#### \*\* PUBLIC DISCLOSURE COPY \*\*

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)

A B

epa	rtment	of the Treasury numbers on this form as it may be not service  Go to www.irs.gov/Form990 for instructions and the latest	•	Open to Public Inspection
		e 2020 calendar year, or tax year beginning and ending		
C	heck if pplicab	C Name of organization	D Employer identifica	tion number
	Addre	ge INDEPENDENT SECTOR		
	Name chang		52-1081024	
	Initial returr Final returr	1602 I. STREET NW 900	E Telephone number (202) 467-6100	0
	termii ated Amer	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ H(a) Is this a group retu	16,753,806.
	Appliation pendi	F Name and address of principal officer: DAN CARDINALI	for subordinates?  H(b) Are all subordinates inclu	Yes X No
_	- OV	empt status: $\begin{array}{ c c c c c c c c c c c c c c c c c c c$	1 ` ′	st. See instructions
		te: WWW.INDEPENDENTSECTOR.ORG	H(c) Group exemption	
			<del></del>	State of legal domicile: DC
	rt I	Summary	or formation, [14]	State of legal dofficile, = -
Governance	2	Briefly describe the organization's mission or most significant activities: WE ENVISION A VINDIVIDUALS, ROBUST INSTITUTIONS, AND VIBRANT COMMUNITIES WORKING  Check this box   if the organization discontinued its operations or disposed of more	than 25% of its net asse	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		19
	4	Number of independent voting members of the governing body (Part VI, line 1b)		19
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		<u>42</u> 350
Activities &	6	Total number of volunteers (estimate if necessary)		
Ä		Total unrelated business revenue from Part VIII, column (C), line 12		-145,642. 0.
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11		
		Overhilles there are described (Dest) (III. Here 41)	Prior Year 7,668,893.	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	589,294.	15,035,402. 171,150.
evenue	9	Program service revenue (Part VIII, line 2g)	294,543.	393,729.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-308,434.	-328,846.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,244,296.	15,271,435.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0,244,230.	17,295.
	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)	٥.	<u>.</u>

Pa	rt II	Signature Block		
		Net assets or fund balances. Subtract line 21 from line 20	27,969,964.	35,405,473.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	11,624,919.	10,600,165.
sets	20	Total assets (Part X, line 16)	39,594,883.	46,005,638.
ces			Beginning of Current Year	End of Year
		Revenue less expenses. Subtract line 18 from line 12	-1,167,197.	6,866,081.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,411,493.	8,405,354.
ώ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,515,186.	3,621,733.
×	b	Total fundraising expenses (Part IX, column (D), line 25)  805,673.		
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,896,307.	4,766,326.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	17,295.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,244,296.	15,271,435.
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-308,434.	-328,846.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	294,543.	393,729.
ž	9	Program service revenue (Part VIII, line 2g)	589,294.	171,150.
ام	8	Contributions and grants (Part VIII, line 1h)	7,668,893.	15,035,402.

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.

Sign		Signature of officer			Date	
Here		RICK ROBINSON , CHIEF OPERATING O	FFICER			
		Type or print name and title				
	Print	t/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	MILI	JIAM E TURCO, CPA		05/04/21	1 self-employed	₽00369217
Preparer	Firm	's name RSM US LLP			Firm's EIN ▶ 43	2-0714325
Use Only	Firm	's address > 9801 WASHINGTONIAN BLVD,	STE 500			
		GAITHERSBURG, MD 20878			Phone no. 301-29	6-3600
Mav the IF	RS dis	scuss this return with the preparer shown above	ve? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE ENVISION A WORLD OF ENGAGED INDIVIDUALS, ROBUST INSTITUTIONS, AND
	VIBRANT COMMUNITIES WORKING TOGETHER TO IMPROVE LIVES AND THE NATURAL
	WORLD, AND STRENGTHEN DEMOCRATIC SOCIETIES. TO HELP CREATE THIS
	FUTURE, WE LEAD AND CATALYZE THE CHARITABLE COMMUNITY, PARTNERING WITH
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,039,157. including grants of \$) (Revenue \$ 81,014.
	ACCELERATING SECTOR IMPACT:
	WORKING IN COLLABORATION WITH MEMBERS AND OTHER PARTNERS, INDEPENDENT
	SECTOR CREATES, CURATES, AND DISSEMINATES KNOWLEDGE DESIGNED TO HELP
	ORGANIZATIONS RESPOND TO CHALLENGES AND OPPORTUNITIES, INCREASE THEIR
	EFFECTIVENESS, AND FULFILL THEIR MISSIONS. COVID-19 PRESENTED NEW
	OPPORTUNITIES FOR US TO CURATE AND DISTRIBUTE RESOURCES RAPIDLY,
	ESPECIALLY IN THE SPRING AND SUMMER OF 2020. QUICKLY THOUGH, OUR
	COVID-19 RESOURCES BECAME LESS ABOUT MEETING THE CRISIS AND MORE ABOUT
	HELPING ORGANIZATIONS MANAGE THEIR "NEW NORMAL." DESPITE THE
	CHALLENGES, WE CHARGED FORWARD WITH TWO MAJOR BODIES OF WORK THIS YEAR:
	A NEW SURVEY ON PUBLIC TRUST OF THE NONPROFIT AND PHILANTHROPIC
	COMMUNITY, AND A NEW REPORT ON THE HEALTH OF THE NONPROFIT SECTOR.
4b	(Code:) (Expenses \$1,830,474. including grants of \$2,295. ) (Revenue \$\$
	COMMUNITY BUILDING:
	IT MAY BE CLICHE, BUT IT IS A FACT THAT WE ARE STRONGER TOGETHER THAN
	APART. WHEN WE BEGAN 2020, OUR GOAL WAS TO CREATE A SERIES OF LOCALLY
	GROUNDED AND NATIONALLY RELEVANT ENGAGEMENTS IN PITTSBURGH, WHERE WE
	PLANNED TO CONVENE UPSWELL BEFORE HAVING TO QUICKLY PIVOT IN MARCH.
	ALTHOUGH A COMPLETELY VIRTUAL YEAR CREATED CHALLENGES, WE SHOWED AGAIN
	HOW AGILE AND RESPONSIVE WE COULD BE AS AN ORGANIZATION BY CREATING
	SEVERAL VIRTUAL COMMUNITY BUILDING ENGAGEMENTS THAT CONNECTED
	CHANGEMAKERS, HIGHLIGHTED LESSONS FROM LOCAL PITTSBURGH COMMUNITY
	LEADERS, AND ELEVATED THE CONVERSATION AROUND THE TWO MAJOR ISSUES OF
	OUR DAY: COVID-19 RECOVERY AND ANTIRACISM. BECAUSE THE VIRTUAL
	ENVIRONMENT ENABLED US TO CONNECT WITH MORE CHANGEMAKERS, WE ENGAGED
4c	(Code:) (Expenses \$1,784,854. including grants of \$15,000. ) (Revenue \$
	PUBLIC POLICY LEADERSHIP:
	THERE IS NOTHING LIKE A CRISIS TO KICK THIS COUNTRY'S PUBLIC POLICY
	APPARATUS INTO HIGH GEAR. AS COVID-19 CLEARLY BEGAN TO IMPACT OUR
	OPERATIONS AS A SECTOR AND THE COMMUNITIES WE SERVE, IT WAS CLEAR
	NONPROFIT ORGANIZATIONS WOULD NEED RELIEF. THROUGH A COORDINATED AND
	COLLABORATIVE EFFORT, INDEPENDENT SECTOR JOINED DAILY COALITION
	MEETINGS WITH MANY NATIONAL MEMBERS TO COORDINATE POLICY, ADVOCACY, AND
	COMMUNICATIONS EFFORTS. WE ALSO LEANED HARDER ON OUR DESIRE TO TAKE ON
	A PROACTIVE, SHAPING ROLE IN THE PUBLIC POLICY SPACE, CREATING THE
	NONPROFIT INFRASTRUCTURE INVESTMENT ADVOCACY GROUP TO CONSIDER
	INFRASTRUCTURE INVESTMENTS NEEDED TO BUILD A BETTER FUTURE AFTER
	COVID-19 AND ENSURE THAT SYSTEMS WERE POSITIONED TO CENTER THE NEEDS OF
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 125,969. including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 5,780,454.
	·

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# Form 990 (2020) INDEPENDENT SECTOR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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		х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	

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### Part IV Checklist of Required Schedules (continued)

