObjectId: 202323199349302072 - Submission: 2023-11-15 TIN: 82-1727600 OMB No. 1545-0047 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. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 C Name of organization D Employer identification number B Check if applicable: Financial Services Stakeholder Action NFP O Address change 82-1727600 O Name change Doing business as O Initial return ☐ Final return/terminated E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) 2513 N Central Park Ave O Application pending (312) 933-0230 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 205,200 Name and address of principal officer: **H(a)** Is this a group return for Jim Baker ☐Yes ✓ No subordinates? 2513 N Central Park Ave H(b) Are all subordinates Chicago, IL 60647 ☐ Yes ☐No included? I Tax-exempt status: 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ J Website: L Year of formation: 2017 M State of legal domicile: IL K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: FSSA develops policy and legislative solutions for the environment, social, and governance problems related to investments made by financial services firms, including but not limited to private equity firms, hedge funds, and infrastructure funds Activities & Governance 2 Check this box ▶ □ 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 1 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 180,000 200,000 Revenue 9 Program service revenue (Part VIII, line 2g) 62,962 5,200 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 242,962 205,200 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) •0 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 65,000 315,869 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 65,000 315,869 **19** Revenue less expenses. Subtract line 18 from line 12 177.962 -110,669 Assets or d Balances **Beginning of Current Year End of Year** 182,441

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

22 Net assets or fund balances. Subtract line 21 from line 20 .

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26) . .

80,337

102,104

251,131

38,358

212,773

	1K				2023-11-15								
Sign	Sig	nature of officer			Date								
Here	107	mes Baker Executive Director											
	Тур	pe or print name and title											
		Print/Type preparer's name	Preparer's signature	Date	Check \sqcup if	ΓΙΝ							
Paid		Firm's name			self-employed Firm's EIN								
	parer Only												
030	Cilly	Firm's address			Phone no.								
May t	he IDS dicc		own above? See Instructions			☐ Yes ☐ No							
		Reduction Act Notice, see the se			No. 11282Y	Form 990 (2022							
						·							
			————— Page 2 —										
Form	990 (2022)					Page 2							
		atement of Program Service	Accomplishments			l age -							
	Che	eck if Schedule O contains a respons	se or note to any line in this P	art III		🗆							
1	,	cribe the organization's mission:											
		olicy and legislative solutions for the cluding but not limited to private ed			lated to investmen	ts made by financial							
	•		<u> </u>										
2	•	ganization undertake any significant	program services during the	year which were not l	isted on	☐ Yes 🔽 No							
	•	orm 990 or 990-EZ?	dule O			U Yes No							
3	•	ganization cease conducting, or mak		t conducts, any progr	am								
	services?					🗆 Yes 🔽 No							
	If "Yes," de	escribe these changes on Schedule	0.										
4	Describe tl	he organization's program service a	ccomplishments for each of its	three largest progra	m services, as mea	sured by expenses.							
	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 \$	312,761 including grants of) (Revenue \$	205,200)							
	Supported 6	fforts by workers to engage institutional i	mivestors, policymakers, etc. for me	ore sustamable jobs.									
4b	(Code:) (Expenses \$	including grants o	of \$) (Revenue \$)							
4c	(Code:) (Expenses \$	including grants o	of ¢) (Revenue \$)							
	(Code.) (Expenses \$	including grants t	л ф) (Revenue \$,							
4d		gram services (Describe in Schedule	·										
A -	(Expenses		ling grants of \$	0) (Revenue	: \$	0)							
4e	ιοται pro	gram service expenses 🟲	312,761										

_			_
n	\neg	\sim	

Form 990 (2022) Page **3**

Pai	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		No
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	Yes	
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 "Yes," complete Schedule C, Part II</i>	4		
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? <i>If "Yes," complete Schedule D.</i> Part I.			No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
,	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 "Yes," complete Schedule D, Part III </i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
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? <i>If "Yes," complete Schedule D, Part VII</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	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		No
	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? <i>If "Yes," complete Schedule G, Part II</i>	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	21		No

Form	990 (2022)			Page 4
Pai	Checklist of Required Schedules (continued)			9 -
			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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L</i> ,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 "Yes,"</i> 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? <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 "Yes," 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? <i>If "Yes," complete Schedule N, Part II</i>	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		
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	
Pa	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			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No

https://projects.propublica.org/nonprofits/organizations/821727600/202323199349302072/full

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form **990** (2022)

Page 5 -

	990 (2022) t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Page
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
		5b	
	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
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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	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		
e	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 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		
С	Enter the amount of reserves on hand		

