

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning _____ and ending _____

B Check if applicable: g Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization Rwxr pv ~ ' _ t q { x r ' T s t r p . . x ~ } ' U t } s		D Employer identification number BE < CAF H ? @ B
	Doing business as		E Telephone number B @ A < DD G < CD ? ?
	Number and street A ? ? ' f t , . . . P s p ,	@ @ F D	
	City or town, state or province, country, and ZIP or foreign postal code Rwxr pv ~ ; ' X [' ' E ? E ? E < D A B ?		G Gross receipts \$ @ B ; A H D ; F A D =
F Name and address of principal officer: Wt p . . w t f ' h = ' P } x r w x } x , p t ' p , ' R ' p q ~ t t		H(a) Is this a group return for subordinates? ~ ~ Yes g No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: _____			
J Website: ^ ^ ^ = c w t U t } s R w x r p v ~ = ~ f v			
K _____ g		_____ @ H H H _____ M _____ X [

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Activities & Governance	1 Briefly describe the organization's mission or most significant activities: c w t ' U t } s ' x € f ~ t t , ' € t q { x r ' , r w ~ - { , = ? t		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) ~ ~ ~ ~ ~	3	AB
	4 Number of independent voting members of the governing body (Part VI, line 1b) ~ ~ ~ ~ ~	4	AA
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) ~ ~ ~ ~ ~	5	AE
	6 Total number of volunteers (estimate if necessary) ~ ~ ~ ~ ~	6	AB
	7a Total unrelated business revenue from Part VIII, column (C), line 12 ~ ~ ~ ~ ~	7a	? =
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	? =	

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h) ~ ~ ~ ~ ~	
9 Program service revenue (Part VIII, line 2g) ~ ~ ~ ~ ~		? =	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~ ~ ~ ~ ~		A C H ; H G D =	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~ ~ ~ ~ ~		? =	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		E ; A G ? ; H G ? =	A ; G B B ; F F E =
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~ ~ ~ ~ ~		A D F ; B C ? =
	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) ~ ~ ~		A ; B A H ; C C E =
	16a Professional fundraising fees (Part IX, column (A), line 11e) ~ ~ ~ ~ ~		? =
	b Total fundraising expenses (Part IX, column (D), line 25) @ H ? ; A D ? =		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~ ~ ~ ~ ~		A ; @ C ? ; H C @ =
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~		D ; ? G D ; G A B =	C ; F A F ; F A F =
19 Revenue less expenses. Subtract line 18 from line 12		@ ; @ H D ; @ D F =	< @ ; G H B ; H D @ =
	20 Total assets (Part X, line 16) ~ ~ ~ ~ ~	Beginning of Current Year A B ; ? C D ; ? ? F =	End of Year A @ ; @ F B ; @ ? A =
	21 Total liabilities (Part X, line 26) ~ ~ ~ ~ ~	B G H ; ? A @ =	A G D ; @ @ F =
	22 Net assets or fund balances. Subtract line 21 from line 20	A A ; E D D ; H G E =	A ? ; G G F ; H G D =

pf . X | b w } p . t f ' Q { ~ r z

Sign Here Wt p . . w t f ' h = ' P } x r w x } x ; ' _ f t , x s t } . . . 5 ' R T ^

Paid Preparer Use Only	at q t z t w T { t S	<i>Robert G. ...</i>	Rvtrz xi turt €-Sts	? @ A C F E F A
	▶ ab \ ' db ' [[_		▶ CA < ? F @ C B A D	
	▶ B ? b - f . . w f p r z t f ' S f ; ' b t x . . t ' B B ? ?			
	Rwxr pv ~ ; ' X [' E ? E ? E < B B H A		B @ A < E B C < B C ? ?	

May the IRS discuss this return with the preparer shown above? See instructions **g** Yes No



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

1

Three horizontal lines for text entry.

2

Yes No

3

Yes No

4

4a Code: Expenses \$ including grants of \$ Revenue \$

Multiple horizontal lines for text entry.

4b Code: Expenses \$ including grants of \$ Revenue \$

Multiple horizontal lines for text entry.

4c Code: Expenses \$ including grants of \$ Revenue \$

Multiple horizontal lines for text entry.

4d Expenses \$ including grants of \$ Revenue \$

4e

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(continued)

		Yes	No
2a	AE		
b		g	
Note:	e-file		
3a			g
b	If "No" to line 3b, provide an explanation on Schedule O		
4a			g
b			
5a			g
b			g
c			
6a			g
b			
7	Organizations that may receive deductible contributions under section 170(c).		
a			g
b			
c			g
d	7d		
e			g
f			g
g			
h			
8	Sponsoring organizations maintaining donor advised funds.		
9	Sponsoring organizations maintaining donor advised funds.		
a			
b			
10	Section 501(c)(7) organizations.		
a	10a		
b	10b		
11	Section 501(c)(12) organizations.		
a	11a		
b	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts.		
b	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a			
Note:			
b			
c	13b		
	13c		
14a			g
b	If "No," provide an explanation on Schedule O		
15			g
16			g

g

		AB	[Shaded]
		AA	
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Check if Schedule O contains a response or note to any line in this Part VII