22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. Court Mol. (A) in 27 Y 19 Fee; "complete Schedule I. Parts I and All II Section A) lies 3, 4, or 5 about compensation of the organization is current and fumer officers, directors, inustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Parts I was schedule II and the organization share a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year; that was issued after December 31, 2002? If "Yes," answer lines 28th through 28th and complete Schedule II. If "Yes," or line 25s.  24a II Did the organization marks are proceeds of tax exempt bonds beyond a temporary period exception?  24b II				Yes	No
Did the organization answer "Yes" or Plart VII, Section A, Ine G. 4, or 5 about compensation of the organization sourrent and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and to former officers, director, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and 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 24 through 24d and complete Schedule IK. If "Yo," or to line 25a  24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  25c Did the organization and as an "on behalf off issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  26d Did the organization and as an "on behalf off issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  26d Did the organization and as an "on behalf off issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  27d Did the organization and as an "on behalf off issuer for bonds outstanding at any time during the year? "24d Did Tax transaction with a disqualified person during the year?" If "Yes," complete Schedule I, Part II  28a Section 50(16)3, 501(16)49, and 501(16)289 organizations. Did the organization nave that the transaction has not been reported on any of the organization properts of the organization of the section of the section with a disqualided person during the year? If "Yes," complete Schedule I, Part II  28b 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 former, officer, director, trustee, key employee, creator or former, officer, director, trustee, key employee, creator or formo	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 but the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization scurrent and former offices, directors, trustess, key employees, and highest compensated employees? "If "Yes," complete Schedule I, Part II and the set day of the year, that was issued after December 31, 2002? "If "Yes," answer lines 24b through 24d and complete Schedule I, If "No." ye to line 25a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
Schedule J. 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to line 25a  24a X  24b Did the organization maintain an escrow account other than a refunding escore at any time during the year to defease any tax exempt bonds? you do the organization maintain an escrow account other than a refunding escore at any time during the year?  24b Z  25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 501(5), 501(6)(4), and 501(6)(29) organizations. Did the organization apage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L. Part I  25a Section 501(6)(3), 501(6)(4), and 501(6)(29) organizations. Did the organization apage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L. Part I  25b Is the organization awave 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 organizations prior Forms 990 or 990 EZ? // if "Yes," complete Schedule L. Part II  26b Did the organization are prof 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 of nember of any of these persons? If "Yes," complete Schedule L. Part IV  27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or forme	23				
Schedule J. 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to line 25a  24a X  24b Did the organization maintain an escrow account other than a refunding escore at any time during the year to defease any tax exempt bonds? you do the organization maintain an escrow account other than a refunding escore at any time during the year?  24b Z  25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 501(5), 501(6)(4), and 501(6)(29) organizations. Did the organization apage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L. Part I  25a Section 501(6)(3), 501(6)(4), and 501(6)(29) organizations. Did the organization apage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L. Part I  25b Is the organization awave 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 organizations prior Forms 990 or 990 EZ? // if "Yes," complete Schedule L. Part II  26b Did the organization are prof 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 of nember of any of these persons? If "Yes," complete Schedule L. Part IV  27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or forme		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the isat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No." got for line 25a b Did the organization meets any proceeds of tax exempt bonds beyond a temporary period exception?  24b X  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 Did the organization axis as no no behalf of "issuer for bonds outstanding at any time during the year?  24d Did the organization axis as no no behalf of "issuer for bonds outstanding at any time during the year?  24d Did the organization axis as no no behalf of "issuer for bonds outstanding at any time during the year?  24d Did the organization axis as no no behalf of "issuer for bonds outstanding at any time during the year?  24d Did the organization axis as no no behalf of "issuer for bonds outstanding at any time during the year?  24d Did the organization axis as no no behalf of "issuer for bonds outstanding at any time during the year?  24d Did the organization axis as no no behalf of "issuer for bonds outstanding at any time during the year?  25d Did the organization axis as no no no payable of the properties of the organization axis as the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator of bonder, substantial contributor, or 35% controlled entity of tounder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of organization provide a grant or other assistance to any current or forme		,	23	Х	
Schedule K If "No." yo to line 25a	24a				
Schedule K If "No." yo to line 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  2 bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  3 bid to the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year?  4 bid the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year?  5 bid the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year?  5 bid the organization aware that the regaged in an excess benefit transaction with a disqualified person during the year?  5 bid the organization ware that the regaged in an excess benefit transaction with a disqualified person during the year?  6 bid the organization organization aware that the regaged 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-E27 #**/es*, *complete Schedule L, Part I    2 bid 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 of one founder, substantial contributor or 3 to 35% controlled entity (including an employee thereof) or family member of any of these persons? #**Yes*, *complete Schedule L, Part IV    2 bid the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV    2 bid the organization receive more than \$25,000 in non-cash contributions? #**Yes*, *complete Schedule L, Part IV    2 city of the organization receive contributions of an intributions? #**Yes*, *complete Schedule L, Part IV    2 city of the organization neceive contributions of an intributions? #**Yes*, *complete Schedule R, Part I, III, or IV, and 1    3 city of the organization have a controlled			24a	Х	
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501c(x3), 501c(x4), and 501c(x29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ("""" (""" (""" (""" """ (""" (""" """ (""" """ (""" """ (""" """ """ """ (""" """	b		24b		Х
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25a Section 501(2)(3), 501(4)(4), and 501(4)(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I    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 is prior for \$900 or 990.EZ? If "Yes," complete Schedule L, Part I    25b Did the organization perport any amount on Part X, line 5 or 22, for receivables from or payables to any current or formar 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 III    27c Zi 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 of family member of any of these persons? If "Yes," complete Schedule L, Part III    27d Zi Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III    28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IIV    28d A anily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV    28d A 25s controlled entity of one or more individuals and/or organizations described in lines 28a or 28b7. If "Yes," complete Schedule L, Part IV    28d A 25s Controlled entity of one or more individuals and/or organizations described in lines 28a or 28b7. If "Yes," complete Schedule M, Part II    30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part II    31 Did the organization liquidate, terminate,	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d x 25a Section 501(2)3, 501(4)3, and 50		any tax-exempt bonds?	24c		х
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 ware 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? // 1*Yes,* complete Schedule L, Part I	d		24d		Х
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 I, Part I   25b   X   X   25b   25b   X   X   25b   X   25b   X   X   X   X   X   X   X   X   X	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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 I, Part I   25b   X   X   25b   25b   X   X   25b   X   25b   X   X   X   X   X   X   X   X   X		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Schedule L, Part I  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 X  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 \$5% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 27 X  29 Life A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive orntributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 X  32 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 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? 35 X  36 Section 501(c)(3) organizations. Did the organization make an	b				
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 of family member of any of these persons? If "Yes," complete Schedule L, Part III 26 X  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 thereol, a grant selection committee member, or to a 35% controlled entity finduling an employee thereol or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 27 X  28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 X  29 A A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X  33 Did the organization or		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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		Schedule L, Part I	25b		Х
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II    26	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
Dit 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		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
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 p		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ## 28a		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28b X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  28c X  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 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 II, III, or IV, and Part V, line 1  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 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  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," compl		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28b X  c A 35% controlled entity of one or more individual sand/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization in receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization ilquiciate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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, Iine 2 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O, and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O or Part VI, lines 11b and 19?  Yes Interest the number reported in	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
"Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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 51(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19?  Note: All Form 990 files are required to complete Schedule O.  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		instructions, for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c		"Yes," complete Schedule L, Part IV	28a		Х
"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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 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 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 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  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V III Schedule R, Par	С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 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 Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, line 2 38 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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  19 Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  10 Enter the number reported in Box 3 of F		"Yes," complete Schedule L, Part IV	28c		Х
contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  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 Schedule N, Part II  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  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 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  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  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  38 X  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  5 tatements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O for Forms W-2G included in line 1a. Enter -0 if not applicable  5 to 10 the part V to 10 the par	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  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 X  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 V I 37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  20 Deart 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  5 Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  5 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 22 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b 10 10 10 10 10 10 10 10 10 10 10 10 10	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		contributions? If "Yes," complete Schedule M	30		Х
Schedule N, Part II  32	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  35 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  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 X  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 V I In and 19?  Note: All Form 990 filers are required to complete Schedule O  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	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
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Part V, line 1  34		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 Y  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  12 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  15 Did the organization have a controlled entity and transaction with a controlled entity and transaction with a controlled entity and transaction with a controlled entity  35b  35b  35c  35c  45  36 X  37  A  A  A  Briter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  16 Did the organization with a controlled entity and transaction with a controlled entity  36 X  37  A  A  Briter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  17 Did the controlled entity  18 Did the organization with a controlled entity and transaction with a controlled entity  38 A  A  Briter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
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If "Yes," complete Schedule R, Part V, line 2  36			35b		<u> </u>
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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  12 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X  X  Y  A Y  Yes No	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Tent V In Indian		If "Yes," complete Schedule R, Part V, line 2	36		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The schedule O for Part VI, lines 11b and 19?  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  1 o	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Note: All Form 990 filers are required to complete Schedule O  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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0		Note: All Form 990 filers are required to complete Schedule O	38	Х	
1aEnter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a22bEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0	Par				
1aEnter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a22bEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0		Check if Schedule O contains a response or note to any line in this Part V			旦
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0				Yes	No
b Enter the number of Forms w-2d included in line 1a. Enter -0-11 not applicable		Zinci die Hamber reperted in Box e er ein rede. Zinci e in net approable	-		
		Litter the number of Forms w-24 included in line 1a. Enter -0-11 not applicable	2		

Form **990** (2020)

(gambling) winnings to prize winners?

INDEPENDENT SECTOR 52-1081024 Page 5

# Form 990 (2020) INDEPENDENT SECTOR Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					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	2a	42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
				3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		. (55.45)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		•			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa 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			30		
ou	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			<u> </u>		
~	were not tax deductible?		J	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 se	rvices p	provided to the payor?	7a		Х
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 w	as req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received the organization of cars, boats, airplanes, or other vehicles, did the organizations are interested to the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes,			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	•	N / A	8		
9	Sponsoring organizations maintaining donor advised funds.		N/A	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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:		1			
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			104		
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	13b	1			
С	Enter the amount of reserves on hand	13c				
	Bid the consideration was to be a second of the fact o			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.				000	(0000)

Part VI 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	21	
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	• • • • • • • • • • • • • • • • • • • •	12c	Х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE 0			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	RICK ROBINSON (INTERIM COO) - (202) 467-6100			
	1602 L STREET NW NO. 900 WASHINGTON DC 20036			

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

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

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

- 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.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle: cer ar	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DANIEL J. CARDINALI	38.00	1								
PRESIDENT & CEO				Х				568,389.	0.	47,380.
(2) JEFF MOORE	38.00	1								
CHIEF STRATEGY OFFICER				Х				241,968.	0.	41,915.
(3) KRISTINA CAMPBELL	38.00	1								
CHIEF COMMUNICATION OFFICER					Х			214,508.	0.	28,024.
(4) VICTOR REINOSO	38.00	1								
CHIEF OPERATING OFFICER (THRU 9/1/20				Х				198,354.	0.	40,560.
(5) ELIZABETHE CULKIN	38.00	1								
DIR. CONFERENCE & EVENT MG						Х		146,143.	0.	25,286.
(6) RHYBERN WATKINS	38.00	1								
DIRECTOR, FINANCE & ADMINISTRATION						Х		148,502.	0.	20,125.
(7) RICK ROBINSON	38.00									
INTERIM COO				Х				160,828.	0.	0.
(8) CHRISTIAN CLANSKY	38.00									
DIR. MARKETING & DIGITAL S						Х		136,384.	0.	15,625.
(9) ELYSE HARRINGTON	38.00									
DIR, OPERATIONS & ADMIN.						Х		134,335.	0.	14,993.
(10) BENJAMIN KERSHAW	38.00	-							_	
DIRECTOR, PUBLIC POLICY & GOV'T RELA						Х		128,100.	0.	109.
(11) CAROLYN MOLLEN	38.00									
CFO THRU 1/2020				Х				12,819.	0.	535.
(12) JEFFREY L. BRADACH	1.00									
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(13) FRED BLACKWELL	1.00									
VICE CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(14) SONYA CAMPION	1.00	4								
SECRETARY OF THE BOARD		Х		Х		_		0.	0.	0.
(15) JENNIFER FORD REEDY	1.00	-							_	_
TREASURER OF BOARD		Х	_	Х	_	_		0.	0.	0.
(16) NICOLE ANDERSON	1.00	1_								_
BOARD OF DIRECTOR		Х			_	_	-	0.	0.	0.
(17) ANTONY CHIANG	1.00								_	_
BOARD OF DIRECTOR		Х						0.	0.	0. Form <b>990</b> (2020)

FORM 990 (2020)	BNI BECTOR								32 10010Z	Taye •
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	anc	l Hi	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JIM CLARK	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(19) JIM GIBBONS	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(20) RON KAGAN	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(21) SARAH KASTELIC	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(22) LARRY KRAMER	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(23) JANINE LEE	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(24) TERRY MAZANY	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(25) MICHAEL MCAFEE	1.00									
BOARD OF DIRECTOR		х						0.	0.	0.
(26) DIANE MELLEY	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
1b Subtotal							<b></b>	2,090,330.	0.	234,552.
c Total from continuation sheets to P							<b></b>	0.	0.	0.
d Total (add lines 1b and 1c)	<u></u>	<u></u>					<b></b>	2,090,330.	0.	234,552.
2 Total number of individuals (including	but not limited to th	nse	lieta	d ah	OVE	) wh	o re	ceived more than \$100	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 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) Name and business address	(B) Description of services	(C) Compensation
NONPROFIT HR SOLUTIONS, 1400 EYE STREET,	Besonption of solvides	Оотпропосион
NW, SUITE 500, WASHINGTON, DC 20005	HR CONSULTING	264,435.
WASHINGTON COUNCIL E&Y, 1001 PENNSYLVANIA		
AVENUE, NW, SUITE 601, WASHINGTON , DC 200	LEGAL CONSULTING	231,500.
OSI BEYOND LLC		
11921 ROCKVILLE PIKE, ROCKVILLE, MD 20852	TECHNOLOGY SERVICES	169,289.
EDELMAN INTELLIGENCE		
21992 NETWORK PLACE, CHICAGO, IL 60673	DATA AND RESEARCH CONSULTING	159,125.
Total number of independent contractors (including but not limited)	to those listed above) who received more than	

\$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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52-1081024 INDEPENDENT SECTOR

Form 990 INDEPENDENT	SECTOR								52-10810	724
Part VII Section A. Officers, Directors, True	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	ees (continued)	
<b>(A)</b> Name and title	(B) Average hours	(cl		Pos	C) ition that		ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per from the (list any sign less than the organization sign le	from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations						
(27) HENRY TIMMS	1.00									
BOARD OF DIRECTOR	1 00	Х						0.	0.	0
(28) DAVID WILLIAMS BOARD OF DIRECTOR	1.00	x						0.	0.	0
(29) STACEY STEWART	1.00	Λ						0.	0.	0
BOARD OF DIRECTOR	1.00	Х						0.	0.	0
(30) MARCO DAVIS	1.00	<del></del>						-	•	
BOARD OF DIRECTOR		Х						0.	0.	0

INDEPENDENT SECTOR 52-1081024 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1,541,760. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 13,493,642 1f 1,065 g Noncash contributions included in lines 1a-1f 15,035,402. h Total. Add lines 1a-1f **Business Code** 90,136. 2 a CONFERENCE FEES 900004 90,136. Program Service Revenue PUBLICATION SALES 900099 81,014 81,014 b С f All other program service revenue ..... 171,150, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 203,529 203,529. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 114. 114. 5 Royalties ..... (i) Real (ii) Personal 1,026,361 6 a Gross rents 1,482,371. **b** Less: rental expenses -456,010. c Rental income or (loss) -173,375 -456,010 -282,635. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 190,200. assets other than inventory 7a **b** Less: cost or other basis and sales expenses Other Revenue 190,200. 7с c Gain or (loss) 190,200. 190,200. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory

12 To

210,525. Form **990** (2020)

99,317.

27,733

-145,642.

**Business Code** 

900099

812930

Total. Add lines 11a-11d

Total revenue. See instructions

d All other revenue

11 a SUBLEASE INCOME

b PARKING SERVICES

171,150.

99,317

27,733

127,050

15,271,435.