14a 14a 14b	/7/25,	4:26 PM Financial Services Stakeholder Action Nfp - Full Filing - Nonprofit Explorer - ProPubli	ca		
15 Is the cognitization subject to the section 4950 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractivity premietry) where the instructions and file form 4720, Schedule N. 16 Is the cognitization an advacational institution subject to the section 4958 excise tax on net investment income? . 16 No 1745, Schedule 0. 17 Is section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section 4958 excise tax on net investment income? . 17 Is section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section 4951, 4952, or 49537. It section \$1,000 (2)(2)(3) againstations. Birchitain subject to the section 4951, 4952, or 49537. It section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section 4951, 4952, or 49537. It section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section 4951, 4952, or 49537. It section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section \$1,000 (2)(2)(3) againstation. Birchitain subject to the section \$1,000 (2)(2)(3) againstation subject to the section \$1,000 (2)(3)(3) (2)(3)	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
parachuse payment(s) during the year? If 'Yes,' see the instructions and the form 4720, schedule N. If 'Yes,' see the instructions and the form 4720, schedule N. If 'Yes,' see the instructions and the form 4720, schedule N. If 'Yes,' storoplete Form 900 (2022) Page 6 Part VI Section 901 (2) 23 praganization and object to the section 4651, 4652, or 48537. Page 6 Part VI Page 6 Page 7 Page 6 Page 7 Page 7 Page 8 Page 8 Page 9 P	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
16 Is the organization an educational institution subject to the section 4958 exists exist in the investment income? 17 Section 501(c)(21) organizations, but the funzi, or any dispulatified or other person engage in any activities that would result in the imposition of an existe tax under section 4951, 4952, or 4953? 18 Page 0 Form 990 (2022) Page 0 Form 990 (2022	15	parachute payment(s) during the year?	15		No
would result in the imposition of an excise tax under section 4951, 4952, or 49537 . If "Yes," complete Form 6069. Page 6 Form 990 (2022) Page 7 Form 990 (2022) Page 8 Form 990 (2022) Page 9 Form 990 (2022) Page	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
Page 6 Form 990 (2022) Page 6 Form 990 (2022) Form 99	17	would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
Form 990 (2022) Page 6 Part VI Governance, Management, and Disclosure, for each "Yes" response to time 2 through 70 below, and for a "No" response to the Section A, Governance, Management and Disclosure, for each "Yes" response to time 2 through 70 below, and for a "No" response to the Section A, Governance, Section B, 98 or 14 feb each of the development of the contains a response or note to any line in this Part VI Section A, Governance and the section of the governing body at the end of the tax year of these are married differences in victing rights among members of the governing sinilar committee, explain in Schedule 0, road authority to an exclusive committee or shall be part VI Section A, Governing the section of the sectio		ir Yes, complete Form 6009.	F	orm 99	0 (2022)
Form 990 (2022) Past V Governance, Management, and Disclosure, For each "res" response to fires 2 through 7b below, and for a "No" response to fires 2 through 7b below, and for a "No" response to Section A. Governing Body and Management As Bob or 10b below, describe the circumstances, processes, or changes in Schodule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI. The fire of the contains a response or note to any line in this Part VI. See instructions. Ves No.				01111 33	6 (2022)
Form 990 (2022) Post 10 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to line 10 Section A. Governing Body and Management Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Is Enter the number of voting members of the governing body and Management Is Is Is Is Is Is Is I		Page 6			
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Innex 88, 80, no 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions. Check Schedule O. mountains a response or note to any line in this Part VI	Form	990 (2022)			Page 6
Section A, Governing Body and Management 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 delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors or trustee, or key employee to a management company or other person? 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 have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization tontemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization have united with a third of the governing body? 8 Did the organization have united with a third of the governing body? 9 Is there any officer, director, trustee, and key e	Pai	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		oonse to	_
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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: 8a Yes a The governing body? 8a Yes No b Each committee with authority to act on behalf of the governing body? 8b Yes No Section Brequests; information about policies not required by the Internal Revenue Code. Yes No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a No No 10b 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 In 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Yes No 12a Did the organization have a written conflict of interest policy? If "	7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			NI-
persons other than the governing body? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? B Each committee with authority to act on behalf of the governing body? B Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O. Section 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? 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? 10a No 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12b Yes 13 Did the organization have a written whistleblower policy? 14 Yes 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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 filling the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12b Yes 13 Did the organization have a written document retention and destruction policy? 14 Yes 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15b Yes If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		persons other than the governing body?	7b		No
Be Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Parl VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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 form? 11a Uses 11b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Ves 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Ves 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Yes 15b Ves 15a The organization's CEO, Executive Director, or top management official 15b Ves 15c This Tyes" to line 15a or 15b, describe the process on Schedule O. See instructions.	8				
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Codesidade on the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Codesidade on Revenue Codesidade on the Internal Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade on Revenue Codesidade Codesid	а				<u> </u>
reganization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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? In B Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Describe on Schedule O the process, of the organization to review this Form 990. Describe on Schedule O the process, of any, used by the organization to review this Form 990. Describe on Schedule O the process, of any, used by the organization to review this Form 990. Describe on Schedule O the process, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official The organization's CEO, Executive Director, or top management o	b	,	8b	Yes	
Yes No	9		9		No
Did the organization have local chapters, branches, or affiliates? 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? Ital Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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. Diff "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	_Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Ves 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Yes 13 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 13 Did the organization have a written whistleblower policy? 14 Yes 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Yes 15b Yes 17e "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				Yes	
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 form? 11a Yes 11a Yes 11a Yes 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Yes 12c Yes 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 No 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Yes 15b Yes 15 Other officers or key employees of the organization 15b Yes 15c If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			10a		No
b Describe on Schedule O the process, if any, used by the organization to review this Form 990	b		10b		
Did the organization have a written conflict of interest policy? If "No," go to line 13	11a		11a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c 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 13 Did the organization have a written whistleblower policy? 14 Yes 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Yes 15b Other officers or key employees of the organization 15b Yes 15b Yes 15c In "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
conflicts?	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Schedule O how this was done	b		12b	Yes	
Did the organization have a written document retention and destruction policy?	c		12c	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? The organization's CEO, Executive Director, or top management official	13	Did the organization have a written whistleblower policy?	13		No
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?	14	Yes	
b Other officers or key employees of the organization	15				
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	b	Other officers or key employees of the organization	15b	Yes	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
taxable entity during the year?	16a		16a		No

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D	in joint venture arrangements under appl status with respect to such arrangements	icable federal ta	ax law,	, and take step	s to	safe	eguard				
Se	ection C. Disclosure									<u> </u>	-
17	List the states with which a copy of this F	orm 990 is requ	ired t	o be filed▶	IL						
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe				A, if					section	
	Own website Another's website	e 🔽 Upon re	quest	Other (e	xpla	in ir	n Sche	dule	e O)		
19	Describe in Schedule O whether (and if so policy, and financial statements available	to the public du	ıring t	he tax year.							
20	State the name, address, and telephone in James Baker 2513 N Central Park Ave			who possesse 312) 933-0230		e org	ganiza	tion	's books and rec		orm 990 (2022)
				Page 7 —							,
_	000 (2022)			Page /							_
	990 (2022) t VII Compensation of Officers, I	Directors.Tri	ustee	s. Kev Fmn	love	205	. Hia	hes	t Compensal	ed Employee	Page 7
1 (41	and Independent Contracto	ors			-				-		_
	Check if Schedule O contains a res										🗆
	ection A. Officers, Directors, Trusto										
year.	omplete this table for all persons required the List all of the organization's current office mpensation. Enter -0- in columns (D), (E),	rs, directors, tr	ustees	(whether indiv	/idua				-	_	IIIZALIOII'S LAX
	ist all of the organization's current key en										
who r	ist the organization's five current highest received reportable compensation (box 5 organization and any related organizations.										\$100,000 from
	ist all of the organization's former officers portable compensation from the organization				nsate	ed e	mploy	ees	who received m	ore than \$100,0	00
	ist all of the organization's former direct	•		-	e ca	oaci	ty as a	a for	mer director or	trustee of the	
_	nization, more than \$10,000 of reportable of	•		e organization	and	any	relat	ed o	rganizations.		
	he instructions for the order in which to lis										
	Check this box if neither the organization n	i '	organiz I			d an	y curr	ent			7 -5
	(A) Name and title	(B) Average hours per week (list	one	ition (do not cl box, unless pe fficer and a dire	heck ersoi	ı is	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
		any hours for related	9 5	D.	Ω	조	프	Ŧ	organization (W-2/1099-	organizations (W-2/1099-	compensation from the
		organizations below dotted line)	dividual trus	Institutional Trustee;	Officer	Key employee	com	Former	MISC/1099- NEC)	MISC/1099- NEC)	organization and related organizations
			ustee				pensated				
	yssa Giachino	1			х				0	113,462	0
Treası		40			,				0	113,402	0
(2) Ja	mes Baker	5			х				0	77,884	0
Presid		40								77,001	
. ,	ex Han	1			х				0	0	0
Secre		0			,					ŭ	
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				Page	e 8	_									
Form 990 (2022)															Page 8
Part VII Section A. Officers,	Directors, Tr	ustees	, Key Em	ploye	ees	, ar	nd Hi	ghe	est C	om	pensated	Emp	loyees (con	tinued)	
(A)	(B)			(C)							(D)		(E)	(F)
Name and title	Average	Position	on (do not unless pers	check	mo	ore f	than o	one		Rep	ortable		eportable	Estima amount o	ated
	hours per week (list	Dox,	and a dir					Lei		fro	ensation m the	fro	npensation om related	compen	sation
	any hours for related	악호		9	2	S O	돐	Fo	org		ation (W- L099-		ganizations V-2/1099-	from organizat	
	organizations below dotted	dividual t	Institution Trustee;	onal	loer	Key employee	thes	Former	MIS	SC/1	099-NEC)		C/1099-NEC)	relat organiz	:ed
	line)	S E	l'idstee,		33.5	oldu	1 00	-						or garnz	acions
		Individual trustee or director				yee	ap p								
		99					ensa								
							Highest compensated employee								
		<u> </u>			_										
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				\dashv	寸			H							
		1		\dashv	\dashv			\vdash	\vdash						
		<u> </u>		_	_			_	<u> </u>						
1b Sub-Total					•		•	-							
c Total from continuation sheet $\underline{\mathbf{d}}$ Total (add lines 1b and 1c) .								-			0		191,346		0
2 Total number of individuals (inc				sted a	hov	(e) v	who re	cei	ved m	ore		000	191,540		
of reportable compensation fro				occu u		τ, ι	· · · · · · · · · · · · · · · · · · ·		vea n	1010	than \$100	,,000			
														Yes	No
3 Did the organization list any fo				key e	mpl	loye	e, or	high	est c	omp	ensated e	mploy	ee on		
line 1a? If "Yes," complete Sch	edule J for suc	h indivia	lual	•	•	•	•	•					3		No
4 For any individual listed on line organization and related organ				if "Yes	5," (com	plete	Sch				he			
individual • • • • •						•	-	•	•	•	• • •		4		No
5 Did any person listed on line 1a services rendered to the organ			•			•			_						No
Section B. Independent Cor	ntractors														