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

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

¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

¥ List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

¥ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		X sxtstpf.f, .tt, -/sfr..f	X, xt,x}rf, f, .tt	^urtf	ZtSt €{-Stt	Wwvt, .- €t} , p.ts	U-f t/			
(1) Heather Y. Anichini President & CEO	C? = ??	g		g				BD? ; CHB =	? =	CC; E? D =
(2) Chaula Gupta Vice President	C? = ??				g			A? D; B? @ =	? =	BG; H? =
(3) Nelson Gerew Director, Data & Policy	C? = ??					g		@G? ; E @G =	? =	F; DDA =
(4) Anna Piepneyer Director, Program & Investments	C? = ??					g		@? G; ACF =	? =	BA; CGB =
(5) Brent Gedhill Chair	C = ??	g		g				? =	? =	? =
(6) Kenneth C. Griffin Vice Chair	B = ??	g		g				? =	? =	? =
(7) Helen H. Zell Vice Chair	B = ??	g		g				? =	? =	? =
(8) Jill M. Garling Treasurer	B = ??	g		g				? =	? =	? =
(9) Barbara Mott Kizziak Secretary	B = ??	g		g				? =	? =	? =
(10) Ellen Alberding Director	@ = ??	g						? =	? =	? =
(11) Gillian Darlow Director	@ = ??	g						? =	? =	? =
(12) Kassie Davis Director	@ = ??	g						? =	? =	? =
(13) John Dugenske Director	@ = ??	g						? =	? =	? =
(14) Kimberly Evans Director	@ = ??	g						? =	? =	? =
(15) Jim Frank Director	@ = ??	g						? =	? =	? =
(16) John Garabedian Director	@ = ??	g						? =	? =	? =
(17) Austan Goolsbee Director	@ = ??	g						? =	? =	? =

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

(A)	(B)	(C) (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)	(F)
		X sxtstpf, f., tt -/sytfr..f	X., xt.xe)rf, f., tt	^urtf	Ztstj e-\$t	Wwv., t-] @, p, ts	tl e-\$t			
(18) Karen May Director	@=??	g						? =	? =	? =
(19) Siddharth Mehta Director	@=??	g						? =	? =	? =
(20) Anthony Miller Director	@=??	g						? =	? =	? =
(21) Judy Pomeranz Director	@=??	g						? =	? =	? =
(22) Andrea Saenz Director	@=??	g						? =	? =	? =
(23) Penny Bender Sebring Director	@=??	g						? =	? =	? =
(24) Brian P. Simmons Director	@=??	g						? =	? =	? =
(25) Eric Smith Director	@=??	g						? =	? =	? =
(26) David J. Vitale Director	@=??	g						? =	? =	? =
1b Subtotal								GCC; EDH=	? =	@AB; DD? =
c Total from continuation sheets to Part VII, Section A								? =	? =	? =
d Total (add lines 1b and 1c)								GCC; EDH=	? =	@AB; DD? =

		C	
		Yes	No
3	former If "Yes," complete Schedule J for such individual	3	g
4	If "Yes," complete Schedule J for such individual	4	g
5	If "Yes," complete Schedule J for such person	5	g

Section B. Independent Contractors

(A)	(B)	(C)
Ut{rft Tstrp..x~} b~{t..x~} , ; B?? f Psp , b..ftt..; b..t @???. Rwxrpv~; X[E?E?E bt} , xq{t X}} ~tp..x~} ; X)r=; sqp' ctv\$ EFA' b= Tttft..... b..ftt..; [pzt^ ~s; R^ G?AAE] p..x~} p{ bP\ X}} ~tp..x~} _f~ytr..; H?? bwt{q\$ix{{t as; 2AG?; [~tx, ix{{t; Zh C?AAA d} x\$ = ~u Rwxrpv~ Wa 8U 7 @DD' Tp, ... E?...w b..ftt..; Rwxrpv~; X[E?EBF	8. ! A	
a~rz\$ _~x} ... Sf; b..t ED?; cp €p; U[BBE?F		



			(A)	(B)	(C)	(D)
1 a	1a					
b	1b					
c	1c					
d	1d					
e	1e					
f	1f	2,583,791.				
g	1g	Noncash contributions included in lines 1a-1f	2,583,791.			
		Business Code				

			269,835.			269,835.
		10,442,099.				
		10,461,949.				
		-19,850.				
			-19,850.			-19,850.

		Business Code				

Total revenue.			2,833,776.	0.	0.	249,985.

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

	(A)	(B)	(C)	(D)	
1	D?; AFD=	D?; AFD=			
2	A?F; ?ED=	A?F; ?ED=			
3					
4					
5	EBH; B?H=	CFH; CFH=	FE; @CB=	GB; EGF=	
6					
7	@; BF@; HGD=	@; A@A; A@?=	@??; BB?=	DH; CCD=	
8	D?; GGG=	CD; @A?=	B; EEF=	A; @?@=	
9	@CC; E??=	@AD; HDD=	@?; HAH=	F; F@E=	
10	@AA; EEC=	@?B; DC@=	@?; EA@=	G; D?A=	
11					
a					
b	D; DBD=		D; DBD=		
c	AF; FDD=		AF; FDD=		
d					
e					
f	B?; D@C=		B?; D@C=		
g	@; DD?; GFB=	@; CFC; BG?=	FE; CHB=		
12	CC; CAA=	BA; EAC=	D; @GF=	E; E@@=	
13	GB; DCF=	D?; EH?=	B?; CEB=	A; BHC=	
14	FD; @G@=	ED; ??E=	E; AAA=	B; HDB=	
15					
16	AE?; ??G=	AAC; G@G=	A@; D@G=	@B; EFA=	
17	E; C??=	C; AFD=	@; HG?=	@CD=	
18					
19	@B; HCE=	@?; CAH=	B; C?G=	@?H=	
20					
21					
22	BE; C?G=	B@; CG?=	B; ?@B=	@; H@D=	
23	E; BDA=		E; BDA=		
24					
a					
b					
c					
d					
e					
25	Total functional expenses.	C; FAF; FAF=	C; @@F; BCF=	CA?; @B?=	@H?; AD?=
26	Joint costs.				