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	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	17,295.	17,295.		
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,	1 560 990	077 645	524 470	140 765
_	trustees, and key employees	1,560,889.	877,645.	534,479.	148,765
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,598,233.	1,460,915.	889,685.	247,633
7	Other salaries and wages	2,330,233.	1,400,313.	009,000.	241,033
8	Pension plan accruals and contributions (include	140,124.	78,788.	47,981.	13,355
c	section 401(k) and 403(b) employer contributions)	175,974.	98,945.	60,257.	16,772
9 10	Other employee benefits	291,106.	163,681.	99,680.	27,745
10 11	Payroll taxes  Fees for services (nonemployees):	251,100.	100,001.	33,000.	27,743
''	Management				
a b		104,169.		104,169.	
C	Legal	41,780.		41,780.	
d	Accounting	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	32,769.		32,769.	
g	Other. (If line 11g amount exceeds 10% of line 25,	, -		, -	
9	column (A) amount, list line 11g expenses on Sch O.)	1,650,129.	1,063,667.	451,635.	134,827
12	Advertising and promotion	39,981.	39,981.	,	,
13	Office expenses	128,281.	13,808.	114,201.	272
14	Information technology	,	,	,	
15	Royalties	43,586.	21,793.	21,793.	
16	Occupancy	1,015,158.	724,766.	221,240.	69,152
17	Travel	14,140.	12,832.	1,299.	9
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	126,112.	114,442.	11,585.	85
20	Interest	750.		750.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	121,757.		121,757.	
23	Insurance	83,698.		83,698.	
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 0.)				
а	DUES & SUBSCRIPTIONS	218,358.	30,418.	187,708.	232
b	IN-KIND EXPENSES	1,065.	1,065.		
С	ALLOCATED OVERHEAD	0.	1,060,413.	-1,207,239.	146,826
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,405,354.	5,780,454.	1,819,227.	805,673
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

## Form 990 (2020) Part X Balance Sheet

Part X	Check if Schedule O contains a response or	note to any	line in this Part X			
	ON ON THE STATE OF	<u></u>		<b>(A)</b> Beginning of year		(B) End of year
1	Cash - non-interest-bearing	534.	1	534.		
2	Savings and temporary cash investments			3,127,050.	2	8,711,390.
3	Pledges and grants receivable, net			670,319.	3	1,778,961
4	Accounts receivable, net			224,528.	4	31,928
5	Loans and other receivables from any currer					
	trustee, key employee, creator or founder, su					
	controlled entity or family member of any of		5			
6	Loans and other receivables from other disq	controlled entity or family member of any of these persons  Loans and other receivables from other disqualified persons (as defined				
	under section 4958(f)(1)), and persons descri	bed in sect	ion 4958(c)(3)(B)		6	
<u>φ</u> 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use		1		8	
<b>∛</b>   9	Duran sid some server and defended by the server			127,844.	9	81,370
10a	a Land, buildings, and equipment: cost or other	er				
	basis. Complete Part VI of Schedule D	10a	37,320,790.			
k	b Less: accumulated depreciation		12,875,580.	25,353,844.	10c	24,445,210
11	Investments - publicly traded securities			9,443,641.	11	10,365,773
12	Investments - other securities. See Part IV, li	ne 11			12	
13	Investments - program-related. See Part IV, li	ne 11			13	
14	Intangible assets				14	
15		Other assets. See Part IV, line 11				590,472
16	Total assets. Add lines 1 through 15 (must e			39,594,883.	16	46,005,638
17	Accounts payable and accrued expenses			1,307,152.	17	683,479
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			8,963,867.	20	7,720,174
21	Escrow or custodial account liability. Comple		1		21	
ທ 22	Loans and other payables to any current or f					
<u>ë</u>	trustee, key employee, creator or founder, su	ubstantial co	ontributor, or 35%			
Liabilities	controlled entity or family member of any of				22	
ت <sub>23</sub>	Secured mortgages and notes payable to un	-	······		23	
24	Unsecured notes and loans payable to unrel			1,125,000.	24	1,125,000
25	Other liabilities (including federal income tax					
	parties, and other liabilities not included on I					
	of Schedule D	•		228,900.	25	1,071,512
26	Total liabilities. Add lines 17 through 25			11,624,919.	26	10,600,165
	Organizations that follow FASB ASC 958,					
S S	and complete lines 27, 28, 32, and 33.					
E 27				26,343,816.	27	32,296,212
	Net assets with donor restrictions			1,626,148.	28	3,109,261
힏	Organizations that do not follow FASB AS					
- ₽	and complete lines 29 through 33.					
ි 29	Capital stock or trust principal, or current fur	nds			29	
8   30 St   30	Paid-in or capital surplus, or land, building, o				30	
8 31 ¥	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances 27 28 29 31 32 32	Total net assets or fund balances			27,969,964.	32	35,405,473
2 33	Total liabilities and net assets/fund balances			39,594,883.	33	46,005,638.

Pa	rt 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		,271,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,405,	354.
3	3 Revenue less expenses. Subtract line 2 from line 1 3				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				
5	Net unrealized gains (losses) on investments	5		569,	428.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	35	405,	473.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** INDEPENDENT SECTOR 52-1081024 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) **Total** 

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#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 20  1 Gifts, grants, contributions, and	20 <b>(f)</b> Total
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants.") 5,146,702. 10,211,632. 7,812,260. 7,668,893. 15,035	5,402. 45,874,889.
2 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 5,146,702. 10,211,632. 7,812,260. 7,668,893. 15,035	5,402. 45,874,889.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	7,958,966.
6 Public support, Subtract line 5 from line 4.	37,915,923.
Section B. Total Support	•
Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 20	20 <b>(f)</b> Total
7 Amounts from line 4 5,146,702. 10,211,632. 7,812,260. 7,668,893. 15,035	5,402. 45,874,889.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
	9,782. 4,795,411.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	50,670,300.
12 Gross receipts from related activities, etc. (see instructions)	2,799,711.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and <b>stop here</b>	<b>&gt;</b>
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14	74.83 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	72.04 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check	this box and
stop here. The organization qualifies as a publicly supported organization	<b>▶</b> X
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, c	heck this box
and stop here. The organization qualifies as a publicly supported organization	<b>&gt;</b>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	organization
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and lin	e 15 is 10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI ho	ow the
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<b>▶</b> □
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see inst	ructions

Schedule A (Form 990 or 990-EZ) 2020

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				1		ļ
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	· ·		•	•		
80.	check this box and stop here						<b>P</b>
	ction C. Computation of Public			- a l (5\)		145	
	Public support percentage for 2020 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2020. If the						
196	more than 33 1/3%, check this box ar						<b>.</b> —
ŀ	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990 or 990-EZ) 2020

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1	1		
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ł	3b		
	3с		
	4a		
	4b		
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	9a		
-	9b		
}	9c		
	10a		
	10b		

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Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	· · · · · · · · · · · · · · · · · · ·		- 1	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instanctivities Test. Answer lines 2a and 2b below.	ruction	S). Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organization(s) to which the organization was responsive: If yes, (right) if y			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	u		
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2020 INDEPENDENT SECTOR			52-1081024	Page 6
Pai		ng Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See insti	ructions.
	All other Type III non-functionally integrated supporting organizations mu		·		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ted Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions		, , , , , , ,	/	Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
с	From 2017				
<u>d</u>	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019 e Excess from 2020

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

INDEPENDENT SECTOR 52-1081024

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2020

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
AMERICAN EXPRESS FOUNDATION	1,340,000.	326,594.
BARR FOUNDATION	1,060,000.	46,594.
BILL & MELINDA GATES FOUNDATION	2,500,000.	1,486,594.
DAVID AND LUCILE PACKARD FOUNDATION	1,255,000.	241,594.
FETZER INSTITUTE	3,215,000.	2,201,594.
FORD FOUNDATION	1,850,000.	836,594.
ROBERT WOOD JOHNSON FOUNDATION	3,000,000.	1,986,594.
WALMART FOUNDATION	1,477,120.	463,714.
WILLIAM & FLORA HEWLETT FOUNDATION	1,382,500.	369,094.
Total Excess Contributions to Schedule A, Part II, Line 5		7,958,966.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

**2020** 

	INDEPENDENT SECTOR	52-1081024					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	X 501(c)( <sup>3</sup> ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's	•					
sections 509(a) any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, dui literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i>							

but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ **>** \$\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

INDEPENDENT SECTOR

52-1081024

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIF + 4	\$\$ 1,450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 3	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>No.</b> 6	Name, address, and ZIP + 4	\$\$ 492,500.	Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

INDEPENDENT SECTOR

52-1081024

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1001	Hamo, address, and En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, auuress, anu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INDEPENDENT SECTOR

52-1081024

Partii	(see instructions). Use duplicate copies of Part I	i it additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Name of org	ganization		Employer identification number				
INDEPENDE	INT SECTOR		52-1081024				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line echaritable, etc., contributions of \$1,000 contributions of	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
—							
		(e) Transfer of g	gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
	Transferee 3 flame, address, an	III 211 TT	Trelationship of transfer to transfer co				
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
())							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
—							
		(e) Transfer of g	gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

#### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► 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

- 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 organization	organizations. Complete Fart III.		Empl	oyer identification number
	PENDENT SECTOR			52-1081024
Part I-A Complete if	the organization is exempt ur	nder section 501(c)	or is a section 527 org	ganization.
2 Political campaign activity	e organization's direct and indirect pol expenditures Il campaign activities		<b>▶</b> \$	
Part I-B Complete if	the organization is exempt ur	nder section 501(c)(	3).	
1 Enter the amount of any ex	cise tax incurred by the organization u	under section 4955	<b>▶</b> \$	
2 Enter the amount of any ex	cise tax incurred by organization man			
3 If the organization incurred	a section 4955 tax, did it file Form 47	20 for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV	<u>'.                                    </u>			
Part I-C Complete if	the organization is exempt ur	nder section 501(c),	except section 501(c	)(3).
•	expended by the filing organization for	•		
	ng organization's funds contributed to	other organizations for se		
	enditures. Add lines 1 and 2. Enter her			
	ile Form 1120-POL for this year?			
,	s and employer identification number	` '	· ·	0 0
· ·	organization listed, enter the amount p			· · · · · · · · · · · · · · · · · · ·
	were promptly and directly delivered to PAC). If additional space is needed, page 1		•	e segregated fund or a
				(-) A
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate
				political organization.  If none, enter -0
				,

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the org section 501(h)).	janization is exen	npt under sectior	1 501(c)(3) and file	d Form 5768 (ele	ction under
	ation belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess lobbying e	expenditures).			
B Check ▶ if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		<u> </u>
	its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (g	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl	uence a legislative bod	y (direct lobbying)		11,524.	
c Total lobbying expenditures (add I	ines 1a and 1b)			11,524.	
d Other exempt purpose expenditur	6,893,976.				
e Total exempt purpose expenditures (add lines 1c and 1d)				6,905,500.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.				495,275.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000 20% of the amount on line 1e.					
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.					
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$1,000,0	000.			
				102 010	
g Grassroots nontaxable amount (er	,			123,819.	
h Subtract line 1g from line 1a. If zer	, ,,,,			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze				Г	
reporting section 4911 tax for this			O		Yes No
(Some organizations t	hat made a section 50	eraging Period Under D1(h) election do not l ate instructions for lir	have to complete all o	of the five columns be	elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> Total
2a Lobbying nontaxable amount	536,282.	572,992.	546,387.	495,275.	2,150,936.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,226,404.
c Total lobbying expenditures	43,011.	19,335.	17,899.	11,524.	91,769.
d Grassroots nontaxable amount	134,071.	143,248.	136,597.	123,819.	537,735.
e Grassroots ceiling amount (150% of line 2d, column (e))					806,603.
f Grassroots Johnwing 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 filed Form 5768 (election under section 501(h)).

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 Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other 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?  Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) onodeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	did the filing organization attempt to influence foreign, national, state, or including any attempt to influence public opinion on a legislative matter nrough the use of:  nagement (include compensation in expenses reported on lines 1c through 1i)?  nents?	mount
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  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  1 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  1 Dues, assessments and similar amounts from members  2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  2 Corplete if the organization is exempt under sect	including any attempt to influence public opinion on a legislative matter nrough the use of:  nagement (include compensation in expenses reported on lines 1c through 1i)?  nents?	
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Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3  2  2  3  3  3  3  3  3  4  4  5  5  6  7  7  7  8  7  8  7  8  8  8  8  8  8	Yes	N <sub>1</sub>
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3  2  2  3  3  3  3  3  3  4  4  5  5  6  7  7  7  8  7  8  7  8  8  8  8  8  8		+
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  The string of the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  The string of the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  The current year by Carryover from last year 2b Carryover from last year 2c 2b 2c Total 3c 2c 3d		+
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes."  Dues, assessments and similar amounts from members 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 b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3		+
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  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3		
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	nich the section 527(f) tax was paid).	
b Carryover from last year     2b       c Total     2c       Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues     3	2a	
c Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	ent 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?	year?	
Taxable amount of lobbying and political expenditures (See instructions)5		
art IV Supplemental Information	emental Information	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