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) pusiness address		Desc	(B) ription of services	(C) Compensation
2 Total number of indep		ncluding but not limited	d to those listed abov	ve) who received m	ore than \$100,000 o	f
compensation from th	ne organization 🕨 0					Form 990 (2022)
						10mm 330 (2022)
			Page 9			
Form 000 (2022)						
Part VIII Stateme	nt of Revenue					Page 9
		esponse or note to any	y line in this Part VIII			\square
		·	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt	Unrelated business	Revenue excluded from
				function revenue	revenue	tax under sections 512 - 514
Federated campaigns	1a					
Contributions, 0	<u></u>					
and Membership dues	. 1b					
OtherAmt 0 Similar	1 -					
Arfio [Hestraising events of the state of th	. <u>1c</u>					
d Related organizations	5 1d					
0						
e Government grants (con	tributions) 1e					
0	<u> </u>					
f All other contributions, g and similar amounts not	included					
above	1f					
200,000						
g Noncash contributions in lines 1a - 1f:\$	cluded in 1g					
,	<u> </u>					
0						
h Total. Add lines 1a-1	f	200,000			1	
		Business Code	5,200	5,200	0	0
2a Efforts to support we	orkers	813930	3,200	3,200	Ü	Ü
Program Service Revenue		-				
e Ae						
9						
¥		_				
ജ് ച						
		_				
f All other program	service revenue.		0	0	0	0
9 Total. Add lines	2a-2f ▶	5,200	<u> </u>			
	e (including dividends,	interest, and other				_
similar amounts)		▶				
_	tment of tax-exempt b	er i				
5 Royalties	(i) Real	(ii) Personal	+			
	'	(ii) i ci soriai			}	
6a Gross rents	6а					
b Less: rental expenses	6Ь					
c Rental income						
or (loss)	6c	0				

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 0 **4** Benefits paid to or for members 0 0 0 5 Compensation of current officers, directors, trustees, and 6 Compensation not included above, to disqualified persons (as 0 defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 0 **7** Other salaries and wages 0

,	I		Emprorer Tror done	
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	(0
Other employee benefits	0	0	(0
Payroll taxes	0	0	(0
Fees for services (non-employees):				
Management	0	0	(0
Legal	1,212	1,212	(0
Accounting	1,965	0	1,965	0
Lobbying	0	0	(0
Professional fundraising services. See Part IV, line 17	0			0
Investment management fees	0	0	(0
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	(0
Advertising and promotion	19,052	19,052	(0
Office expenses	533	0	533	0
Information technology	0	0	(0
Royalties	0	0	(0
Occupancy	0	0	(0
Travel	0	0	(0
Payments of travel or entertainment expenses for any federal, state, or local public officials •	0	0	(0
Conferences, conventions, and meetings	0	0	(0
Interest	0	0	(0
Payments to affiliates	257,497	257,497	(0
Depreciation, depletion, and amortization	0	0	(0
Insurance	400	0	400	0
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 ()				
a Political campaign support	35,000	35,000	(0
b Taxes & licenses	210	0	210	0
<u> </u>				
- d				
*	0	0		0
		_	•	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	315,665	312//01	3,200	
<u>_</u> _				
<u> </u>	Dags 11			Form 990 (2022)
	— raye II ———			
1 990 (2022)				Page 11
Balance Sheet				
Check if Schedule O contains a response or note to any	v line in this Part IX .			\square
·	,	(A)		(B) End of year
1 Cash-non-interest-bearing	•		251,131 1	182,441
2 Savings and temporary cash investments			0 2	0
3 Pledges and grants receivable, net			0 3	0
4 Accounts receivable, net			0 4	0
trustee, key employee, creator or founder, substantial o	contributor, or 35%		0 5	0
6 Loans and other receivables from other disqualified per	sons (as defined under			
			0 6	0
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). Other employee benefits	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). Obter employee benefits	Pension plan acruals and contributions (include section 401(k) and 403(k) emiliprer contributions). 401(k) and 403(k) emiliprer contributions). 401(k) and 403(k) emiliprer contributions). 401

Schedule O. https://projects.propublica.org/nonprofits/organizations/821727600/202323199349302072/full

1 Accounting method used to prepare the Form 990:

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

If the organization changed its method of accounting from a prior year or checked "Other," explain on

☐ Cash ✓ Accrual ☐ Other

No

Yes

./7/25,	4:26 PM Financial Services Stakeholder Action Nfp - Full Filing - Nonprofit Explorer - ProPu	olica		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	✓ Separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C	•		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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.	3b		
		ſ	orm 99	0 (2022)
Form	990 (2022)			
Ad	ditional Data	Retur	n to Fo	orm
	Software ID: 22015720			
	Software Version: v1.00			
Forn	n 990, Special Condition Description:			
	Special Condition Description			