Check here if following SOP 98-2 (ASC 958-720)

RwXrpv~' _tq{xr'Tstrp..x~}' Ut}s

BE<CAFH?@B

@; ?BB; AAC=	@; DCA; AA@=
@; FG@; CDA=	E?@; FFE=
@@; @?E; F?G=	G; @AE; EDG=

DC; HCE =	@DG; GHE =
-----------	------------

DCH; @H@=	CH; HBC=	@??; @EH=
CCH; ?AA=	G; HEG; CAF =	@?; DB?; ?DH=

D?; B@E=	@@B; BAB=
AB; ?CD; ??F=	A@; @FB; @?A=
AAB; ACD=	F@; ABC=

@?D; ??? =	@F@; G?? =
------------	------------

E?; FFE=	CA; ?GB=
BGH; ?A@=	AGD; @@F=

g

@@; BAG; ACB=	@A; B@?; CCE=
@@; BAF; FCB=	G; DFF; DBH=

AA; EDD; HGE=	A?; GGF; HGD=
AB; ?CD; ??F=	A@; @FB; @?A=



A; GBB; FFE=
C; FAF; FAF=
<@; GHB; HD@=
AA; EDD; HGE=
@AD; HD? =

? =

A?; GGF; HGD=



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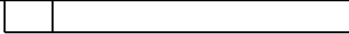
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BB?ABHG=	GEH@EBC=	@@AFG@A@=	E?DEG?B=	ADGBFH@=	B@H@AFCF=
BB?ABHG=	GEH@EBC=	@@AFG@A@=	E?DEG?B=	ADGBFH@=	B@H@AFCF=
					@CAAF@CC=
					@FEGDE?B=

BB?ABHG=	GEH@EBC=	@@AFG@A@=	E?DEG?B=	ADGBFH@=	B@H@AFCF=
@GG; ECA=	@DA; @FF=	@BG; EA?=	A@D; HH@=	AEH; GBD=	HED; AED=
			B; @A? =		B; @A? =
					BAGG@@BA=



	DB=FH
	DA=@G



Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Total for 2018						

(Add lines 9, 10c, 11, and 12.)						





Part III

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

Part III

Part III

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Department of the Treasury
Internal Revenue Service

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BE <CAFH? @B

Rwxrpv~'_tq{xr'Tstrp..x~}'Ut}s

BE<CAFH?@B

C; EHF; A@B=
C; EHF; A@B=
BGC; GE@=

HE; A@D=
? =
? =

CA?; BF@= BFC; HEH= C?A; G@H= BGC; GE@= @; DGB; ?A? =
A; BFC; DB? =

@?D; ?HB= HB; FCA= @??; F?D= HE; A@D= BHD; FDD=
DHB; EBB=

pf. XQ R-| €(t.t.xi.wt ~fvp} x p.x-} x' t%| €.:t} stf., tr.x-} D?@7 8B8p} s'vp.,] ^c'u{ts'U~f' DFEG
λ{tr.x-} 't} stf., tr.x-} D?@7 8B8-

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers? ~ ~ ~ ~ ~			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ~			
c Media advertisements? ~ ~ ~ ~ ~			
d Mailings to members, legislators, or the public? ~ ~ ~ ~ ~			
e Publications, or published or broadcast statements? ~ ~ ~ ~ ~			
f Grants to other organizations for lobbying purposes? ~ ~ ~ ~ ~			
g Direct contact with legislators, their staffs, government officials, or a legislative body? ~ ~ ~ ~ ~			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ~ ~ ~ ~			
i Other activities? ~ ~ ~ ~ ~			
j Total. Add lines 1c through 1i ~ ~ ~ ~ ~			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ~ ~ ~ ~			
b If "Yes," enter the amount of any tax incurred under section 4912 ~ ~ ~ ~ ~			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ~ ~ ~ ~			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

pf. XXP R-| €(t.t.xi.wt ~fvp} x p.x-} x' t%| €.:t} stf., tr.x-} D?@7 8C8, tr.x-} D?@7 8D8 ~f., tr.x-} D?@7 8E8-

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? ~ ~ ~ ~ ~	1	
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 prior year?	3	

pf. XQ R-| €(t.t.xi.wt ~fvp} x p.x-} x' t%| €.:t} stf., tr.x-} D?@7 8C8, tr.x-} D?@7 8D8 ~f., tr.x-} D?@7 8E8p} s' utxwtf 78Q^cW_pf. XXP; {x' t, @p} s'A; pft'p, ^ tfts'1] ~1^a' 78_pf. XXP; {x' t' B; x' p, ^ tfts'1ht, =1

1 Dues, assessments and similar amounts from members ~ ~ ~ ~ ~	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year ~ ~ ~ ~ ~	2a	
b Carryover from last year ~ ~ ~ ~ ~	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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ~ ~ ~ ~ ~	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

pf. X b|€€(t| t} .p{X u-f' p.x-}

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

(Form 990)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Open to Public
Inspection

Name of the organization

Rwxrpv ~ _ tq { xr Tstrp..x ~ } Ut} s

Employer identification number
BE < CAFH? @B

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year ~ ~ ~ ~ ~		
2 Aggregate value of contributions to (during year) ~ ~ ~ ~		
3 Aggregate value of grants from (during year) ~ ~ ~ ~ ~		
4 Aggregate value at end of year ~ ~ ~ ~ ~		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ~ ~ ~ ~ ~	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ~ ~ ~ ~ ~	Yes	No