**Employer identification number** 

Name of the organization

INDEPENDENT SECTOR 52 - 1081024

Pai	rt I	Organizations Maintaining Donor Advised	Funds or Other S	imilar Funds or A	Accounts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line			
			(a) Donor advise	d funds	(b) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4		egate value at end of year			
5	Did th	ne organization inform all donors and donor advisors in wi	riting that the assets he	eld in donor advised fu	nds
	are th	ne organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did th	ne organization inform all grantees, donors, and donor adv	visors in writing that gra	ant funds can be used	only
	for ch	naritable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose confe	erring
		missible private benefit?			
Pai	rt II	Conservation Easements. Complete if the organic	anization answered "Ye	s" on Form 990, Part I	V, line 7.
1	Purpo	ose(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (for example, recreation	on or education)	Preservation of a his	storically important land area
		Protection of natural habitat		Preservation of a ce	rtified historic structure
		Preservation of open space			
2	Comp	olete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation easement on the last
	day o	f the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	per of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	per of conservation easements included in (c) acquired aff	ter 7/25/06, and not on	a historic structure	
	listed	in the National Register			2d
3		per of conservation easements modified, transferred, release			nization during the tax
	year	<b></b>			
4	Numb	per of states where property subject to conservation ease	ment is located		
5	Does	the organization have a written policy regarding the period	odic monitoring, inspect	tion, handling of	
	violat	ions, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, ar	nd enforcing conservat	ion easements during the year
	▶ _				
7	Amou	unt of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	easements during the year
	▶\$				
8	Does	each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(	B)(i)
	and s	ection 170(h)(4)(B)(ii)?			Yes No
9	In Pa	rt XIII, describe how the organization reports conservation	n easements in its rever	nue and expense state	ment and
	balan	ce sheet, and include, if applicable, the text of the footno	te to the organization's	financial statements t	hat describes the
		nization's accounting for conservation easements.			
Pai	rt III	Organizations Maintaining Collections of A		asures, or Other	Similar Assets.
		Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under FASB ASC 958,	, not to report in its rev	enue statement and ba	alance sheet works
	of art	, historical treasures, or other similar assets held for publi	c exhibition, education	, or research in further	ance of public
	servi	ce, provide in Part XIII the text of the footnote to its finance	ial statements that des	cribes these items.	
b	If the	organization elected, as permitted under FASB ASC 958,	, to report in its revenue	e statement and balan	ce sheet works of
	art, h	istorical treasures, or other similar assets held for public e	exhibition, education, o	r research in furtheran	ce of public service,
	provi	de the following amounts relating to these items:			
	(i) R	evenue included on Form 990, Part VIII, line 1			
	(ii) A	ssets included in Form 990, Part X			• \$
2	If the	organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain	, provide
	the fo	ollowing amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Reve	nue included on Form 990, Part VIII, line 1			• \$
b	Asset	s included in Form 990, Part X			> \$
LHA	For P	aperwork Reduction Act Notice, see the Instructions f	for Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

INDEPENDENT SECTOR <u> Page</u> **2** Schedule D (Form 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 7,722,558. 6,639,801, 7,181,640 6,612,008 6,358,065. **1a** Beginning of year balance Contributions 899,333. 1,336,571. -316,349. 779,979, 416,003. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 275,784. 253,814. 225,490. 210,347. 162,060. and programs Administrative expenses 8,346,107. 7,722,558. 6,639,801, 7,181,640, 6,612,008. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) Unrelated organizations (ii) Related organizations

#### Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		5,391,820.		5,391,820.		
<b>b</b> Buildings		26,729,411.	8,631,140.	18,098,271.		
c Leasehold improvements		2,466,540.	1,709,737.	756,803.		
<b>d</b> Equipment		2,733,019.	2,534,703.	198,316.		
e Other				_		
otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part Y. column (R), line 10c.)						

Schedule D (Form 990) 2020

3a(ii)

Part	VII Investments - Other Securities.			
	Complete if the organization answered "Yes"			
<b>(a)</b> De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
	ancial derivatives			
<b>(2)</b> Clo	sely held equity interests			
(3) Oth	ner			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part	Col. (b) must equal Form 990, Part X, col. (B) line 13.)  IX Other Assets.			
	Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (	<i>Column (b) must equal Form 990. Part X. col. (B) line</i> <b>X Other Liabilities.</b>	9 15.)		<u> </u>
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25
1.	(a) Description of liability			(b) Book value
(1)	Federal income taxes			
(2)	DEFERRED COMPENSATION PLAN LIABILITY			134,763.
(3)	DEFERRED RENT			3,520.
(4)	DEPOSITS HELD IN ESCROW			91,234.
(5)	PAYROLL PAYCHECK			841,995.
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, col. (B) line	25.)	1	1,071,512.
	bility for uncertain tax positions. In Part XIII, provide	,		that reports the
	panization's liability for uncertain tax positions under		_	

Schedule D (Form 990) 2020

Page 4

Pai	Complete if the experient appropriate an Earm 900. Best IV. line 129		Revenue per Re	turn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  Total revenue, gains, and other support per audited financial statements			1	17,318,337.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				17,310,337.
2	Net unrealized gains (losses) on investments	2a	569,428.		
b	Donated services and use of facilities		55,605.		
C	Recoveries of prior year grants				
d	0.1. (5				
e	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	625,033.
3	Subtract line 2e from line 1			3	16,693,304.
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	32,769.		
b	Other (Describe in Part XIII.)		-1,454,638.		
	Add lines 4a and 4b			4c	-1,421,869.
					15,271,435.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return.	, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	9,882,828.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	55,605.		
b	Prior year adjustments		•		
c	Other losses				
d	Other (Describe in Part XIII.)		1,454,638.		
	Add lines 2a through 2d	•		2e	1,510,243.
3	Subtract line 2e from line 1			3	8,372,585.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,769.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	·		4c	32,769.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)			5	8,405,354.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	•		; Part X, li	ine 2; Part XI,
PART	V, LINE 4:				
THE	UNRESTRICTED NET ASSETS OF INDEPENDENT SECTOR ARE REPORTED AS	!			
UNDE	SIGNATED AND BOARD DESIGNATED NET ASSETS. UNRESTRICTED NET AS	SETS			
REPF	ESENT THE PORTION OF EXPENDABLE FUNDS THAT IS AVAILABLE TO SU	PPORT THE			
OPEF	ATIONS OF INDEPENDENT SECTOR, WHILE BOARD DESIGNATED NET ASSE	TS			
REPF	ESENT A PORTION OF UNRESTRICTED NET ASSETS FOR DESIGNATED PUR	POSES AND			
CONS	ISTS OF A SHORT TERM BUILDING OPERATING FUND AND A LONG TERM	RESERVE			
FUNI	WHICH WAS CREATED TO ESTABLISH A CORPUS FOR WHICH INVESTMENT	INCOME			
MILI	BE USED FOR GENERAL OPERATIONS. AS OF DECEMBER 31, 2020, BOA	RD			
DESI	GNATED NET ASSETS INCLUDED \$500,000 IN THE SHORT TERM BUILDIN	ſG			
OPEF	ATING FUND AND \$7,846,107 IN THE LONG TERM RESERVE FUND.				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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.

2020
Open to Public Inspection

Name of the organization							Employer identification number
INDEPENDENT SI							52-1081024
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	
criteria used to award the grants or assis	tance?						Yes X No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
recipient that received more than	55,000. Part II can	be duplicated if addition	onal space is need	ed.	(e) NA-1115		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND COLLEGE							
PARK - OFFICE OF GIFT ACCEPTANCE,							
4603 CALVERT ROAD - COLLEGE PARK,							DO GOOD INSTITUTE
MD 20742	52-2197313	501(C)(3)	10,000.	0.			START-UP FUNDS
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table		1		<b>1.</b>
3 Enter total number of other organizations	s listed in the line 1	table					
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2020

INDEPENDENT SECTOR 52-1081024 Schedule I (Form 990) 2020 Page 2 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. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### SCHEDULE J (Form 990)

**Compensation 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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

INDEPENDENT SECTOR Employer identification number 52-1081024

			Yes	No
<b>1</b> a	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	1b		
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?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X   Independent compensation consultant     X   Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		77
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		v	
^	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
^	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

#### 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-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)(0)	reported as deferred on prior Form 990
(1) DANIEL J. CARDINALI	(i)	567,317.	0.	1,072.	35,266.	13,687.	617,342.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFF MOORE	(i)	231,590.	9,306.	1,072.	17,438.	26,575.	285,981.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTINA CAMPBELL	(i)	206,084.	8,200.	224.	12,092.	16,978.	243,578.	0.
CHIEF COMMUNICATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VICTOR REINOSO	(i)	198,052.	0.	302.	15,168.	26,169.	239,691.	0.
CHIEF OPERATING OFFICER (THRU 9/1/20		0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETHE CULKIN	(i)	139,189.	5,437.	1,517.	10,187.	16,848.	173,178.	0.
DIR. CONFERENCE & EVENT MG	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RHYBERN WATKINS	(i)	142,361.	5,600.	541.	10,435.	10,431.	169,368.	0.
DIRECTOR, FINANCE & ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RICK ROBINSON	(i)	154,524.	6,145.	159.	0.	0.	160,828.	0.
INTERIM COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTIAN CLANSKY	(i)	131,088.	5,100.	196.	8,283.	8,141.	152,808.	0.
DIR. MARKETING & DIGITAL S	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELYSE HARRINGTON	(i)	128,958.	5,200.	177.	8,599.	7,496.	150,430.	0.
DIR, OPERATIONS & ADMIN.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
IN RECOGNITION OF THE EMPLOYEES HARD WORK DURING DIFFICULT TIMES, A
PERFORMANCE BONUS WAS GIVEN TO ALL ELIGIBLE EMPLOYEES.

Page 3

Schedule J (Form 990) 2020

#### **SCHEDULE K** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization

**Employer identification number** 52-1081024 INDEPENDENT SECTOR

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	(f) Description of purpose		(g) Det	) Defeased (h) On be of issue			(i) Po	
								Yes	No	Yes	No	Yes	No
						TO REFINANC	E PURCHASE OF						
A DISTRICT OF COLUMBIA	56-6001131	NONE	06/04/13	11,6	00,000.	HEADQUARTER	S BUILDING		Х		Х		Х
_													ĺ
В													$\vdash$
С													1
<u> </u>													
D													1
Part II Proceeds		1	•			•							
			A	1		В	С				D		
1 Amount of bonds retired			2	,685,749.									
2 Amount of bonds legally defeased .													
3 Total proceeds of issue			11	,600,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds .													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds													
8 Credit enhancement from proceeds													
9 Working capital expenditures from pro	oceeds												
10 Capital expenditures from proceeds													
11 Other spent proceeds			11	,600,000.									
12 Other unspent proceeds													
13 Year of substantial completion				2013									
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a re													
if issued prior to 2018, a current refun			Х								_		
15 Were the bonds issued as part of a re													
issued prior to 2018, an advance refu				X							+		
16 Has the final allocation of proceeds be			Х								+		
17 Does the organization maintain adequ	uate books and records to sup	pport the											
final allocation of proceeds?			Х										

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020 INDEPENDENT SECTOR 52-1081024 Page 2

Par	t III Private Business Use									
			Ą		E	3	(	Ç		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?	Х								
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		Х							
За	Are there any management or service contracts that may result in private									
	business use of bond-financed property?		Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business use of									
	bond-financed property?		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by entities									
	other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%
5	Enter the percentage of financed property used in a private business use as a									
	result of unrelated trade or business activity carried on by your organization,									
	another section 501(c)(3) organization, or a state or local government		.00	%		%		%		%
_6_	Total of lines 4 and 5		.00	%		%		%		%
_7_	Does the bond issue meet the private security or payment test?		Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or									
	disposed of			%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
	sections 1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all									
	nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2?		Х							
Par	t IV Arbitrage									
			<u> </u>		E			<u> </u>	-	)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х					l		
	If "No" to line 1, did the following apply?							1		1
	Rebate not due yet?		X							
	Exception to rebate?		Х							
<u>c</u>	No rebate due?	Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									1
_3	Is the bond issue a variable rate issue?		Х							

Schedule K (Form 990) 2020 INDEPENDENT SECTOR 52-1081024 Page 3

Part IV Arbitrage (continued)								
		A		В		С	ļ į	D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action								
	/	A	ı	В		Ç	r	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					
							,	
							,	
						,	,	
						,	,	
						,	,	

#### SCHEDULE O

(Form 990 or 990-EZ)

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

Inspection

Name of the organization **Employer identification number** INDEPENDENT SECTOR 52-1081024 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: TOGETHER TO IMPROVE LIVES AND THE NATURAL WORLD. AND STRENGTHEN DEMOCRATIC SOCIETIES. TO HELP CREATE THIS FUTURE. WE LEAD AND CATALYZE THE CHARITABLE COMMUNITY, PARTNERING WITH GOVERNMENT, BUSINESS, AND INDIVIDUALS TO ADVANCE THE COMMON GOOD FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GOVERNMENT, BUSINESS, AND INDIVIDUALS TO ADVANCE THE COMMON GOOD FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THERE IS NOTHING LIKE A CRISIS TO KICK THIS COUNTRY'S PUBLIC POLICY APPARATUS INTO HIGH GEAR. AS COVID-19 CLEARLY BEGAN TO IMPACT OUR OPERATIONS AS A SECTOR AND THE COMMUNITIES WE SERVE. IT WAS CLEAR NONPROFIT ORGANIZATIONS WOULD NEED RELIEF. THROUGH A COORDINATED AND COLLABORATIVE EFFORT, INDEPENDENT SECTOR JOINED DAILY COALITION MEETINGS WITH MANY NATIONAL MEMBERS TO COORDINATE POLICY, ADVOCACY, COMMUNICATIONS EFFORTS. WE ALSO LEANED HARDER ON OUR DESIRE TO TAKE ON A PROACTIVE, SHAPING ROLE IN THE PUBLIC POLICY SPACE, CREATING THE NONPROFIT INFRASTRUCTURE INVESTMENT ADVOCACY GROUP TO CONSIDER INFRASTRUCTURE INVESTMENTS NEEDED TO BUILD A BETTER FUTURE AFTER COVID-19 AND ENSURE THAT SYSTEMS WERE POSITIONED TO CENTER THE NEEDS OF BLACK, NATIVE, AND OTHER COMMUNITIES OF COLOR IN THE UNITED STATES FORM 990 PART III LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS: FOLLOWING IS AN OVERVIEW OF THESE BODIES OF WORK. AS WELL AS OTHER ACCELERATING SECTOR IMPACT HIGHLIGHTS DURING THIS YEAR:

44

032211 11-20-20

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  INDEPENDENT SECTOR	Employer identification number 52-1081024
- LAUNCHED SERIES OF COVID-19 RESOURCES AND EVENTS TO HELP NONPROFITS	
MANAGE THE GLOBAL HEALTH PANDEMIC. OUR COVID-19 RESOURCE PAGE INCLUDES	
A CURATED LIST OF RESOURCES AND ARTICLES ON TOPICS BASED ON FEEDBACK	
RECEIVED FROM MEMBERS AND PARTNERS IN THE FOLLOWING AREAS:	
COMMUNICATIONS, COMMUNITY IMPACT, HUMAN RESOURCES, ORGANIZATIONAL	
SUSTAINABILITY, AND PUBLIC POLICY.	
- PUBLISHED TRUST IN CIVIL SOCIETY, WHICH INCLUDED NEW FINDINGS ON	
TRUST IN AMERICAN NONPROFIT AND PHILANTHROPIC ORGANIZATIONS. THE	_
FINDINGS REVEALED BROAD TRUST (81 PERCENT) IN NONPROFITS' ABILITIES TO	
STRENGTHEN SOCIETY, AND THAT PEOPLE ARE MORE LIKELY TO TRUST THOSE	
ORGANIZATIONS WHEN CLOSELY ALIGNED WITH THEIR MISSIONS AND IMPACT.	
- ANNOUNCED THE LATEST VALUE OF A VOLUNTEER HOUR AS \$27.20 - UP 7% FROM	
LAST YEAR. ESTIMATED IN PARTNERSHIP WITH THE DO GOOD INSTITUTE, THE	
FIGURE SHOWS THE VALUABLE CONTRIBUTIONS VOLUNTEERS MAKE TO SUPPORT OUR	
COMMUNITIES AND COUNTRY.	_
- DEVELOPED AND RELEASED THE FIRST HEALTH OF THE U.S. NONPROFIT SECTOR,	
A NEW AND DEVELOPING RESOURCE THAT CONVEYS IMPORTANT INFORMATION ON THE	
CURRENT HEALTH OF THE U.S. NONPROFIT SECTOR ACROSS MULTIPLE DIMENSIONS	
IN A SINGLE, ACCESSIBLE FORMAT. THE REPORT ALSO PROVIDES A VEHICLE FOR	
ONGOING CONVERSATION WITHIN THE SECTOR ABOUT HOW BEST TO IMPROVE OUR	
HEALTH IN THE FUTURE. THIS ANNUAL REVIEW MAKES A BROAD SET OF MEASURES	
THAT ARE EASILY AVAILABLE AND PRESENTED SIDE-BY-SIDE, ENABLING	
STAKEHOLDERS AND KEY DECISIONMAKERS TO SEE THE MOST ACCURATE SNAPSHOT	
OF THE STATE OF CIVIL SOCIETY.	

Name of the organization  INDEPENDENT SECTOR	Employer identification number 52-1081024
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
ABOUT TO 5,000 OVER THE COURSE OF THE YEAR, A SUBSTANTIAL INCREASE FROM	
THE 1,500 WE ENGAGED AT UPSWELL CHICAGO IN 2019. FOLLOWING ARE SOME OF	
THE HIGHLIGHTS OF OUR COMMUNITY BUILDING WORK THIS YEAR:	
- ENGAGED ABOUT 60 FELLOWS THROUGH THE UPSWELL FELLOWS PROGRAM AND THE	
AMERICAN EXPRESS NGEN FELLOWS PROGRAM TO STRENGTHEN THEIR INDIVIDUAL	
AND COLLECTIVE LEADERSHIP CAPACITY, GROW THEIR PERSONAL AND	
PROFESSIONAL NETWORKS, AND ADDRESS THE ADAPTIVE NATURE OF LEADING IN	
THESE UNCERTAIN TIMES. AS PART OF OUR FELLOWS PROGRAM, IS ALSO	
PARTNERED WITH THE CHRONICLE OF PHILANTHROPY TO FEATURE FOUR UPSWELL	
FELLOWS AND THEIR EXPERIENCES DURING THIS TUMULTUOUS YEAR.	
- PLANNED AND HOSTED SEVEN UPSWELL POP-UPS ATTENDED BY NEARLY 3,000	
CHANGEMAKERS. EACH POP-UP HAD A DIFFERENT FOCUS, DESIGNED TO CAPTURE	
UPSWELL'S DYNAMIC SPIRIT IN AN EXPERIENTIAL WAY, AND HELP CHANGEMAKERS	
DEFINE HOW WE SHAPE OUR COMMUNITIES AND SYSTEMS FOR YEARS TO COME.	
- HELD UPSWELL 2020, OCTOBER 14-16, BRINGING TOGETHER MORE THAN 2,000	
CHANGEMAKERS FROM ACROSS THE NATION TO FOCUS ON OUR COUNTRY'S TWO MOST	
GRIPPING CHALLENGES COVID-19 AND RACISM. EVERY ELEMENT OF OUR FIRST	
VIRTUAL SUMMIT PROGRAM, NECESSITATED BY THE PANDEMIC, FOCUSED	
EXCLUSIVELY ON FINDING SOLUTIONS TO THESE TWO INTRACTABLE PROBLEMS	
INCLUDING THE CONTENT SHARED BY MORE THAN 60 BRILLIANT THOUGHT LEADERS,	
47 POWERFUL SESSIONS, ART AND CULTURE PRESENTATIONS, AND NETWORKING	
OPPORTUNITIES. THROUGH MAKING SENSE OF EXACTLY HOW WE GOT TO THIS	
POINT, PARTICIPANTS LEFT UPSWELL READY TO CATALYZE IMMEDIATE AND	
EFFECTIVE ACTION.	

Name of the organization	Employer identification number 52-1081024
INDEPENDENT SECTOR	52-1061024
PRESENTED THE JOHN W. GARDNER LEADERSHIP AWARD AND AMERICAN EXPRESS	
NGEN LEADERSHIP AWARD TO TWO NATIONALLY RECOGNIZED LEADERS. FATIMA GOSS	
GRAVES, PRESIDENT AND CEO OF THE NATIONAL WOMEN'S LAW CENTER, RECEIVED	
THE 2020 GARDNER LEADERSHIP AWARD FOR HER GROUNDBREAKING WORK TO	_
ADVANCE THE RIGHTS OF WOMEN AND GIRLS. TERENCE LESTER, MINISTER,	_
SPEAKER, COMMUNITY ACTIVIST, AUTHOR, AND FOUNDER OF LOVE BEYOND WALLS,	
RECEIVED THE AMERICAN EXPRESS NGEN LEADERSHIP AWARD IN RECOGNITION OF	
HIS WORK TO PROVIDE DIGNITY TO THE HOMELESS AND POOR BY OFFERING A	
VOICE, VISIBILITY, SHELTER, COMMUNITY, AND SUPPORT SERVICES TO ACHIEVE	
SELF-SUFFICIENCY.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
BLACK, NATIVE, AND OTHER COMMUNITIES OF COLOR IN THE UNITED STATES.	
FOLLOWING ARE SOME OF THE HIGHLIGHTS OF OUR PUBLIC POLICY LEADERSHIP	
WORK THIS YEAR:	
- DEVELOPED CARES ACT RESOURCE PAGE, WHICH GENERATED RECORD-BREAKING	
WEB TRAFFIC TO INDEPENDENTSECTOR.ORG AND PROVIDED ALL SECTOR	
ORGANIZATIONS WITH TIMELY AND ACCURATE INFORMATION ABOUT HOW TO ACCESS	
RELIEF PROVIDED THROUGH THE CARES ACT, WHICH MADE AVAILABLE ABOUT \$669	
BILLION IN LOANS TO NONPROFITS AND BUSINESSES. HOWEVER, ACCESS TO THOSE	
LOANS WAS LIMITED, PARTICULARLY FOR SMALLER ORGANIZATIONS AND THOSE LED	
BY AND SERVING BLACK, NATIVE, AND OTHER COMMUNITIES OF COLOR. IN	
RESPONSE, IS URGED FINANCIAL ORGANIZATIONS THAT ADMINISTER AND DIRECTLY	
IMPACT RECIPIENTS OF 7(A) LOANS TO PRIORITIZE NONPROFITS AS LOAN	
RECIPIENTS, IN RECOGNITION OF OUR ESSENTIAL ROLE TO OUR NATION'S SAFETY	
NET.	

<sup>-</sup> COLLABORATED IN LEADERSHIP ROLE, ALONG WITH OTHER PHILANTHROPIC AND

Name of the organization  INDEPENDENT SECTOR	Employer identification number 52-1081024
NONPROFIT ORGANIZATIONS, TO SECURE A VICTORY ENABLING ELIGIBLE	
NONPROFITS TO APPLY FOR LOANS THROUGH THE STIMULUS BILL'S SMALL	
BUSINESS ASSOCIATION (SBA) PROGRAM	
- HELPING NONPROFITS KEEP THEIR STAFFS AT WORK AND CONTINUING IMPORTANT	
MISSION WORK. WE ALSO MADE A SMALL, BUT STRATEGIC GAIN IN THE PASSAGE	
OF A CAPPED UNIVERSAL CHARITABLE DEDUCTION - A POLICY WIN THAT WE CAN	
BUILD UPON AS WE CONTINUE TO FOCUS ON HOW TO INCENTIVIZE INCREASED	
CHARITABLE GIVING.	
- RELEASED SURVEY RESEARCH TO INFORM POLICYMAKERS AND THE SECTOR ON	
COVID-19'S IMPACT ON MID-SIZE TO LARGE SECTOR ORGANIZATIONS, MOST OF	
WHICH WERE LEFT OUT OF RELIEF EFFORTS.	
- IN JULY 2020, INDEPENDENT SECTOR AND NONPROFIT VOTE ISSUED JOINT	
STATEMENT RECOGNIZING VOTING AS THE EXPRESSION OF OUR SHARED	
RESPONSIBILITY TO BRING OUR COLLECTIVE VISION FOR A NATION WHERE ALL	
CAN THRIVE. THE STATEMENT URGED ORGANIZATIONS TO ENCOURAGE THEIR	
STAFFS, BOARDS, VOLUNTEERS, FRIENDS, AND FAMILIES TO VOTE - AND THROUGH	
IS'S NONPROFIT VOICE 2020 WEB PAGE - OFFERED COMPREHENSIVE RESOURCES ON	
HOW TO LEVERAGE ELECTIONS TO ADVANCE OUR MISSIONS.	
- CREATED NEW VALUE FOR MEMBERS AND UPSWELL PARTICIPANTS THROUGH A	
FORMAL PARTNERSHIP WITH OUR LEGAL COUNSEL, SHEPPARD MULLIN, TO PROVIDE	
FREE LEGAL SERVICES REGARDING THE TRUMP ADMINISTRATION'S EXECUTIVE	
ORDER ON "RACE AND GENDER STEREOTYPING," WHICH THREATENS NONPROFIT	
ORGANIZATIONS THAT RECEIVE FEDERAL FUNDING FROM DRIVING EQUITY IN THEIR	
WORK AND COMMUNITIES.	