efile Public Visual Ren	der ObjectId: 202323	3199349302072 - Submission: 2023-11	-15	TIN: 82-1727600
Schedule B		Schedule of Contribute	ors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	▶G	Attach to Form 990, 990-EZ, or 99 o to <u>www.irs.gov/Form990</u> for the latest		2022
Name of the organization Financial Services Stakeh	older Action NFP		Emp	loyer identification number
Organization type (che	ck one):		82-1	727600
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (er	nter number) organization		
	4947(a)(1) no	onexempt charitable trust not treated	as a private foundation	
	☐ 527 political o	organization		
Form 990-PF	☐ 501(c)(3) exe	empt private foundation		
	4947(a)(1) no	onexempt charitable trust treated as a	private foundation	
	☐ 501(c)(3) taxa	able private foundation		
contributions. Special Rules For an organizat	ion described in section	501(c)(3) filing Form 990 or 990-EZ tl	hat met the 33 ¹ /3% suppo	rt test of the regulations
under sections 5 received from ar	09(a)(1) and 170(b)(1)(A ny one contributor, during	501(c)(3) filing Form 990 or 990-EZ tl A)(vi), that checked Schedule A (Form g the year, total contributions of the gr Z, line 1. Complete Parts I and II.	990 or 990-EZ), Part II, I	line 13, 16a, or 16b, and that
	, ,	,	an 000 F7 that received t	for an annual and a second and a second and a second and a second and a second and a second and a second and a
during the year,	total contributions of mo	501(c)(7), (8), or (10) filing Form 990 re than \$1,000 <i>exclusively</i> for religiou to children or animals. Complete Par	s, charitable, scientific, lite	
during the year, If this box is che purpose. Don't c	contributions <i>exclusively</i> cked, enter here the tota omplete any of the parts	501(c)(7), (8), or (10) filing Form 990 or for religious, charitable, etc., purpose all contributions that were received dures unless the General Rule applies to totaling \$5,000 or more during the year	es, but no such contribution ing the year for an <i>exclu</i> s This organization because	ons totaled more than \$1,000. sively religious, charitable, etc., it received <i>nonexclusively</i>
990-EZ, or 990-PF), but	it must answer "No" on	ne General Rule and/or the Special Ri Part IV, line 2, of its Form 990; or che t it doesn't meet the filing requirement	eck the box on line H of its	s Form 990-EZ
For Paperwork Reduction <i>A</i> for Form 990, 990-EZ, or 99		ons	Cat. No. 30613X	Schedule B (Form 990) (2022)
		Page 2 ————		
Schedule B (Form 990)	(2022)		Pag	e 2
Name of organization			Employer id	lentification number

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional spaces	ce is needed.	
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
		\$ RESTRICTED	Payroll
	,	\$ RESTRICTED	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
		4.	(Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		0	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	Payroll
	-	Ψ_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
	3 (Form 990) (2022)		Page 3
Name of org Financial Se	ganization rvices Stakeholder Action NFP	Employer identification	on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	82-1727600	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
raiti		(See instructions)	1

-					\$			
(a) No. from Part I	(b) Description of noncash	property give	1		(c) or estimate) instructions)	(d) Date received		
-					\$			
(a) No. from Part I	(b) Description of noncash	property give	1	•	(c) or estimate) instructions)	(d) Date received		
-					\$			
(a) No. from Part I	(b) Description of noncash	property give	1		(c) or estimate) instructions)	(d) Date received		
-					\$			
(a) No. from Part I	(b) Description of noncash	property give	ı		(c) or estimate) instructions)	(d) Date received		
-					\$			
(a) No. from Part I	(b) Description of noncash	property give	1		(c) or estimate) instructions)	(d) Date received		
-				-	\$_			
		——— Р	age 4			Schedule B (Form 990) (2022)		
Schedule Name of or	B (Form 990) (2022)				Employer ide	Page 4		
	ervices Stakeholder Action NFP				82-1727600	ittilication number		
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See insues the supplicate copies of Part III if additional specific processes the supplication of th	tributor. Completotal total of excluse tructions.)	ete columns (a) thr sively religious, cha	ough (e)	and the followir	ng line entry. For		
(a) No. from Part I	(b) Purpose of gift		c) Use of gift		(d) Descri	ption of how gift is held		
-	Transferee's name, address, and) Transfer of gift R	elationshi	ip of transferor t	o transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is hel			
-	Transferee's name, address, and	(e ZIP 4) Transfer of gift R	e l ationshi	ip of transferor t	o transferee		
(a)	(h) Durnoss of sift		a) Hos of gift		(d) Docori	intion of how gift in hold		

77/25, 4:26 PM	Financial S	ervices Stakeholder Action Ni	p - Fuii Filing - Nonproiit E	Explorer - ProPublica
Part I	(b) Fulpose of glit	(c) Use of	giit	(a) Description of now gift is field
_ =				
	Transferee's name, address, and 2	(e) Transfer		transferor to transferee
(a)				
No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
_ =			_	
	Transferee's name, address, and a	(e) Transfer ZIP 4		transferor to transferee
		<u> </u>		Schedule B (Form 990) (2022)
Addition	al Data			Return to Form

1/7/25, 4:26 PM Financial Services Stakeholder Action Nfp - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202323199349302072 - Submission: 2023-11-15 TIN: 82-1727600 OMB No. 1545-0047 Political Campaign and Lobbying Activities **SCHEDULE C** (Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527 Department of the Treasury **Open to Public** ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service Fo to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Financial Services Stakeholder Action NFP 82-1727600 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of 1 "political campaign activities." Political campaign activity expenditures. See instructions 2 54,000 3 Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ No ☐ Yes 4a Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 2 function activities 35,000 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b........ 54,000 4 Did the filing organization file Form 1120-POL for this year? Yes No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received filing organization's funds. If none, enter and promptly and directly delivered to a -0-. separate political organization. If none, enter -0-. (1) Democratic Treasurers Association 1350 I Street Northwest Ste 300 82-3171981 10,000 0 Washington, DC 20005 (2) Friends of Tina Kotek PO Box 42307 20-4689019 10,000 0 Portland, OR 97242 (3) Committee to Elect Aaron Ford 0 PO Box 96003 27-1373046 5,000 Las Vegas, NV 89193 (4) New Mexicans for Michelle PO Box 25422 81-4620747 0 5.000 Albuquerque, NM 87125 (5) Faith in Minnesota 2356 University Ave W 405 82-2271968 5,000 n Saint Paul, MN 55114

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

Schedule C (Form 990) 2022

Contraction of the

Page 2

Schedule C (Form 990) 2022

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Page 2 -

Cat. No. 50084S

A C	A:26 PM Tinancial States Pull of the filing organization belongs to an expenses, and share of excess lobbying theck Tinancial States PM Financial States	expenditures).	in Part IV each a			
B C	Limits on Lobbying (The term "expenditures" means	Expenditures			(a) Filing ganization's totals	(b) Affiliated group totals
1a 7	Total lobbying expenditures to influence public opinion	n (grass roots lobbying)				
	Total lobbying expenditures to influence a legislative	, ,,				
c 7	Total lobbying expenditures (add lines 1a and 1b)					
d (Other exempt purpose expenditures					
e T	Total exempt purpose expenditures (add lines 1c and	1d)				
	Lobbying nontaxable amount. Enter the amount from	the following table in b	oth			
	columns. If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	hle amount is:	— —		
Ļ	, , , , ,	20% of the amount on line				
L	· ·	\$100,000 plus 15% of the e		10		
L		\$175,000 plus 10% of the e				
_						
L		\$225,000 plus 5% of the ex				
	Over \$17,000,000	\$1,000,000.				
•	Grassroots nontaxable amount (enter 25% of line 1f)					
-	Subtract line 1g from line 1a. If zero or less, enter -0			 		
	Subtract line 1f from line 1c. If zero or less, enter -0-					
	If there is an amount other than zero on either line 1			ـــــــ n 4720 reportina		
_	section 4911 tax for this year?	, .		, ,		☐ Yes ☐ No
	(Some organizations that made a s columns below. See the		tions for line	s 2a through		
			rear Atteragn	19101104		
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	2 (e) Total
2a	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures				ļ	
d	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
•	C. aus. out topbying expenditures	ı	<u> </u>	l	Schedule	C (Form 990) 2022
		———— Page 3 –				
chec	dule C (Form 990) 2022					Page 3
Par	rt II-B Complete if the organization is e		on 501(c)(3)	and has NOT	filed	
	Form 5768 (election under section				(a)	(b)
	ach "Yes" response on lines 1a through 1i below, pro	vide in Part IV a detailed	d description of t	he lobbying	(a)	(6)
ctivii	ty.				Yes N	No Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion on					
а	Volunteers?					
b	Paid staff or management (include compensation in		-	•		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes					