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of open space Preservation of a historically important land area Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements ~ ~ ~ ~ ~	2a
b Total acreage restricted by conservation easements ~ ~ ~ ~ ~	2b
c Number of conservation easements on a certified historic structure included in (a) ~ ~ ~ ~ ~	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ~ ~ ~ ~ ~	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____	
4 Number of states where property subject to conservation easement is located _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ~ ~ ~ ~ ~	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ~ ~ ~ ~ ~	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 ~ ~ ~ ~ ~	\$ _____
(ii) Assets included in Form 990, Part X ~ ~ ~ ~ ~	\$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 ~ ~ ~ ~ ~	\$ _____
b Assets included in Form 990, Part X ~ ~ ~ ~ ~	\$ _____

Rwxr pv ~' _tq{ xr 'Tstrp..x~}' 'Ut} s

BE <CAFH?@B



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g

g

Q
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Q
Q
Q
Q
Q
1,000 000

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@??
=????

g
g



AAG; H@E = AAA; GHG = E; ?@G =
BA?; AFD = AAE; @AC = HC; @D@ =
@??; @EH =

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) _____ <small>(including name of security)</small>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~ ~ ~ ~ ~		
(2) Closely held equity interests ~ ~ ~ ~ ~		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <i>Stutfts' at} ...</i>	CA; ?GB=
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	CA; ?GB=

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	A; HBB; EF? =
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a @AD; HD? =		
b	Donated services and use of facilities	2b C; CDG=		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	@B?; C? G=
3	Subtract line 2e from line 1		3	A; G? B; AEA=
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a B?; D@C=		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	B?; D@C=
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	A; GBB; FFE=

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	C; F? @; EF@=
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a C; CDG=		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	C; CDG=
3	Subtract line 2e from line 1		3	C; EHF; A@B=
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a B?; D@C=		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	B?; D@C=
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	C; FAF; FAF=

f f anhts^a ~ total expenses. Add lines

pf...Xe; {x}t Aql
 Stfx}v A?@G; cwt Ut}s pvftts'...tftt'p ux, rp{ pvt}... ~} qtwp{u ~u'..wt
 brw pf... f pfs' Up| x{ \$ U~t} sp..x~} 7..wt U~t} sp..x~} 8^ x..w ft, €tr... ~}..wt
 T%tr f..x t' _fx} rx €p{ _f~vfp| 'x} ' €pf..} tf, wx € ^ x..w Rwxr pv ~ _tq{ xr ' brw ~{ _ =
 cwt Ut}s ftrtx t's €p\$| t}... ~u' 3A@?; ???' p}s 3H?; ???' x} A?@H' p}s A?@G;
 ft, €tr..x t{ \$; ' uf~| ' ..wt U~t} sp..x~}; ' p}s sx, qf, ts 3H?; ???; ' 3@?D; ???' p}s
 3@?D; ???' stfx}v A?A?; ' A?@H; ' p}s A?@G; ' ft, €tr..x t{ \$; ' t} stf' ..wt' sx ftr..x~} ~u
 ..wt U~t} sp..x~} ' ... Rwxr pv ~ _tq{ xr ' brw ~{ _ ' u~f' €p\$| t}... ~u' ..x €t} s, ' ...
 €fx} rx €p{ _ ' €pf..x rx €p..x} v' x} ' ..wt ' €f~vfp| = ' P| ~t}... wt {s' u~f' ~..wt f, ' p, ' ux, rp{
 pvt} ... t} stf' ..wx, ' €f~vfp| ' ... p{ ts 3? ' p}s 3@?D; ???' p... Strt|qt f' B@; ' A?A? ' p}s
 A?@H=

pf:gXX bt€€t|t}.p{X u-f| p.x}'(continued)

Stfx}v'A?A?; 'cwt'Ut}s't}...tfts'x}...~'..wt'R^eXS<@H'R~|tqprz'Ut}s'ux,,rp{
pvt}rŠ'pvftt|t}...^x...w Rwxrpv~_tq{xr'brw~{,, 'p}s'pfx~t,, 'ut}stf,, =d}stf
..wx,, 'pvftt|t}...; 'cwt'Ut}s'x,, 'sx,, qf,, x}v'f€'...~'3@?; ???'...~'tprw,, rw~{
st...tfx|t}ts'qŠ'Rwxrpv~_tq{xr'brw~{,, '...~'qt't{xvxq{t'u~f'p'u{t%q{t'vfp}...
...~', f€€~f... €f~ytr... '..wp...,, f€€{t|t}... {tpf}x}v'x}'..wt'r tfft}... t}tfx~}|t}...= P
...~..p{ '~u'3A; @D?; ???'wp,, 'qtt}'ftrtx†ts'uf~|'}x}t'ut}stf,, 'p,, '~u'..wt't}s'~u
A?A?'p}s'3@; HFG; A??'x}'vfp}...^'p,, 'sx,, qf,, ts'stfx}v'A?A?='cwt'p|~t}... wt{s
u~f'~..wtf,, 'p,, 'ux,, rp{ 'pvt}... t}stf'..wx,, '€f~vfp|'...~..p{ts'3@F@; G??'p... Strt|qtf
B@; 'A?A?='

pf...e; '{x}t'Cl'

cwt'Rwxrpv~_tq{xr'Tstrp..x~}'Ut}s'T}s^|t}... 7..wt'1R_TUT18'wp,, 'qtt}
t,, ..pq{x,, wts'...~', f€€~f... ..wt'~€tfp..x~},,, 'p}s'x}x..xp..x†t,, '~u'..wt'Rwxrpv~
_tq{xr'Tstrp..x~}'Ut}s'7..wt'1U†}s18'p}s'x... '€f~vfp||p..xr'pr..x†x..Š'~†tf'..wt
{~}v'..tfx|=