Name of the organization  INDEPENDENT SECTOR  - RELEASED POLLING RESEARCH AHEAD OF THE PRESIDENTIAL ELECTION ON A  WIDE RANGE OF TOPICS TO PROVIDE VALUABLE INSIGHT INTO THE LANDSCAPE OF  PUBLIC OPINION ABOUT OUR SECTOR'S RELATIONSHIP WITH THE FEDERAL  GOVERNMENT AND LEGISLATIVE ISSUES IMPORTANT TO NONPROFITS.  FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  OPERATIONAL EXCELLENCE:  INDEPENDENT SECTOR IS CLEAR THAT WE CANNOT HELP OTHER ORGANIZATIONS  OPERATE AS BEST-IN-CLASS IF WE ARE NOT ALSO ADVANCING OUR OWN  ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT  WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	on number
WIDE RANGE OF TOPICS TO PROVIDE VALUABLE INSIGHT INTO THE LANDSCAPE OF  PUBLIC OPINION ABOUT OUR SECTOR'S RELATIONSHIP WITH THE FEDERAL  GOVERNMENT AND LEGISLATIVE ISSUES IMPORTANT TO NONPROFITS.  FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  OPERATIONAL EXCELLENCE:  INDEPENDENT SECTOR IS CLEAR THAT WE CANNOT HELP OTHER ORGANIZATIONS  OPERATE AS BEST-IN-CLASS IF WE ARE NOT ALSO ADVANCING OUR OWN  ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT  WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
PUBLIC OPINION ABOUT OUR SECTOR'S RELATIONSHIP WITH THE FEDERAL  GOVERNMENT AND LEGISLATIVE ISSUES IMPORTANT TO NONPROFITS.  FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  OPERATIONAL EXCELLENCE:  INDEPENDENT SECTOR IS CLEAR THAT WE CANNOT HELP OTHER ORGANIZATIONS  OPERATE AS BEST-IN-CLASS IF WE ARE NOT ALSO ADVANCING OUR OWN  ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT  WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
GOVERNMENT AND LEGISLATIVE ISSUES IMPORTANT TO NONPROFITS.  FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  OPERATIONAL EXCELLENCE:  INDEPENDENT SECTOR IS CLEAR THAT WE CANNOT HELP OTHER ORGANIZATIONS  OPERATE AS BEST-IN-CLASS IF WE ARE NOT ALSO ADVANCING OUR OWN  ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT  WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  OPERATIONAL EXCELLENCE:  INDEPENDENT SECTOR IS CLEAR THAT WE CANNOT HELP OTHER ORGANIZATIONS  OPERATE AS BEST-IN-CLASS IF WE ARE NOT ALSO ADVANCING OUR OWN  ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT  WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
OPERATIONAL EXCELLENCE:  INDEPENDENT SECTOR IS CLEAR THAT WE CANNOT HELP OTHER ORGANIZATIONS  OPERATE AS BEST-IN-CLASS IF WE ARE NOT ALSO ADVANCING OUR OWN  ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT  WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
OPERATIONAL EXCELLENCE:  INDEPENDENT SECTOR IS CLEAR THAT WE CANNOT HELP OTHER ORGANIZATIONS  OPERATE AS BEST-IN-CLASS IF WE ARE NOT ALSO ADVANCING OUR OWN  ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT  WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
INDEPENDENT SECTOR IS CLEAR THAT WE CANNOT HELP OTHER ORGANIZATIONS  OPERATE AS BEST-IN-CLASS IF WE ARE NOT ALSO ADVANCING OUR OWN  ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT  WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
OPERATE AS BEST-IN-CLASS IF WE ARE NOT ALSO ADVANCING OUR OWN  ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT  WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
ORGANIZATIONAL EFFECTIVENESS, CULTURE, AND PRACTICES. AND JUST AS IT WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
WAS FOR ALL OF YOU, NOTHING WAS MORE CONSEQUENTIAL TO OUR	
opening only opening on a supplier of course to proper only	
ORGANIZATION'S OPERATIONS THAN THE IMPACT OF COVID-19. DESPITE REAL	
CHALLENGES, FOLLOWING ARE HIGHLIGHTS FROM OUR OPERATION EXCELLENCE	
EFFORTS THIS YEAR:	
- WE FOUND NEW WAYS TO EXPAND PARTNERSHIPS, INCLUDING WORKING WITH AT&T	
FOUNDATION TO INVITE OVER 100 OF ITS NONPROFIT GRANTEES INTO THE IS	
COMMUNITY, MULTIPLYING THE IMPACT OF PHILANTHROPY, GRANTEES, AND THE	
SECTOR TO ADVANCE IS'S STRATEGIC AREAS.	
TN DEGCONTATION OF OUR VICTON AND ADJUTAN TO EMPOUND IT DEGELVED A	
- IN RECOGNITION OF OUR VISION AND ABILITY TO EXECUTE, IS RECEIVED A	
SIGNIFICANT GIFT THROUGH THE NEW PHILANTHROPIC COMMITMENT OF MACKENZIE	
SCOTT THAT WILL SUPPORT A MULTI-YEAR STRATEGIC INVESTMENT PLAN FOCUSED	
ON ENHANCING OUR ABILITY TO BUILD AND ACTIVATE THE IS COMMUNITY IN	
SUPPORT OF THE SECTOR.	
- DREW ON OUR RESULTSCOUNT WORK TO INCREASE OUR FOCUS ON EQUITY IN	
POLICY AND COMMUNITY BUILDING DURING THE COVID-19 PANDEMIC. IS	
DIRECTORS INCREASED THEIR CAPACITY FOR RESULTS-ORIENTED WORK THROUGH	

Name of the organization  INDEPENDENT SECTOR	Employer identification number 52-1081024
COACHING AND WORKING SESSIONS FOCUSED ON RUNNING SMALL TESTS OF CHANGE	
AND DEFINING "DIFFERENCE MADE" PERFORMANCE MEASURES. OUR SENIOR	_
LEADERSHIP TEAM USED IS'S RESULTS FRAMEWORK TO IDENTIFY A SUBSET OF	
CROSS-CUTTING ORGANIZATIONAL PERFORMANCE MEASURES THAT WILL FOCUS AND	
CLARIFY IS'S PRIORITY WORK IN 2021.	
- INCORPORATED STRATEGIC COMMUNICATIONS INTO THE OVERALL SCOPE OF IS'S	
LEADERSHIP TEAM TO ENSURE STRONG ALIGNMENT IN STRATEGY PLANNING AND	
EXECUTION, WHILE BEING RESPONSIVE TO CURRENT EVENTS AND SOCIAL ISSUES	
THROUGH ALL BODIES OF WORK.	
EXPENSES \$ 125,969. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990 DADW VI CECUTON A LINE 6.	
FORM 990, PART VI, SECTION A, LINE 6:	
INDEPENDENT SECTOR HAS MEMBERS THAT HELP SUPPORT THE MISSION OF THE	
ORGANIZATION	
FORM 990, PART VI, SECTION A, LINE 7A:	
THERE IS ONLY ONE CLASS OF VOTING MEMBERS. THE MEMBERSHIP HAVE THE	
AUTHORITY TO ELECT DIRECTORS OF THE ORGANIZATION OTHER THAN THE PRESIDENT.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE MEMBERSHIP HAVE THE AUTHORITY TO APPROVE CHANGES IN THE ARTICLES OF	
INCORPORATION AND BY-LAWS, MEMBERSHIP DUES AND/OR DUES ASSESSMENT	
METHODOLOGY, MEMBERSHIP ELIGIBILITY CRITERIA, AFFIRM MAJOR POLICIES AND	
LEGISLATIVE ACTIONS BY THE BOARD, AS APPROPRIATE, AND ADOPT RESOLUTIONS ON	
NATIONAL ISSUES OF CONCERNS TO THE MEMBERSHIP, AS APPROPRIATE.	
·	

Name of the organization	Employer identification number
INDEPENDENT SECTOR	52-1081024
PRIOR TO FILING, THE FORM 990 IS PRESENTED TO INDEPENDENT SECTOR'S AUDIT	
COMMITTEE FOR REVIEW. THE CHIEF OPERATING OFFICER ALSO REVIEWS THE FORM	
990 IN DETAIL WITH THE PRESIDENT AND CHIEF EXECUTIVE OFFICER PRIOR TO	
OBTAINING THE CEO'S SIGNATURE ON THE DOCUMENT. THE FORM 990 IS ALSO	
PRESENTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW IN ADVANCE OF FILING.	
IT IS DISTRIBUTED IN ADVANCE OF THE BOARD MEETING IN ORDER TO ENSURE THAT	
DIRECTORS HAVE THE OPPORTUNITY FOR A MEANINGFUL REVIEW AND TO ALLOW ALL	
DIRECTORS THE OPPORTUNITY TO GAIN A FULL UNDERSTANDING OF THE DOCUMENT	
BEFORE IT IS FILED. INDEPENDENT SECTOR'S AUDITORS PARTICIPATE IN THE BOARD	
MEETING IN ORDER TO RESPOND TO ANY QUESTIONS THAT DIRECTORS MAY HAVE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR, BOARD MEMBERS ARE ASKED TO REVIEW INDEPENDENT SECTOR'S CONFLICT	
OF INTEREST POLICY AND TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE	
STATEMENT. AMONG OTHER THINGS, THE POLICY MAKES CLEAR THAT ALL DECISIONS OF	
THE BOARD, OFFICERS AND EMPLOYEES OF INDEPENDENT SECTOR ARE TO BE MADE	
SOLELY ON THE BASIS OF A DESIRE TO PROMOTE THE BEST INTERESTS OF THE	
ORGANIZATION AND THE PUBLIC GOOD. THE DISCLOSURE STATEMENT, IN TURN,	
REQUESTS THAT DIRECTORS IDENTIFY, TO THE BEST OF THEIR KNOWLEDGE,	
AFFILIATIONS WITH ORGANIZATIONS THAT MAY BE POTENTIALLY RELATED TO THE	
FINANCIAL OR OTHER SUBSTANTIVE OPERATIONS OF INDEPENDENT SECTOR. THEY ARE	
ALSO ASKED TO IDENTIFY CIRCUMSTANCES INVOLVING EITHER THEMSELVES, OR A	
MEMBER OF THEIR EXTENDED FAMILY, THAT MAY BE CONSTRUED AS A CONFLICT OF	
INTEREST. IF SUCH CIRCUMSTANCE SHOULD ARISE SUBSEQUENT TO SUBMITTING THE	
DISCLOSURE STATEMENT, THE POLICY SETS FORTH AN ONGOING DISCLOSURE	
REQUIREMENT.	

AT THE STAFF LEVEL, INDEPENDENT SECTOR PERSONNEL ALSO ENSURE THAT THERE ARE

Name of the organization  INDEPENDENT SECTOR	Employer identification number 52-1081024
NO CONFLICTS OF INTEREST WHEN CONSIDERING ENGAGEMENT OF A NEW VENDOR. IF A	
POTENTIAL CONFLICT IS IDENTIFIED, APPROPRIATE STEPS ARE TAKEN BOTH TO	
ASSESS THE NATURE OF THE POTENTIAL CONFLICT AND, SUBSEQUENTLY, TO ENSURE	
THAT THE POSSIBILITY OF AN ACTUAL CONFLICT IS MITIGATED. SUCH MITIGATION	
MAY BE ACHIEVED THROUGH THE RECUSAL OR FIREWALLING OF THE INDIVIDUAL IN	
QUESTION, THUS ENSURING THAT THE CONFLICT IS MANAGED AND THE LETTER AND	
SPIRIT OF THE CONFLICTS POLICY ARE UPHELD.	
IN ADDITION, WE NOTE THAT DURING THE ANNUAL AUDIT STAFF IDENTIFY AND	
DISCLOSE TO AUDITORS ALL KNOWN CONFLICTS OF INTEREST.	
	_
FORM 990, PART VI, SECTION B, LINE 15A:	
APART FROM THE ORGANIZATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER,	
INDEPENDENT SECTOR'S BOARD OFFICERS (CHAIR, VICE CHAIR, SECRETARY, AND	
TREASURER) DO NOT RECEIVE COMPENSATION FROM THE ORGANIZATION. AN ANNUAL	
COMPENSATION REVIEW PROCESS FOR THE CEO TAKES PLACE UNDER THE LEADERSHIP OF	
THE BOARD CHAIR AND EXECUTIVE COMMITTEE. AN OUTSIDE CONSULTANT IS RETAINED	
OR SALARY SURVEYS AND 990S ARE REVIEWED TO PROVIDE INDUSTRY COMPARABLE	
SALARY DATA. AN INTERMEDIATE SANCTIONS ANALYSIS AND RELATED DOCUMENTATION	
ARE ALSO COMPLETED. THE EXECUTIVE COMMITTEE HAS RESPONSIBILITY FOR MAKING	
FINAL RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS REGARDING THE	
PRESIDENT'S PERFORMANCE EVALUATION AND COMPENSATION. THE BOARD OF	
DIRECTORS MAKES A FINAL DETERMINATION WITH REGARD TO THESE MATTERS.	
WITH REGARD TO STAFF COMPENSATION, THE PRESIDENT AND CEO, SENIOR LEADERSHIP	
TEAM, NONPROFIT HR CONSULTANT AND APPROPRIATE STAFF DIRECTORS ALSO COMPLETE	
ANNUAL PERFORMANCE EVALUATIONS. FOR ALL STAFF OTHER THAN THE PRESIDENT AND	
CEO, IS UTILIZES INDUSTRY COMPARABLE DATA IN MAKING DETERMINATIONS	shedule 0 (Faure 000 as 000 F7) 0000

Name of the organization	Employer identification number
INDEPENDENT SECTOR	52-1081024
REGARDING THE RANGE OF SALARIES. THE PRESIDENT AND CEO MAKES ALL	FINAL
DETERMINATIONS RELATIVE TO STAFF COMPENSATION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM	990:
AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MS,MN,NC,NH,NM,NY,OH,	
	ok,ia,ki
SC,TN,UT,VA,WA,WI,AK	
FORM 990, PART VI, SECTION C, LINE 19:	
INDEPENDENT SECTOR'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POL	ICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC. THE ANNUAL	AUDIT,
990 AND 990-T, BOARD OF DIRECTORS LIST, AND IS POLICIES (CONFLICT	OF
INTEREST, FINANCIAL RESPONSIBILITY, GIFTS AND ENTERTAINMENT, RECOR	
RETENTION AND TRAVEL) ARE ALL AVAILABLE TO THE PUBLIC ON THE ORGAN	IIZATION'S
WEBSITE (WWW.INDEPENDENTSECTOR.ORG).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	766,002.
MANAGEMENT AND GENERAL EXPENSES	318,083.
FUNDRAISING EXPENSES	95,436.
TOTAL EXPENSES 1	.,179,521.
LEGISLATIVE ASSISTANCE:	
PROGRAM SERVICE EXPENSES	163,329.
MANAGEMENT AND GENERAL EXPENSES	67,822.
FUNDRAISING EXPENSES	20,349.
TOTAL EXPENSES	251,500.
TOTAL BALLATOR	202,000.