efile Public Visual Render

ObjectId: 202323199349302072 - Submission: 2023-11-15

TIN: 82-1727600

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

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
2022

Open to Public Inspection

Employer identification number

Name of the organization Financial Services Stakeholder Action NFP

icial Services Stakeholder Action NFP 82-1727600

Return Explanation Reference Form 990, Form 990 was reviewed by all board members of the organization. Part VI, Section B, Line 11b Form 990, Directors monitored compliance through discussions at board meetings. Part VI, Section B, Line 12c Form 990, Organization does not have employees and does not compensate employees. Part VI. Section B, Line 15 Form 990, Documents made available upon request. Part VI, Section C,

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

Line 19

Return to Form

efile Public Visual Render ObjectId: 202323199349302072 - Submission: 2023-11-15

TIN: 82-1727600

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2022

		►G	io to <u>www</u>				and the	latest in		on.			С	pen to Inspe	Publi	С
Internal Revenue Service Name of the organization Financial Services Stakeholder Action N	Employer identification akeholder Action NFP entification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) Legal domicile (state or foreign country) Total income End-of-year assets entification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because editax-exempt organizations during the tax year. (a) (b) (c) Legal domicile (state or foreign country) Interception of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because editax-exempt organizations during the tax year. (a) (b) (c) (c) (d) (e) End-of-year assets (d) (e) End-of-year assets (e) End-of-year assets (f) End-of-year assets (a) (b) (c) (c) (d) (e) End-of-year assets (d) (e) Public Charly status (if section 501(c)(3)) Primary activity Esempt Code section (f) Exempt Code section (g) Public Charly status (if section 501(c)(3)) Estakeholder Project NFP Research and education regarding the impacts of private equity investments										n numbe					
Doub I Identification o	f Disposanded Ev	atition Co	mulata if t	the evenu	ization angue	and "Voc" o		. 000 Pa	-+ T\/ :-		-1727600					
	(a)		тріете іг т	(b) (c) Primary activity Legal domicile (stat		c) nici l e (state		(d)	(e) End-of-year assets			(f) Direct con entit				
Part II Identification of	Related Tax-Exe	empt Orga	nizations	s. Comple	te if the orga	inization an	nswered	i "Yes" or	n Form	990, Par	t IV, line 3	34 because	it had	one or r	nore	
	a)		x year.			Legal domici	le (state			on Pub (if se	ic charity sta	tus Di	(f) irect contr entity	olling	Section (13) cor enti	512(b) ntrolled
(1)Financial Services Stakeholder Proj 2513 N Central Park Ave Chicago, IL 60647 82-1722599	ect NFP			regarding th private equit	e impacts of	IL		501(c)(3)	509(a)(2)	N/A			Tes	No
For Paperwork Reduction Act I	Notice, see the Ins	tructions fo	or Form 99			Cat. N	No. 5013	35Y				Sch	edule R	(Form 9	90) 20	122
Part III Identification of one or more relate							organiza	ation ans	wered '	Yes" on	Form 990,	, Part IV, l i	ne 34, I	oecause		e 2
(a Name, addres related org) s, and EIN of	eateu as a	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominal income(related unrelated excluded from under section 512-514)	nt Sh ed, , ir n tax	total e ncome	(g) nare of nd-of- year issets	(I Disprop alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(I Perce owne	ntage
																<u> </u>
Part IV Identification of because it had one		organizatio	ns treated	l as a corp	ooration or tr	ust during t	the tax	year.			"Yes" on					
(a) Name, address, and EIN o related organization	f	(b) Primary a	activity	L do (state	(c) .egal micile or foreign untry)	(d) Direct contr entity	rolling	(e) Type of entil (C corp, S corp, or trust)	y Share	(f) e of total come	(g) Share of end of-year assets	(h Percer owner	ntage	Sectio contri Yes	(i) n 512(b) olled enti	(13) ity?

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		Page 3 -										•	•
		rage 5 —											
Schedule R (Form 990) 2022													Page 3
Part V Transactions With Related Organiz	ations. Con	nplete if th	ne organizati	on answe	red "Yes"	on Form 9	990, Part	IV, line 34,	35b, or	36.			
Note. Complete line 1 if any entity is listed in Par		·						•	•				Yes No
1 During the tax year, did the organization engage in				e or more	related org	anizations	listed in Da	rtc II_I\/2					100 110
		-						115 11 - 1V:				1a	No
a Receipt of (i) interest, (ii) annuities, (iii) royaltieb Gift, grant, or capital contribution to related orga			troned entity.								•	1b	No
											•	1c	No
c Gift, grant, or capital contribution from related on											•	1d	No
d Loans or loan guarantees to or for related organiz											•		
e Loans or loan guarantees by related organization	s)									• •		1e	No
f Dividends from related organization(s)									•			1f	No
g Sale of assets to related organization(s)									•			1g	No
h Purchase of assets from related organization(s) .										•		1h	No
i Exchange of assets with related organization(s) .												1i	No
j Lease of facilities, equipment, or other assets to r	elated organiza	ition(s) .										1j	No
k Lease of facilities, equipment, or other assets from	n re l ated orga	nization(s)										1k	No
Performance of services or membership or fundrai	sing so l icitatio	ns for relate	ed organization	n(s)								11	No
m Performance of services or membership or fundra	sing so l icitatio	ns by relate	d organization	ı(s)								1m	Yes
n Sharing of facilities, equipment, mailing lists, or of	her assets wit	n re l ated or	ganization(s)									1n	Yes
o Sharing of paid employees with related organizati	on(s)											10	No
p Reimbursement paid to related organization(s) fo	r expenses .											1р	Yes
q Reimbursement paid by related organization(s) for											_	1q	No
A Hembarsement paid by relaced organization(b) re	· expenses :										•	H	
r Other transfer of cash or property to related orga	nization(c)											1r	No
s Other transfer of cash or property from related or											•	1s	No
									d transact	tion throshold	· ·		
	instructions in	or informati	on on who mu	st complet	e this line, i		overed rela		u transaci	tion threshold			
(a) Name of related	organization					(b) Transact		(c) Amount invo l v	ed	Method of de	(d) etermining	amount in	volved
						type (a-	-s)						
(1)Financial Services Stakeholder Project NFP					1	n		236,463	Base	d on actua l hou	urs worked		
(2)Financial Services Stakeholder Project NFP					ı	n 1,287			Base	Based on a percentage of total hours			
(3)Financial Services Stakeholder Project NFP									ctual expenses				
(3) mancial Services Stakeholder Project Ni P					,	,		15,747	Actua	al expenses			
					+								
										Sch	edule R	(Form 9	90) 2022
		Page 4 -										•	•
		Page 4 -											
Schedule R (Form 990) 2022													Page 4
Part VI Unrelated Organizations Taxable	as a Partne	ership. Co	mplete if the	organiza	ation answ	ered "Yes	" on Form	n 990, Part	IV, line 3	37.			
Provide the following information for each entity taxed a	s a partnership	through w	hich the organ	ization co							ssets or o	gross rev	enue) that
was not a related organization. See instructions regarding													
(a) Name, address, and EIN of entity	(b) Primary	(c) Legal	(d) Predominant	Are all	(e) I partners	(f) Share of	(g) Share of	(h Dispropr	tionate	(i) Code V-UBI	(i Gene	ral or	(k) Percentage
	activity	domicile	income (related,	se	ection	total income	end-of-year assets	allocat	ions?	amount in box 20	mana	aging	ownership
		(state or foreign	unrelated,	organ	l(c)(3) izations?	IIICOIIIE	assets			of Schedule	part	iidi :	
		country)	excluded from tax under	1						K-1 (Form 1065)			
			sections 512-	<u></u>]		<u></u>		1, 2, 111 1003)	<u></u>		
			514)	Yes	No]		Yes	No		Yes	No]
				1				1					
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										Sci	hedule R (Form 99	0) 2022
		- Page 5 -											
Schedule R (Form 990) 2022													Page 5
Part VII Supplemental Information Provide additional information for		stions on Sch	edu l e R, See i	nstructions	•								
Return Reference		responses to questions on Schedule R, See instructions, Explanation											
											Schedu	e R (Form	990) 2022
Additional Data													