^}'Strt|qtf'B@; 'A?A?; '..wt'[t^x,, 'btqfx}v'Up|x{Š'U~t}sp..x~}'..fp},, utffts'..wt
x}x..xp{',, t| '~u'3@; ???; ???'...~'..wt'Ut}s='cwt't}s^|t}... ut}s^x{'qt't,, ts'...~
utf'..wtf'cwt'Ut}s6,, '|x,, x~}'~u,, f€€~f...x}v'p}s'..fp},, u~f|x}v'Rwxrpv~6,, '€tq{xr
,, rw~{,, =

pf...g; '[x]t'Al'

cwt'Ut}s'x,, 'vt}tfp{{Š't%t|€...uf~|'utstfp{'x}r~|t'..p%t}stf'btr..x~}
D?@7r87B8'~u'..wt'X}...tfx}p{'at†t}tt'R~st'p}s'p€€{xrpq{t',, ..p..t{'p^='X}
pssx..x~}; 'cwt'Ut}s', tp{xuxt,, 'u~f'..wt'rwpx..pq{t'r~}..fxqt'..x~}'ststr..x~}
t}stf'btr..x~}'@F?7q87@87P8'p}s'wp,, 'qtt}'r{p,, xuxts'p,, 'p}'~fvp}x<p..x~}'..wp...
x,, '}'~... p'€fx†p..t'u~t}sp..x~}'t}stf'btr..x~}'D?H7p87A8=

Part III (continued)

cwt prr ~t} ..x} v' ..p} spfs' ~} prr ~t} ..x} v' u~f' t} rtf..px} ..S' x} 'x} r~| t' ..p%t' ..
 pssft' ..t' ..wt' st..tf|x} p..x~} ' ~u' ^ wt ..wt f' ..p%qt} tux... 'r{px| ts' ~} ' p' ..p%o
 ft...tf} ' ..w~t{s' qt' ftr~fst's' x} ' ..wt' ux} p} rxp{ ' ..p..t| t} ..w = ' d} stf' ..wx' ..
 v'ixsp} r t; ' cwt' Ut} s' | pS' ftr~v} x<t' ..wt' ..p%qt} tux... 'uf~| ' p} ' t} rtf..px} ' ..p%
 €~ ..x..x~} ' ~}{S' xu' x... x' ..| ~ft' {xzt{S' ..wp} ' } ~... ..wp... ..wt' ..p%€~ ..x..x~} ' ^ x{ ' qt
 ..t' ..px} ts' ~} ' t%p|x} p..x~} ' qS' ..p%x} v' pt' ..w~fx..xt' ..; ' qp' ts' ~} ' ..wt' ..trw} xrp{
 | t'fx... ' ~u' ..wt' €~ ..x..x~} = ' T%p| €{t' ..u' ..p%€~ ..x..x~} ..' x} r{tst' ..wt' ..p%t%t| €...
 ..p..t' ..u' cwt' Ut} s' p} s' ..wt' p'fx~t' ..€~ ..x..x~} ..' ft{p..ts' ..~' ..wt' €~...t} ..xp{
 ..~t'frt' ..u' t} ft{p..ts' qt' ..x} t' ..' ..p%pq{t' x} r~| t = ' cwt' ..p%qt} tux... ' ftr~v} x<ts
 x} ' ..wt' ux} p} rxp{ ' ..p..t| t} ..w' uf~| ' ..trw' p' €~ ..x..x~} ' pft' | tp' tfts' qp' ts' ~} ' ..wt
 {p'fv' ..' qt} tux... ..wp... wp' ..p' v'ftp...tf' ..wp} ' D? 4' {xzt{xw~s' ~u' qtx} v' f' tp{x<ts
 t€~} ' t{..x| p..t' ..t...{t| t} ..= ' cwt' Ut} s' s~t' ..} ~... qt{x' t' ..wp... ..wt' f' t' p' f' p} S
 t} ftr~v} x<ts' ..p%qt} tux... ' ~f' ..p%{xpqx{x..xt' ..wp... ..w~t{s' qt' ftr~fst's' u~f
 ..wt' f' t€~f..x} v' €t'fx~s' ..€ft' ..t} ..ts' x} ' ..wt' ..t' ux} p} rxp{ ' ..p..t| t} ..w = '

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

| Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Rwxrpv~' _tq{xr'Tstrp..x~}' Ut}s

Employer identification number
BE <CAFH? @B

g

Chi cago Publ ic School s 42 W Madi son Street Chi cago, IL 60602	36-6005821		35,275	0			Advi sory commi ttee sti pends

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Grants To Pri nci pal s					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
| Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
| Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization

Rwxr pv ~ ' _tq{ xr ' Tstr p..x~} ' Ut} s

Employer identification number
BE <CAFH? @B

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| First-class or charter travel | Housing allowance or residence for personal use |
| Travel for companions | Payments for business use of personal residence |
| Tax indemnification and gross-up payments | Health or social club dues or initiation fees |
| Discretionary spending account | Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~ ~ ~ ~ ~