Name of the organization  INDEPENDENT SECTOR		Employer identification number
SPEAKERS, SERVICE BUREAUS, AND OTHER:		
PROGRAM SERVICE EXPENSES	82,994.	
MANAGEMENT AND GENERAL EXPENSES	34,463.	
FUNDRAISING EXPENSES	10,340.	
TOTAL EXPENSES	127,797.	
TEMPORARY HELP:		
PROGRAM SERVICE EXPENSES	51,342.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES	8,702.	
TOTAL EXPENSES	91,311.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,650,129.	

2020.03041 INDEPENDENT SECTOR

#### **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

52-1081024

(a)	(b)	(c)	(d)		(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	I	ome	End-of-year assets		year assets Direct contro entity		9
1620 IS LLC - 54-3219877									
1620 L STREET, NW									
WASHINGTON, DC 20036	BUILDING MANAGEMENT	DISTRICT OF COLUMBI	A 840	,011.	24,907,528.		INDEPENDENT	SECTOR	1
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.	ganizations. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34,	because	e it had one o	or more	related tax-exe	mpt	
organizations during the tax year.  (a)  Name, address, and EIN	ganizations. Complete if the organization (b)  Primary activity	(c) Legal domicile (state or	(d) Exempt Code	Pub	(e) lic charity		(f) ct controlling	Section 5	g) 512(b)(13) rolled
organizations during the tax year.  (a)	(b)	(c)	(d)	Pub	(e)		(f)	Section 5	rolled ity?
organizations during the tax year.  (a)  Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	Pub	(e) lic charity s (if section		(f) ct controlling	Section 5	rolled
organizations during the tax year.  (a)  Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	Pub	(e) lic charity s (if section		(f) ct controlling	Section 5	rolled ity?
organizations during the tax year.  (a)  Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	Pub	(e) lic charity s (if section		(f) ct controlling	Section 5	rolled ity?

INDEPENDENT SECTOR

Schedule R (Form 990) 2020 INDEPENDENT SECTOR 52-1081024 Page **2** 

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	organizations treated as a partitioning during the tax year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	ate or entity (related, unrelated, income end-or-year allocations?) affort		Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership				
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	10
	]										
	1										
	1										
	1										
	1		1	1				•	1		

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.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contro enti	tion b)(13) olled ty?
		country)		or trusty		233013		Yes	No
						1			

INDEPENDENT SECTOR 52-1081024 Schedule R (Form 990) 2020 Page 3

Yes No

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

1 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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a	
	Gift, grant, or capital contribution to related organization(s)					
С	Gift, grant, or capital contribution from related organization(s)				. 1c	
	Loans or loan guarantees to or for related organization(s)					
е	Loans or loan guarantees by related organization(s)				1e	
	, , , , , , , , , , , , , , , , , , , ,					
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				. 1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				. 1j	
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k	
	Performance of services or membership or fundraising solicitations for related organ					
	Performance of services or membership or fundraising solicitations by related organ					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					
	Sharing of paid employees with related organization(s)					
р	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
•						
r	Other transfer of cash or property to related organization(s)				1r	
	Other transfer of cash or property from related organization(s)					
2	If the answer to any of the above is "Yes," see the instructions for information on w					•
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining amount	involved	
		type (a-s)		· ·		
1)						
-,						
2)						
-,						
3)						
,						
4)						
•,						
5)						
-,						
6)						
	3 10-28-20	1	1	Schadu	le R (Form	990) 2020
J_ 10	- ··			Soliedo		

Schedule R (Form 990) 2020 INDEPENDENT SECTOR 52-1081024 Page 4

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For cal	endar year 2020 or other tax year beginning , and ending		2020
Depar	tment of the Treasury al Revenue Service	<b>•</b>	$\blacktriangleright$ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (	DEmp	loyer identification number
<b>B</b> Ex	xempt under section	Print	INDEPENDENT SECTOR		52-1081024
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  1602 L STREET, NW, NO. 900		p exemption number instructions)
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036	F [	Check box if
		С Во	ok value of all assets at end of year   46,005,638.		an amended return.
G (	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	ble reinsurance entity
Η (	Check if filing only to	o <b>▶</b>	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>l</u> (	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<b>&gt;</b>
J E	Enter the number of	attach	ed Schedules A (Form 990-T)		2
	f "Yes," enter the na	ame an	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  d identifying number of the parent corporation.	<b>&gt;</b> _	Yes X No
			RICK ROBINSON (INTERIM COO) Telephone number	(202)	467-6100
Pa	rt I Total Unr	relate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (	see instructions for limitation rules)	4	0.
5	Total unrelated bu	ısiness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operati	ng loss. See instructions	6	0.
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line 5	j	7	
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A ded	duction. See instructions	9	
10	Total deductions	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
_	enter zero			11	0.
Pa	rt II Tax Com	-			
1	Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	<u> </u>	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	· · · · · ·	Tax rate schedule or Schedule D (Form 1041)		_
3	Proxy tax. See ins			<u>3</u>	
4	Other tax amounts			4	
5	Alternative minimu			5	
6	•		cility income. See instructions	6	
7			h 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2020)

Form 990-T (2020) Page 2

Part	III T	ax and Payments									
1a	Foreig	n tax credit (corporations attach Form 11	18; trusts attach Form	1116)	1a						
b	Other	credits (see instructions)			1b						
С	Gener	al business credit. Attach Form 3800 (see	e instructions)		1c						
d		for prior year minimum tax (attach Form									
е		credits. Add lines 1a through 1d						٦ -	le		
2									2		0.
3	Other	taxes. Check if from: Form 42					orm 8866				
		Other (at	ttach statement)						3		
4	Total	tax. Add lines 2 and 3 (see instructions).	Check if in	cludes tax pre	viously de	eferred u	nder				
		n 1294. Enter tax amount here							4		0.
5		net 965 tax liability paid from Form 965-A			1				5		0.
6a	Paym	ents: A 2019 overpayment credited to 20	20		. 6a						
b		estimated tax payments. Check if section			6b						
С					6c						
d	Foreig	n organizations: Tax paid or withheld at s									
е		p withholding (see instructions)									
f		for small employer health insurance pren									
g		credits, adjustments, and payments:									
Ū			Other		► 6g						
7	Total	payments. Add lines 6a through 6g							7		
8		ated tax penalty (see instructions). Check							8		
9	Tax d	ue. If line 7 is smaller than the total of line	es 4, 5, and 8, enter an					. 🗔	9		
10	Overp	ayment. If line 7 is larger than the total o	of lines 4, 5, and 8, enter					. 🗔	10		
11		the amount of line 10 you want: Credited					Refunded >	. 🗔	11		
Part	IV S	Statements Regarding Certain A	Activities and Oth	er Informa	tion (se	e instru	ctions)				
1	At any	time during the 2020 calendar year, did	the organization have	an interest in o	r a signat	ure or of	ther authorit	y		Yes	No
	over a	financial account (bank, securities, or otl	her) in a foreign countr	y? If "Yes," the	e organiza	ition may	have to file				
	FinCE	N Form 114, Report of Foreign Bank and	Financial Accounts. If	"Yes," enter th	ne name d	of the for	eign country	,			
	here	<b>&gt;</b>									Х
2	During	the tax year, did the organization receive	e a distribution from, o	r was it the gra	antor of, o	r transfe	eror to, a				
	foreigi	n trust?									X
		s," see instructions for other forms the org									
3	Enter	the amount of tax-exempt interest receive	ed or accrued during th	ne tax year			<b>\$</b>				
4a	Did th	e organization change its method of acco	ounting? (see instruction	ons)							X
b	If 4a is	s "Yes," has the organization described the	ne change on Form 990	0, 990-EZ, 990	-PF, or Fo	rm 1128	8? If "No,"				
	explai	n in Part V									
Part	V S	Supplemental Information									
Provide	the ex	planation required by Part IV, line 4b. Als	o, provide any other a	dditional inforn	nation. Se	e instru	ctions.				
Cian		der penalties of perjury, I declare that I have examined trect, and complete. Declaration of preparer (other than						ledge	and belief, it is true	θ,	
Sign Here			1				ľ	May th	ne IRS discuss this	return w	rith
пеге		)		CHIEF OP	ERATING	OFFIC	ER		eparer shown belo	` —	_
		Signature of officer	Date	Title				instruc	ctions)? X Y	es	No
		Print/Type preparer's name	Preparer's signature		Date		Check	- 1	PTIN		
Paid							self- employe	d			
Prepa	ırer	WILLIAM E TURCO, CPA			05/04/2	1	P00369217				
Use Only Firm's name ► RSM US LLP Firm's EIN ► 42-0714						325					
	-		IAN BLVD, STE 500	)							
		Firm's address  GAITHERSBURG, M	D 20878				Phone no.	301-	-296-3600		

Form **990-T** (2020)

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

ENTITY

**D** Sequence:

2020

LULU

Department of the Treasury Internal Revenue Service

C Unrelated business activity code (see instructions)

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization
INDEPENDENT SECTOR

Name of the organization

SECTOR

Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Sol1(c)(3) Organizations Only

SECTOR

SOL2(3) Organizations Only

Describe the unrelated trade or business PROVISION OF PARKING Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 27,733. 83,342. Exploited exempt activity income (Part VIII) -55,609. 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 13 27,733. **Total.** Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages			
3	Repairs and maintenance			
4	Bad debts			
5	Interest (attach statement) (see instructions)			
6	Taxes and licenses			250.
7	Depreciation (attach Form 4562) (see instructions)			
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion		9	
10	Contributions to deferred compensation plans			
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		l l	
13	Excess readership costs (Part IX)		l l	
14	Other deductions (attach statement)			
15	Total deductions. Add lines 1 through 14			250.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part I, line 13,		
	column (C)		16	-55,859.
17	Deduction for net operating loss (see instructions)			0.
18	Unrelated business taxable income. Subtract line 17 from line 16			-55,859.
1 11 1	For Department, Deduction Act Notice and instructions		Schodulo A (E	orm 000 T) 2020

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page 2
Part		hod of inventory valuation	on 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Propert	y Leased with Re	eal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check i	f a dual-use (see instru	ctions)	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				_
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	F00/ if the count is because on the country				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)	<b>&gt;</b>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use (see	instructions)	
	A				
	В 🔛				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				_
•	to delet Conservation of the desertion of the service of				
5	Average adjusted basis of or allocable to debt-				
3					
•	financed property (attach statement)	I I	0/	0/	0/
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		. 1 12 7 . 1		0.
8	Total gross income (add line 7, columns A through D)	). ∟nter here and on Pari	: i, line /, column (A)	<b>&gt;</b>	
_		Т	T	Т	
9	Allocable deductions. Multiply line 3c by line 6			(5)	
10	Total allocable deductions. Add line 9, columns A th				
11	Total dividends-received deductions included in line	9 10			0.

Part	VI Interest, Annu	uities, Ro	yalties, and Re	ents fror	n Control	led Or	ganization	<b>S</b> (see i	instruct	ions)		Page 3
	·						Exempt Contro	`				
	Name of controlled organization		organization identification incom				al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		nn 4 in the ıniza-	cor	ductions directly nnected with ne in column 5
(1)												
(2)												
(3)												
<u>(4)</u>			NI-		) t II1 O							
	'. Taxable Income	I 0 N	No let unrelated	1	Controlled Or otal of specif	•		of column	\ Q	- 11	Doduc	tions directly
,	. Taxable income	in	come (loss) instructions)		yments mad		that is inc	cluded in t	the		conne	ected with n column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c		art I,	Ente	er here	nns 6 and 11. and on Part I, column (B)
Totals						•			0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instruc	ctions)			
		cription of i			2. Amou incon	nt of	3. Deduction directly connumber (attach states	ected (at	<b>4.</b> Set- ttach st		nt) a	Total deductions and set-asides and 4)
(1)												
(2)												
(3)												
(4)					A alal a as a							alal ana anna an
					Add amou column 2 here and or line 9, colu	Enter n Part I, ımn (A)					c he	add amounts in olumn 5. Enter re and on Part I, ne 9, column (B)
Totals Part	VIII E dende	· • • •		<b>_</b>	Fl A -l .	0.						0.
			ctivity Income,		nan Adve	ertisin	gincome	(see instru	uctions)	I		
1	Description of exploite					- David I	line 10 selvine	(A)				27 733
2 3	Gross unrelated busin Expenses directly con						•	. ,		2		27,733.
3			•					•		3		83,342.
4	line 10, column (B) Net income (loss) from									-		,
•	, ,		trade of business.							4		-55,609.
5	Gross income from ac									5		0.
6	Expenses attributable									6		0.
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		0.