990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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

For the 2023 calendar year, or tax year beginning 01/01/2023 and ending 12/31/2023 Check if applicable: C Name of organization Financial Services Stakeholder Action NFP D Employer identification number 82-1727600 Address change Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 312-933-0230 Initial return 2513 N Central Park Ave City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Chicago, IL 60647 G Gross receipts \$ 168,000 Amended return H(a) Is this a group return for subordinates? ☐ Yes ✓ No F Name and address of principal officer: Jim Baker Application pending **H(b)** Are all subordinates included? ☐ **Yes** ☐ **No** 2513 N Central Park Ave, Chicago, IL 60647 Tax-exempt status: 501(c)(3) √ 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. Website: H(c) Group exemption number Form of organization: Corporation Trust Association L Year of formation: 2017 M State of legal domicile: ш Part I Summary Briefly describe the organization's mission or most significant activities: FSSA develops policy and legislative solutions for the environment, social, and governance problems related to investments made by financial services firms, including but not Activities & Governance limited to private equity firms, hedge funds, and infrastructure funds. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 1 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 200,000 120,000 Revenue 9 Program service revenue (Part VIII, line 2g) 5,200 48,000 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 205,200 168,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 315,869 205,414 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 315,869 205,414 19 Revenue less expenses. Subtract line 18 from line 12 -110,669 -37,414 **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) 182,441 105.286 21 Total liabilities (Part X, line 26) . 80,337 40,596 22 Net assets or fund balances. Subtract line 21 from line 20 102,104 64,690 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer Date Here James Baker, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Check | if Paid self-employed Preparer Firm's name Firm's EIN **Use Only** Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Yes

☐ No

Part	Ш	Statement of Program Service				
		Check if Schedule O contains a re	<u> </u>	any line in this Part II	<u> </u>	<u> </u>
1		ly describe the organization's missic				
		A develops policy and legislative solu				
	by fi	nancial services firms, including but r	ot limited to private	equity firms, hedge fund	s, and infrastructure funds	<u>.</u>
2	Did :	he organization undertake any signi	icant program serv	vices during the year w	hich were not listed on th	
2		Form 990 or 990-EZ?				□ Yes ☑ No
	-	es," describe these new services on				_ les VIII
3		the organization cease conducting		ant changes in how	it conducts, anv prograr	n
		•				☐ Yes ☑ No
	If "Y	es," describe these changes on Sch	dule O.			
4		cribe the organization's program ser		ents for each of its thre	e largest program service	es, as measured by
		enses. Section 501(c)(3) and 501(c)(4				
	the t	otal expenses, and revenue, if any, f	or each program se	rvice reported.		
4a	(Coc) (Revenue \$	168,000)
	Sup	ported efforts by workers to engage in	titutional investors,	policymakers, etc. for n	nore sustainable jobs.	
41	') /F			\ /D	
4b	(Coc	le:) (Expenses \$	including g	rants of \$) (Revenue \$)
4c	(Coc	le:) (Expenses \$	including g	rants of \$) (Revenue \$)
4d		r program services (Describe on Scl				
		enses \$ 0 including g	ants of \$	0) (Revenue \$	0)	
4e	Tota	l program service expenses	201,352			

Form 99			F	Page 3
Part	V 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✓	
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		√
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 "Yes," complete Schedule C, Part II</i>	4		
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		√
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		√
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		√
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		▼
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		V
Ü	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			·
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
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		√
С	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		√
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		→
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
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)? <i>If</i> "Yes," complete Schedule D, Part X	11f		./
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	 		· ·
	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		√
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		√
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		√
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		√

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

19

20a

Form **990** (2023)

19

20a

20b

Part	Checklist of Required Schedules (continued)			
20	Did the expenization report more than \$5,000 of grants or other assistance to or for demostic individuals on		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		✓
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		√
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		v
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		<u> </u>
d 25a b	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 "Yes," complete Schedule L, Part I</i>	24d 25a		✓
	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		✓
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? <i>If "Yes," complete Schedule L, Part II</i>	26		√
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		✓
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		√
c	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		√
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		√ ✓
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 "Yes," complete Schedule R, Part I</i>	33		V
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	√	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
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	✓	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
U	reportable gaming (gambling) winnings to prize winners?	1c	1	

Dort	V Statements Degarding Other IDS Filings and Tay Compliance (continued)		Vac	Na
Part			Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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			,
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	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			
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:			
a b	Gross income from members or shareholders			
b	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 12b	124		
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	_ ـ ا		,
	excess parachute payment(s) during the year?	15		✓
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) Page **6**

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year. . 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ✓ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 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? $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed IL 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Another's website ✓ Upon request Other (explain on Schedule O) Describe on 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.