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~ ~ ~ ~ ~

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's

- g
- g

4

- a
- b
- c

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5

- a
- b

6

- a
- b

7

8

9

	Yes	No
1b		
2		
4a		g
4b		g
4c		g
5a		g
5b		g
6a		g
6b		g
7		g
8		g
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Heather Y. Anichini President & CEO	(i)	BD?; CHB=	? =	? =	@C; C?? =	B?; A?D=	BHD; ?HG=	? =
	(ii)	? =	? =	? =	? =	? =	? =	? =
(2) Chaula Gupta Vice President	(i)	A?D; B?@=	? =	? =	G; DHF =	B?; B@B=	ACC; A@@=	? =
	(ii)	? =	? =	? =	? =	? =	? =	? =
(3) Nelson Gerew Director, Data & Policy	(i)	@G?; E@G=	? =	? =	F; ABF =	B@D=	@GG; @F? =	? =
	(ii)	? =	? =	? =	? =	? =	? =	? =
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

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BE<CAFH?@B

Employer identification number
BE<CAFH?@B

Rwxrpv~' _tq{xr' Tstrp..x~}' Ut} s

U~f|' HH?; ' _pf... XXX; ' [x]t' @; ' St, rfx€..x~}' ~u' ^fvp} x<p..x~}' \x,, x~}' l'

xst} ..xuŠx} v' p} s' , rp{x} v' ^wp... ^~fz,, ' u~f' } ~... } {Š' ..tprwtf,, ' p} s

€fx} rx€p{,, ' ; qt... p{,, ~' ..wtxf' , ..tst} ..w =

U~f|' HH?; ' _pf... XXX; ' [x]t' Cp; ' _f~vfp|' btftxrt' Prr~| €{x,, w| t} ..w l'

A?A? ' p} s' , rw~~{ ' qtx{sx} v,, ' ^tft' r{~,, ts=' X} ' ..wx,, ' r~} ..t%,, ' Rwxrpv~6,, ' EDA

€fx} rx€p{,, ' €{pŠts' p} ' x| €~f..p} ... f~{t' x} ' t} , tfx} v' ..wp... , ..tst} ..w ^tft

wt p{ ..wŠ; ' , t€€~f..ts; ' p} s' ftpsŠ' ..~' ft...tft} ' ..~' , rw~~{=' cwt' Ut} s' s~tq{ts

s~^} ' ~} ' ~tft' , t€€~f..w ' u~f' , rw~~{ ' {tpstf,, ' stfx} v' ..wx,, ' ..x| t=' ^tft' €pf..} tf,,

, txyz{Š' | ~sxuxts' ..wtxf' x} <€tf,, ~} ' r~prwx} v' , t,, x~} , ' ..~' txf...tp{ ' u~f| p..w =

cwtŠ' psp€..ts' ..wtxf' , t€€~f... ..~' | tt... €fx} rx€p{,, 6' | ~ft' x| | tsxp..t' } tts,, ;

, trw p,, ' u~rt,, x} v' ~} ' ft| ~...t' {tpf} x} v' p} s' up| x{Š' t} vpvt| t} ... , f p...tvxt,, =

X} ' ..~..p{; ' ADC' €fx} rx€p{,, ' p} s' @?E' p,, €xfx} v' €fx} rx€p{,, ' x} ' AGC' , rw~~{,,

prf~,, ' ..wt' rx..Š' r~| €{t..ts' Ut} s' €f~vfp| | x} v' x} ' Yt} t' ~u' A?A?=' cwt,, t

t uu~f..w ' t} , tfts' ..wp... ..wt' | py~fx..Š' ~u' €f~vfp| ' €pf..xrx€p} ..w ' 7GC48

r~} ..x} tts' ..~' t} vpvt' ^x..w ~tft' €pf..} tf,, ' pu..tft' ft| ~...t' {tpf} x} v' qtv p} =

cwx,, ' x} r{tsts' DH' p,, , x,, ..p} ... €fx} rx€p{,, ' x} ' P_,, ' ax,, x} v; ' p' , tx..t' ~u

..pfvt..ts' st†t{ ~€| t} ... ~€€~f...t} x..xt,, ' ..wf~tvw' cwt' Rwxrpv~' _fx} rx€p{

_pf..} tf,, wx€' 7cwt' _pf..} tf,, wx€8; ' st,, xv} ts' ..~' , t€€~f... p,, , x,, ..p} ... €fx} rx€p{,,

7P_,, 8' x} ...tft,, ..ts' x} ' ut...tft' €fx} rx€p{ ' f~{t,, =' QŠ' Yt{Š' A?A?; ' ..wftt' P_,, ' x}

..wt' €f~vfp| ' wps' , trtfts' €fx} rx€p{ ' r~} ..fpr..w = ^†tft' @A? ' €fx} rx€p{,, ' p} s' D?

p,, €xfx} v' €fx} rx€p{,, ' €pf..xrx€p...ts' x} ' AD' €fx} rx€p{ <{ts' _f~ut,, , x~} p{

[tpf} x} v' R~| | t} x..xt,, ' 7_[R' 8=' Tprw _[R' x,, ' uprx{x..p..ts' qŠ' p

wxvw<€tfu~f| x} v' €fx} rx€p{ ' ^x..w z} ~^} ' t%€tf..x,, t' x} ' p' , €truxr' ..~€xr