Schedule A (Form 990-T) 2020

Sched	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a	consolidated basis	i.	
	A 💹				
	В 💹				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on			<b>•</b>	0.
а	•	, , , , , , , , , , , , , , , , , , , ,			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I. line 11. column (B)	•	•	0.
_		(=,			
4	Advertising gain (loss). Subtract line 3 from line	ne			
·	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column is	n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	I			
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	I			
	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	
а	Add line 8, columns A through D. Enter the g				0
Part	X Compensation of Officers, Di	rootors and Trustoos			0.
rait	Compensation of Officers, Di	Tectors, and Trustees	see instructions)	<b>0</b> Dames and a mark	4.0
	4.31	0.771		3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
					•
	Enter here and on Part II, line 1			<b>&gt;</b>	0.
Part	XI Supplemental Information (se	ee instructions)			

FORM 990-T (A) PART VIII - PRODUCTION	STATEMENT 1		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PARKING EXPENSES	- SUBTOTAL - 1	83,342.	83,342.
TOTAL OF FORM 990-T, SCHEDUL	E A, PART VIII, COLUMN	3	83,342.

#### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Name of the organization INDEPENDENT SECTOR			B Employer identification number 52-1081024			
C Unrelated business activity code (see instructions) ▶ 901101	Unrelated business activity code (see instructions) > 901101					
E Describe the unrelated trade or business ▶DEBT FINANACED REP	TALS					
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
1a Gross receipts or sales						
b Less returns and allowances c Balance ▶	1c					
2 Cost of goods sold (Part III, line 8)	2					
<b>3</b> Gross profit. Subtract line 2 from line 1c	3					
4a Capital gain net income (attach Sch D (Form 1041 or Form						
1120)) (see instructions)	4a					
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
c Capital loss deduction for trusts	4c					
5 Income (loss) from a partnership or an S corporation (attach						
statement)	5					
6 Rent income (Part IV)	6					
7 Unrelated debt-financed income (Part V)	7	390,222.	563,597.	-173,375.		
8 Interest, annuities, royalties, and rents from a controlled						
organization (Part VI)	8					
9 Investment income of section 501(c)(7), (9), or (17)						
organizations (Part VII)	9					
10 Exploited exempt activity income (Part VIII)	10					
11 Advertising income (Part IX)	11					
12 Other income (see instructions; attach statement)	12					
<b>13 Total.</b> Combine lines 3 through 12	13	390,222.	563,597.	-173,375.		
Part II Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	come		·	s must be		
1 Compensation of officers, directors, and trustees (Part X)						
2 Salaries and wages						
3 Repairs and maintenance			3			
4 Bad debts						
6 Taxes and licenses			6			
7 Depreciation (attach Form 4562) (see instructions)						
8 Less depreciation claimed in Part III and elsewhere on return		•	8b			
9 Depletion						
10 Contributions to deferred compensation plans						
11 Employee benefit programs						
12 Excess exempt expenses (Part VIII)						
13 Excess readership costs (Part IX)						
14 Other deductions (attach statement)				^		
				0.		
16 Unrelated business income before net operating loss deduction. S				172 275		
column (C)				-173,375. 0.		
17 Deduction for net operating loss (see instructions)				-173,375.		
18 Unrelated business taxable income. Subtract line 17 from line 10	<u> </u>			-173,373. e Δ (Form 990-T) 2020		

	ıle A (Form 990-T) 2020				Page 2
Part I	III Cost of Goods Sold Enter method	od of inventory valuatior	<u>     ►                               </u>		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter he				
9	Do the rules of section 263A (with respect to property p	roduced or acquired for	resale) apply to the o	rganization?	Yes No
Part I					
1	Description of property (property street address, city, sta	ate, ZIP code). Check if	a dual-use (see instru	ctions)	
	A				
	В				
	c 🗍				
	D				
		Α	В	С	D
2	Rent received or accrued				
	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5	Total deductions. Add line 4 columns A through D. Ent		e 6, column (B)		0.
Part \	Unrelated Debt-Financed Income (see	e instructions)			
1	Description of debt-financed property (street address, ci	ty, state, ZIP code). Che	ck if a dual-use (see i	instructions)	
	A OFFICE BUILDING RENTA	1602 L STRE	ET, NW, WASHING	TON, DC 20036	
	В 🔲				
	c 🗆				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				D
	property				D
3	proporty	1,026,361.			D
•	Deductions directly connected with or allocable	1,026,361.			D
•		1,026,361.			D
а	Deductions directly connected with or allocable to debt-financed property	1,026,361.			D
	Deductions directly connected with or allocable				D
a b	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT 4 Other deductions (attach statement) STMT 5	519,941.			D
а	Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement) STMT 4  Other deductions (attach statement) STMT 5  Total deductions (add lines 3a and 3b,	519,941. 962,430.			D
a b c	Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement) STMT 4  Other deductions (attach statement) STMT 5  Total deductions (add lines 3a and 3b, columns A through D)	519,941.			D
a b	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable	519,941. 962,430. 1,482,371.			D
a b c	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT 4 Other deductions (attach statement) STMT 5 Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2	519,941. 962,430.			D
a b c	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT 4 Other deductions (attach statement) STMT 5 Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2 Average adjusted basis of or allocable to debt-	519,941. 962,430. 1,482,371. 9,373,458.			D
a b c	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT 4 Other deductions (attach statement) STMT 5 Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3	519,941. 962,430. 1,482,371. 9,373,458. 24,652,271.	0/	0/	
a b c 4 5	Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement) STMT 4  Other deductions (attach statement) STMT 5  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2  Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3  Divide line 4 by line 5	519,941. 962,430. 1,482,371. 9,373,458. 24,652,271. 38.02%	%	%	
a b c 4 5 6 7	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT 4 Other deductions (attach statement) STMT 5 Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3 Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	519,941. 962,430. 1,482,371. 9,373,458. 24,652,271. 38.02% 390,222.		%	%
a b c 4 5	Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement) STMT 4  Other deductions (attach statement) STMT 5  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2  Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3  Divide line 4 by line 5	519,941. 962,430. 1,482,371. 9,373,458. 24,652,271. 38.02% 390,222.		% ————————————————————————————————————	
a b c 4 5 6 7 8	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT 4 Other deductions (attach statement) STMT 5 Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3 Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	519,941. 962,430. 1,482,371. 9,373,458. 24,652,271. 38.02% 390,222. Enter here and on Part I		% ————————————————————————————————————	%
a b c 4 5 6 7	Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT 4 Other deductions (attach statement) STMT 5 Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3 Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	519,941. 962,430. 1,482,371. 9,373,458. 24,652,271. 38.02% 390,222. Enter here and on Part I	, line 7, column (A)	<b>&gt;</b>	%

Pag	е	3

Part VI Interest,	Annuities, F	Royalties, and Re	ents fror	n Control	led Or	ganizations	<b>S</b> (se	ee instruct	ions)	Page 3
		<u> </u>				Exempt Contro	`	ganization	s ,	
	organization identification income		unrelated 4. Total of speci ne (loss) payments mad structions)		•	langua sa salata at sa at sa at sa at sa		in the aniza- ;	the connected with	
<u>(1)</u>										
(2)					1					
(3)										
<u>(4)</u>										
			1	Controlled O	-					
<b>7.</b> Taxable Incom		Net unrelated income (loss)     ee instructions)		otal of specif syments mad		that is inc controlling gross	luded	in the zation's	C	eductions directly onnected with ome in column 10
(1)										
(2)										
(3)										
(4)										
						Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, e 8, column (B)
Totals					•			0.		0.
	nent Income	e of a Section 50	1(c)(7), (	9), or (17)	Organ	nization (s	ee inst	ructions)		<u></u>
	<b>1.</b> Description o		, , , , , ,	2. Amou incor	ınt of	3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals			_	Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	ted Exempt	Activity Income	Other 1	⊥ Γhan Δdvø		n Income	soo ing	structions)		<u> </u>
1 Description of e			, 30,101 1			gooo	355 1115	511 aCtiO(15)		
•	•	me from trade or busi	ness. Fnte	r here and o	n Part I	line 10, colum	n (A)		2	
		vith production of unre				•	. ,			
•	•								3	
4 Net income (los	s) from unrelate	ed trade or business.	Subtract lir	ne 3 from lin	e 2. If a	gain, complete			4	
5 Gross income f	rom activity tha	t is not unrelated bus	iness incor	me					5	
		ne entered on line 5							6	
		otract line 5 from line 6								
4. Enter here ar	nd on Part II. lin	e 12							7	

Schedule A (Form 990-T) 2020

ising Income iodical(s). Check box if reporting two				
odical(s). Offeck box if reporting two	o or more periodicals on	a consolidated basi	S.	
ı periodical listed above in the corre		1		
	Α	В	С	D
•				
through D. Enter here and on Part	I, line 11, column (A)		<b>&gt;</b>	•
through D. Enter here and on Part	I, line 11, column (B)		<b>&gt;</b>	
		1		
•				
•				
ensation of Officers Direct	ore and Truetees	/:	······	•
insation of Officers, Birect	ors, and rrustees	(see instructions)	2 Dovoentege	4 Componentian
1 Nama	2 Title			<ol><li>Compensation attributable to</li></ol>
. Name	Z. Title			unrelated business
				uniferated business
			70	
on Part II, lino 1				
	tw.otiona)			
mental information (see ins	tructions)			
	ng income Inthrough D. Enter here and on Part Ing costs by periodical Inthrough D. Enter here and on Part In (loss). Subtract line 3 from line In (loss). Subtract line 8 gain, In (loss). Subtract line 8 gain on In (loss). Subtract line 9 gain on In (loss). Subtract line 9 gain, In (loss). Subtract l	Ing income Ing income Ing costs by periodical Ing cost	A B  Ing income Inthrough D. Enter here and on Part I, line 11, column (A) Ing costs by periodical Inthrough D. Enter here and on Part I, line 11, column (B) In (loss). Subtract line 3 from line In (loss). Subtract line 3 from line In in line 4 showing a gain, In through B. For any column in In a loss or zero, do not complete In and enter zero on line 8 In this costs. If line 6 is less than In this costs. If line 6 is less than In this costs allowed as a In each column showing a gain on In the sease of line 4 or line 7 In In the sease of line 4 or line 7 In In the sease of line 8 and Trustees In the	A B C  In gincome In through D. Enter here and on Part I, line 11, column (A)  Ing costs by periodical In through D. Enter here and on Part I, line 11, column (B)  In (loss). Subtract line 3 from line In line 4 showing a gain, 5 through 8. For any column in In a loss or zero, do not complete 7, and enter zero on line 8 Ists In enter here and on Part I, line 11 In 6 is less than In line 6 from line 5. If line 5 is less In er zero In line 4 or line 7 In In A through D. Enter the greater of the line 8a, columns total or zero here and on  In In (loss). Subtract line 3 from line In (loss). Subtract line 4 showing a gain, In (loss). Subtract line 3 from line In (loss). Subtract line 3 from line In (loss). Subtract line 3 from line In (loss). Subtract line 1 line 11, column (A)  In (loss). Subtract line 11, column (B)  In

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED IN AVERAGE ACQUISITION DEBT	COME	STATEMENT 2
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
OFFICE BUILDING RENTAL	2	DEBT
BEGINNING FIRST MONTH		10,147,589.
BEGINNING SECOND MONTH		10,115,377
BEGINNING THIRD MONTH		10,018,403
BEGINNING FOURTH MONTH		9,986,042
BEGINNING FIFTH MONTH		9,141,075
BEGINNING SIXTH MONTH		9,108,564
BEGINNING SEVENTH MONTH		9,075,978
BEGINNING EIGHTH MONTH		9,043,318
BEGINNING NINTH MONTH		9,010,581
BEGINNING TENTH MONTH		8,977,770
BEGINNING ELEVENTH MONTH		8,944,882
BEGINNING TWELFTH MONTH		8,911,919
TOTAL OF ALL MONTHS		112,481,498
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		9,373,458
TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4  FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED IN AVERAGE ADJUSTED BASIS	COME	STATEMENT 3
DESCRIPTION OF DEBT-FINANCED PROPERTY	NUMBER —	-
OFFICE BUILDING RENTAL	2	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		25,059,995
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		24,244,546
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		24,652,271
TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5		

INDEPENDENT SECTOR

FORM 990-T (A) PAR	RT V - DEPRECIAT	ION DEDUCTION	<u> </u>	STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	2	519,941.	519,941
TOTAL OF FORM 990-T, SCHI	EDULE A, PART V,	LINE 3(A)		519,941
FORM 990-T (A)	PART V - OTHER	DEDUCTIONS		STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST			153,335.	
CONSULTANT			64,554.	
TELEPHONE			2,395.	
INSURANCE			30,363.	
REPAIRS & MAINTENANCE			135,435. 856.	
			856.	
OFFICE EXPENSE			575 492	
OFFICE EXPENSE OTHER BUILDING EXPENSES	- SUBTOTAL -	2	575,492.	962,430