James Baker, (312)933-0230

Part VI

Form 990 (2023) Page **7**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	n arry relate	u org	aiiiZ)) C)	ompe	1150	Ted any current	l	oi iiusiee.
(A) Name and title	(B) Position (D) Average hours hours post week hours and a director/trustee) Position (D) (do not check more than one box, unless person is both an officer and a director/trustee) from the compensation of the complex section of		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation					
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organization
Alyssa Giachino	1.00									
Treasurer	40.00	✓		✓				0	119,004	
James Baker	5.00									
President	40.00	✓		✓				0	102,691	
Alex Han	1.00			,						
Secretary	0.00	✓		✓				0	0	

Form **990** (2023)

Part	VII Section A. Officers, Directors, 7	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated Emp	oloyees (continued)
					(6	C)					
	(A)	(B)	l			sition			(D)	(E)	(F)
	Name and title	Average					e than d is both		Reportable	Reportable	Estimated amount
		hours					or/trust		compensation	compensation	
		per week (list any	익 코	<u>n</u>	으	<u>چ</u>	g 프	Б	from the organization (W-2/	from related organizations (M	compensation I-2/ from the
		hours for	dire	Institutional	Officer	y er	phes	Former	1099-MISC/	1099-MISC/	organization and
		related organizations	ctor	tion	`	nplc	yee yee	٦	1099-NEC)	1099-NEC)	related organizations
		below	Individual trustee or director	a tr		Key employee) mg				
		dotted line)	tee	trustee			Highest compensated employee				
				Ō			l ted				
]								
			-								
			-								
			-								
			-								
			-								
			-								
			1								
	Subtotal									221.0	05 0
1b c	Total from continuation sheets to Part		 n A	•	•	•		•	0	221,6	95 0
d	Takal (add lines dla sud de)		ΜА	•	•			•	0	221 6	0.5
	Total number of individuals (including	but not	limite		to 1	thos	e list	ted		221,6	
_	reportable compensation from the organi								0	soon od more	5 than \$100,000 or
									<u> </u>		Yes No
3	Did the organization list any former of	officer, dire	ector.	tru	ıste	e. k	cev e	lam	lovee, or highes	st compensa	
_	employee on line 1a? If "Yes," complete S										. 3 🗸
4	For any individual listed on line 1a, is the							n a	and other compe	nsation from	
	organization and related organizations										
	individual										. 4 🗸
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsa [.]	tion	fro	m any	/ un	related organiza	tion or individ	ual
	for services rendered to the organization'	? If "Yes," c	compl	lete	Sch	hedi	ule J f	or s	such person .		. 5 ✓
Secti	on B. Independent Contractors										
1	Complete this table for your five high										
	compensation from the organization. Repo	ort compen	sation	1 foi	r the	e ca	lenda	r ye	ear ending with or	within the or	ganization's tax year.
	(A)								(B)		(C)
	Name and business add	ress							Description of sen	vices	Compensation
None											
	Tabel months of the last state	/: ! !!				10 **	LI !	<u> </u>			
2	Total number of independent contractor received more than \$100,000 of compens						iea to) th		e) wno	
	received more man prod,000 or compens	ation nom	ri ie Ol	yan	ıı∠dl	IIUI.			0		

Part	VIII	Statement of Rec Check if Schedule			esnon	se or note to ar	ny line in this Pa	nt VIII		
		One of the contraction			, op o		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ś, Ś	1a	Federated campaig	ıns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
בי פו	С	Fundraising events			1c	0				
fts, ır A	d	Related organizatio	ns .		1d	0				
nila	е	Government grants			1e	0				
Sir	f	All other contribution								
utic her		and similar amounts no			1f	120,000				
trib Ot	g	Noncash contribution								
on					1g					
0	h	Total. Add lines 1a-	-11 .				120,000			
ø	00	F#		_		Business Code	40.000	40.000		
vic.	2a b	Efforts to support w				813310	48,000	48,000	0	0
Ser	C									
Program Service Revenue	d									
gra Re	e									
Pro	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-					48,000			
	3	Investment income	e (incl	luding divi	dends	s, interest, and	·			
		other similar amour	nts) .							
	4	Income from investr	ment (of tax-exen	npt bo	ond proceeds				
	5	Royalties	<u></u>							
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses								
	С	Rental income or (loss)		<u> </u>	0	0				
	_d	Net rental income o	r (los	ı'						
	7a	Gross amount from		(i) Securit	ties	(ii) Other				
		sales of assets other than inventory	7-							
4	b	Less: cost or other basis	7a							
evenue		and sales expenses .	7b							
ve	С	Gain or (loss)	7c		0	0				
Ξ.	d	Net gain or (loss)								
Other		Gross income fro								
ŏ	Ou	events (not including		0						
		of contributions re		d on line	-					
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	ses .		8b					
	С	Net income or (loss) from	n fundraisin	g eve	nts				
	9a	Gross income t								
		activities. See Part			9a					
	b	Less: direct expens			9b					
	С	Net income or (loss	•		ctivitie	es				
	10a	Gross sales of in		=						
		returns and allowan			10a					
	b	Less: cost of goods			10b	 				
	С	Net income or (loss) Iron	i sales of ir	ivenic					
Miscellaneous Revenue	110					Business Code				
scellaneo Revenue	11a b									
ella ver	C									
SCE	d	All other revenue								
Σ	e	Total. Add lines 11a					0			
	12	Total revenue. See					168,000	48,000	0	0

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

Section 501(c)(3) and 50	01(c)(4) organizations must con	npiete ali columns. All other organ	izations must complete column (A).
Chook if C	Sabadula O santaina a raanan	aa ay nata ta any lina in thia Daw	IV

	Check if Schedule O contains a response	or note to any line	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	_ (D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		охроново	general expenses	охронооо
•	and domestic governments. See Part IV, line 21 .				
0	Grants and other assistance to domestic	0	0		
2	individuals. See Part IV, line 22				
	·	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6					
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
a					
b	Legal	221	221		
С	Accounting	1,898		1,898	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion				
13	Office expenses	1,720		1,720	
14	Information technology	1,720		1,720	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	171,131	171,131	<u> </u>	
22	Depreciation, depletion, and amortization				
23	Insurance	400		400	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_	Contract recovered	20.000	20.000		
a	Contract research	30,000	30,000	0	0
b	Bank fees	44	0	44	0
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	205,414	201,352	4,062	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here \square if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Page **11**

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 Cash—non-interest-bearing 182,441 1 105,286 2 2 Savings and temporary cash investments 0 3 3 0 4 0 4 5 Loans and other receivables from 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 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6 7 7 0 8 0 8 9 Prepaid expenses and deferred charges . . 0 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . | 10a **b** Less: accumulated depreciation **10b** 10c 11 Investments—publicly traded securities 0 11 12 Investments—other securities. See Part IV, line 11 . 12 0 13 Investments—program-related, See Part IV, line 11. 13 0 0 14 14 15 Other assets. See Part IV, line 11 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) . . . 182,441 16 105,286 17 Accounts payable and accrued expenses 80,337 17 40,596 18 18 0 19 19 0 20 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 22 Loans and other 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 0 22 Secured mortgages and notes payable to unrelated third parties . . . 23 0 23 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 80,337 26 40,596 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . . 102,104 27 64,690 0 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 Retained earnings, endowment, accumulated income, or other funds . 31 32 Total net assets or fund balances 102,104 32 64,690 Total liabilities and net assets/fund balances 33 182,441 105,286

Form **990** (2023)