Name of the organization Rwx rpv ~' _tq{ xr' Tstrp..x~} ' Ut} s	Employer identification number BE<CAFH?@B
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pftp=

cwt' Ut} s' p{ ~' , t€€~f...ts' DF' €fx} rx€p{ <{ts' ...tp| , ' ...wf~tvw ~tf' txvw..w
p}} tp{ ' bt|| |tf' St , xv} ' _f~vfp| ' 7bS_8; ' p' t} x, tt' €f~ut , , x~} p{ ' sttt{ ~€| t} ...
~€€~f...t} x...Š' ...wp... ~uutf , , rw~{ ' ...tp| , ' ...wt' , €prt; ' ...x| t' p} s' t%€tf..x , t' ...~
€tf , tt' x}} ~tp..x| t' , ~{ t..x~} , ' ...~' , ~| t' ~u' ...wtxf' | ~ , ... €ft , , x} v' rwp{ {t} vt , =
cwf~tvw ...wt' A?A? bS_ ; ' €fx} rx€p{ <{ts' ...tp| , ' ^ ~fzts' sxft...{ Š' ^ x..w t%€tf...
€pf..} tf , ' uf~| ' Ut{ rft| ' Tstrp..x~} ' p} s' ...wt'] p..x~} p{ ' bP\ X}} ~tp..x~} ' _f~ytr...
pf~t} s' x} , ..ftr...x~} p{ ' {tpstf , wx€= X} ' \pfrw' Ut{ rft| ' p} s'] bX_ psyt , ...ts
...wtxf' , t€€~f... ' ...~' u~rt , ' ~} ' ft| ~...t' {tpf} x} v' p} s' ~...wtf' x| | tsxp...t' } tts , =
cwx f...Š<...~' ~t... ~u' ...wt' BE' , rw~{ ' ...tp| , ' ^ ~fzx} v' ^ x..w] bX_ | ~ , ...{ Š' ~f' ut{ {Š
| t... ' ...wt' qt} rw| pfz , ' u~f' r~} ...x} tx} v' ...wt' €f~vfp| 6 , ' ...x| t' ' fprzx} v' , Š , ...t| ,
x} ' p' ft| ~...t' , t...x} v= ' ft' p{ , ~' €pf..} tfts' ^ x..w ...wt' R_b' ^uuxrt' ~u' Tpf{ Š
Rwx{sw~s' Tstrp..x~} ' 7^TRT8' p} s' } ~} €f~ux... €pf..} tf' e^RT[' ...~' {pt} rw' ...wt
Qt{x{sx} v' Tpf{ Š' [tpf} x} v' [tpstf , ' 7QT[[8' €f~vfp| ; ' p} ' tpf{ Š<{tpf} x} v' €x{ ~...
...~' , t€€~f... wxvwtf' , tp{x..Š' tpf{ Š' [tpf} x} v' qŠ' u~ , ...tfx} v' p{ xv} | t} ... qt...tt}
, rw~{ ' {tpstf , ' p} s' tpf{ Š<vfpst , ' ...tprwtf , =

X} ' pssx..x~} ; ' cwt' Ut} s6 , ' ^ ~fz' x} r{ tsts' tuu~f... ' ...~' x| €f~tt' ...wt' ft...t} ..x~}
~u' Rwx rpv~6 , ' ...~€€€tfu~f| x} v' €fx} rx€p{ , ' ...wf~tvw ...wt' Rwx rpv~' _fx} rx€p{ ,
Ut{ { ~^ , wx€' 7cwt' Ut{ { ~^ , wx€8; ' cwt' Rpw} ' Ut{ { ~^ , ' _f~vfp| ' p} s' ...wt' T%rt...x| t
_fx} rx€p{ ' _f~vfp| = ' cwt' Ut{ { ~^ , wx€; ' ^ wxrw x , ' p' €pf..} tf , wx€' qt...^ tt} ' cwt
Ut} s; ' Rf~^ ' ' Up| x{ Š' _wx{p} ...wf~€xt , ; ' Rwx rpv~' _tq{ xr' brw~{ , ' p} s
] ~f...w t , ...tf} ' d} x| tf , x..Š; ' x , ' p} ' t%rt...x| t<{ttt{ ' {tpstf , wx€' sttt{ ~€| t} ...
€f~vfp| ' x} ...t} sts' ...~' vf~^ ' ...wt' , zx{ { , ' ~u' ...~€' €fx} rx€p{ , ' p} s' utf...wtf
t%€p} s' ...wtxf' {tpstf , wx€' rpeprx..Š= ' c^ t} ..Š< , x% wxvw<€tfu~f| x} v' €fx} rx€p{ ,
r~| €{t...ts' ...wt' , x%o.w r~w~f... ~u' cwt' Ut{ { ~^ , wx€' x} ' A?A?; ' r~| | x...x} v' ...~
{tps' x} ' Rwx rpv~' ...wf~tvw p... {tp , ... A?AA= ' cwt' Rpw} ' Ut{ { ~^ , ' _f~vfp| ' p...

Name of the organization Rwxrpv~_tq{xr'Tstrp..x~}'Ut}s	Employer identification number BE<CAFH?@B
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ft'p{,~'r~}..x}tts'...~'€f~txst'pr..x~}pq{t'sp..p'...~'R_b'p}s'~...wtf'€pf...}tf, =
ft'qtx{...Rt, ...|tf'at{p..x~}, wx€'\p}pvt|t}...7Ra\8'ut}r..x~}p{x..Š'x}...~'tf
_fx}rx€p{'Sp..p'fpftw~t, t'...~'p{{~^'u~f'|~ft'ftp{<..x|t't, t'qŠ'€fx}rx€p{
|p}pvtf, 'p}s'sx, ..fxr...{tpstf, =ft'p{,~'r~}..x}tts'...~'t}vpvt'[_rp{'brw~{-
R~t}rx{x'7[bR8'|t|qt'f, '...wf~tvw~tf'u~rt, 'vf~t€'..wp...pssft, , ts'}tts, '{xzt
wxfx}v'€fx}rx€p{, 'p}s'p'ixvp..x}v', rw~{-'qtsvt...w =