Form 99	0 (2023)			Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8,000
2	Total expenses (must equal Part IX, column (A), line 25)	2		20	5,414
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	7,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		10	2,104
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		6	4,690
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII			1	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the experience of accounting from a prior year or checked "Other" over	nlain			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain	on		
•					
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 correviewed on a separate basis, consolidated basis, or both.	ipiiea	Of		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Ola		
b	Were the organization's financial statements audited by an independent accountant?		2b		√
	separate basis, consolidated basis, or both.	eu on	a		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	reight	of		
·	the audit, review, or compilation of its financial statements and selection of an independent accounta				
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao t			_
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				
	-			ո 990	(2023)

Exhibit 6 (Page 78 of 84)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Financial Services Stakeholder Action NFP	82-1727600
Form 990, Part VI, Section B, Line 11b - The Form 990 was shared with board members and reviewed at a b	poard meeting.
Form 990, Part VI, Section B, Line 12c - Compliance with policy was reviewed at board meetings	
Form 990, Part VI, Section B, Line 15 - Financial Services Stakeholder Action NFP does not have any employed	oyees
Farm 000 Part III Cartian O Line 40 Materials are made available are asset	
Form 990, Part VI, Section C, Line 19 - Materials are made available upon request	

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047 2023 Employer identification number

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2023 ž (f) Direct controlling entity? Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Yes 82-1727600 (f)
Direct controlling
entity (e) End-of-year assets ¥ (e)
Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 509(a)(2) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) Cat. No. 50135Y (c)
Legal domicile (state lor foreign country) **(b)** Primary activity ⊒ Research and education regarding one or more related tax-exempt organizations during the tax year. **(b)** Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) Financial Services Stakeholder Project NFP (82-1722599) (a) (a) Name, address, and EIN of related organization Financial Services Stakeholder Action NFP 2513 N Central Park Ave, Chicago, IL 60647 Part I Part II <u>8</u> ල 4 (2) 9 8 ල 4 2 9 5 Ξ

Page 2

Schedule R (Form 990) 2023	rm 990) 2023 Identification of R	m 990) 2023 Identification of Related Organizations Taxable	ons Taxable	e as a Partnership. Complete if the organization answered "Yes" on Form 990. Part IV. line 34.	hip. Complete	e if the ord	ganization ar	Iswered	"Yes"	on Form 990.	Part	/. line	Page 2
Part III	because it had one	because it had one or more related organizations treated as a partnership during the tax year.	ganizations 1	reated as a pa	rtnership duri	ng the tax	year.		}				î
Name, ɛ relat	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	Share of total income	-	(g) Share of end-of- [syear assets	(h) Disproportionate allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		General or managing partner?	(k) Percentage ownership
(1)											8		
(2)													
(3)													
(4)													
(5)													
(9)													
(7)													
Part IV	Identification of Filine 34, because it	Identification of Related Organizations Taxable line 34, because it had one or more related organ	ons Taxable lated organi	e as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, izations treated as a corporation or trust during the tax year.	tion or Trust. as a corporat	Complete	e if the orgar st during the	ization tax yea	answer Ir.	ed "Yes" on F	Form 9	90, Pa	٦, ۲.
Name,	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity (C	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	-	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
(1)												Yes	δ 8
(2)													
(3)													
(4)													
(5)													
(9)													
(7)													
					-					Š	chedule	R (Forn	Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

Page 3

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

Note Compare the 1 I any entity is listed in Paris II. III. or No of this schedule. 1 During the tax year compared to the activation of the allowing historic ordinal countries and the agrantations (file organics of the activation of the activati	S S S S S S S S S S S S S S S S S S S	>>>>	>>	v / v	ount involved	total hours	1 2003 and 1 2003
ansactions with one or more related organizations listed is lifed entity.) lated organization(s) corganization(s) corganization(s) corganization(s) corganization(s) corganization(s) corganization who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration on who must complete this line, including covered ration of the line ration of the l	\$\frac{1}{2} \cdot			1r	(d) Method of determining amo	sed on percentage of	Schadule B (Fo
registrate in the 1 ft any entity is listed in Parts 11, III, or IV of this schedule. 19 the tex was, did the organization engage in any of the following transactions with one or more related organization (grant, or capital contribution to caled organization(s) 19 grant, or capital contribution from related organization(s) 19 cor loan guarantees to ror feated organization(s) 19 cor loan guarantees to related organization(s) 19 cor loan guarantees to related organization(s) 19 cor loan related organization(s) 19 cor facilities, equipment, or other assets from related organization(s) 19 cor facilities, equipment, or other assets from related organization(s) 19 cor facilities, equipment, or other assets from related organization(s) 10 correct organization(s) 10 correct organization(s) 10 correct organization(s) 11 correct paid organization(s) 12 correct organization(s) 13 corrices stakeholder Project NFP 14 I Services Stakeholder Project NFP 15 correct Stakeholder Project NFP 16 organization 17 correct Stakeholder Project NFP 18 corrices Stakeholder Project NFP 19 correct Stakeholder Project NFP 10 correct Stakeholder Project NFP 10 correct Stakeholder Project NFP 10 correct Stakeholder Project NFP 10 correct Stakeholder Project NFP 10 correct Stakeholder Project NFP 11 Services Stakeholder Project NFP	ions listed in Parts II-			g covered relationshi	033 B	13,098 Ba	
replate line 1 if any entity is listed in Parts II, III, or IV of this schedule. 19 the tax year, did the organization engage in any of the following transactions with one or nagrat, or captral contribution to related organization(s) 19 grant, or capital contribution to related organization(s) 19 grant, or capital contribution from related organization(s) 19 grant, or capital contribution from related organization(s) 19 grant or capital contribution from related organization(s) 19 so roan guarantees by related organization(s) 19 so roan guarantees by related organization(s) 19 of assets to related organization(s) 10 dassets to related organization(s) 10 dassets to related organization(s) 10 eo facilities, equipment, or other assets to related organization(s) 10 mance of assets with related organization(s) 10 mance of services or membership or fundraising solicitations by related organization(s) 11 ing of paid employees with related organization(s) 12 ing of paid employees with related organization(s) 13 or transfer of cash or property from related organization(s) 14 in transfer of cash or property from related organization(s) 15 in transfer of cash or property from related organization(s) 16 in summer to any of the above is "Yes," see the instructions for information on who must comparison or any of the above is "Yes," see the instructions for information on who must comparison or any of the above is "Yes," see the instructions for information on who must comparison or any of the above is "Yes," see the instructions for information on who must comparison or the paid organization organ	nore related organizat			ete this line, includin	(b) Transaction type (a-s)		
mpk digital di	ste line 1 if any entity is listed in Parts II, III, or IV of this schedule. he tax year, did the organization engage in any of the following transactions with one or mo of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. nt, or capital contribution to related organization(s)	As from related organization(s)	facilities, equipment, or other assets from related organization(s)	ansfer of cash or property to related organization(s)	(a) related organization		

Page 4

Schedule R (Form 990) 2023

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.

Si Si Si Si Si Si Si Si Si Si Si Si Si S	941111111111111111111111111111111111111		941419		2					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		··	sections 512—514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 Page 5 **Supplemental Information** Provide additional information for responses to questions on Schedule R. See instructions.