U~f|'HH?; '_pf...XXX; '[x]t'Cr; '_f~vfp|'btftxrt'Pr~|€{x, w|t}...l'
x}'...wt'uxt{sJ'p}s'B8'€f~txsts', ..fp...tvxr'p}s'ux}p}rxp{' , t€€~f...~'~tf
€pf...}tf, '^w'^~fz'sxftr...{Š'^x..w'€fx}rx€p{, ='

P...wt', ..pf...~u'...wt'A?A?<A@', rw~{-'Štpf; 'tstrp..x~}'ut}stf, 'p}s
u~t'sp..x~}, 'x}'Rwxrpv~'rp|t'...~vt...wtf'...~'rftp...t'p'R^eXS<@H'R~|tqprz'Ut}s
... , t€€~f... , rw~{- , p, '...wtŠ' , ..pf...ts'p'}t^ , rw~{-'Štpf'x}'ft|~...t
{tpf}x}v='cwt'Ut}s'€{pŠts'p'f~{t'qŠ'uprx{x..p..x}v'...wt'sx, qtf, t|t}...~u
u{t%q{t'ut}sx}v't€'...~'3@?; ???'...~'~tf'A??'€tq{xr', rw~{- , x}
}txvwq~fw~s, ' | ~, ... wx... qŠ'...wt'€p}st|xr='cwt'€f~vfp|'€f~txsts't, 'p}
~€€~f...t}x..Š'...~'t}vpvt'^x..w, rw~{-{ {tpstf, 'p, '...wtŠ' }p'ixvp...ts'ft|~...t
{tpf}x}v'^x..w'...wtxf'...tp| , ; '...tst}...~'p}s'up|x{xt, =ft'v{tp}ts'€f~|x, x}v
..ft}s, 'p}s'x}...tf'xt^ts'€fx}rx€p{, '...~'s~rt|t}...{tpf}x}v, 'x}'rp, t
...tsxt, ='

Ux}p{{Š; 'cwt'Ut}s'rt{tqfp...ts'tstrp...~f, 'rx..Š^xst'...wf~tvw~tf'u~tf...w
p}}tp{'_fx}rx€p{'P€€ftrxp..x~}'Rp|€pxv}='Vx'tt}'...wt'~}v~x}v'€p}st|xr
ft, ..fxr..x~}, ; '...wx, 'x}r{tsts'p', ~rxp{'|tsxp'rp|€pxv}; '^t{{}t, , vxu...~'u~f
€fx}rx€p{, 'p}s'p'ixf...tp{t'tt}...~'wp...utp...tfts', ..~fxt, '~u'ft, x{xt}rt'uf~|
, rw~{-{ {tpstf, =

Name of the organization

Employer identification number

Multiple horizontal lines for entering the name of the organization and the employer identification number.

Name of the organization

Rwxrpv~' _tq{xr'Tstrp..x~}' Ut}s

Employer identification number
BE<CAFH?@B

c~..p{ ' t%€t } , t , F ; ? AD =

Ut{{ ~^ , '] ~ } < _p\$ f ~ { { ' b ..x€t } s , l ' }

_f~vfp| ' , tf†xrt ' t%€t } , t , D@ ; GDD =

\p} pvt | t } ... p } s ' vt } tfp { ' t%€t } , t , ? =

Ut} s f p x , x } v ' t%€t } , t , ? =

c~..p{ ' t%€t } , t , D@ ; GDD =

_f~vfp| | p ..xr ' bt€€~f .. l ' }

_f~vfp| ' , tf†xrt ' t%€t } , t , GGD ; AEA =

\p} pvt | t } ... p } s ' vt } tfp { ' t%€t } , t , ? =

Ut} s f p x , x } v ' t%€t } , t , ? =

c~..p{ ' t%€t } , t , GGD ; AEA =

b\$, ..t | , ; ' Sp ..p ; ' p } s ' _ ~ { x r x t , l ' }

_f~vfp| ' , tf†xrt ' t%€t } , t , AHA ; FE@ =

\p} pvt | t } ... p } s ' vt } tfp { ' t%€t } , t , ? =

Ut} s f p x , x } v ' t%€t } , t , ? =

c~..p{ ' t%€t } , t , AHA ; FE@ =

Tstrp...~f ' T } v p v t | t } .. l ' }

_f~vfp| ' , tf†xrt ' t%€t } , t , ABF ; CFF =

\p} pvt | t } ... p } s ' vt } tfp { ' t%€t } , t , ? =

Ut} s f p x , x } v ' t%€t } , t , ? =

c~..p{ ' t%€t } , t , ABF ; CFF =

c~..p{ ' ^ ..wt f ' Ut t , ' ~ } ' U~f | ' HH ? ; ' _p f ... Xg ; ' { x } t ' @v ; ' R ~ { ' P ' @ ; DD ? ; GFB =

U~f | ' HH ? ; ' _p f ... Xg ; ' [x] t ' @v l

Name of the organization

Rwxrpv~' _tq{xr'Tstrp..x~}' Ut}s

Employer identification number
BE<CAFH?@B

Ut{{~^_] ~}<_p\$ f~{{' b..x€t} sl' cwt' d} x†t f_ x..Š' ~u' Rwxrpv~6_ ' Wpffx_ ' brw~~{

~u' _tq{xr' _~{xrŠ' ut{{~^_ wx€_ ' u~f' _f~vfp| | p..xr' bt€€~f.._ ' p}s' bŠ_ ..t | _ ;

Sp..p' p}s' _~{xrxt_ ' ..tp| _ =

Multiple horizontal lines for data entry.