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

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	= 2019 calendar year, or tax year beginning $$ JUL $1$ , $2019$ $$ and ending	JUN 30, 2020	
<b>B</b> c	heck if oplicabl	C Name of organization LADDER UP	D Employer identifi	cation number
	Addre	(NECDONAL PROGRAMMENT OF THE PROGRAM)		
	_chang _Name _chang		36-40706	92
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st		r
	]Final return		00 312-466-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	3,106,022.
	Amen return	CHICAGO, IL 00054	H(a) Is this a group re	
	Application	F Name and address of principal officer: CTIKESTENE CTIENG	for subordinates	? Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
			527 If "No," attach a	list. (see instructions)
		te: > WWW.GOLADDERUP.ORG	H(c) Group exemption	
			ear of formation: 1996  r	<b>M</b> State of legal domicile: <b>IL</b>
Pa	rt I	Summary		
ø		Briefly describe the organization's mission or most significant activities: THE ORGAL		
Governance		PREPARATION, FINANCIAL AID AND FINANCIAL EDUC		
ern		Check this box  if the organization discontinued its operations or disposed of m	1 _	sets. I a
Š		Number of voting members of the governing body (Part VI, line 1a)		4
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)		27
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		449
Activities &		Total number of volunteers (estimate if necessary)		0.
Aci		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	D	Net unrelated business taxable income from Form 990-T, line 39		
		Contributions and greats (Port VIII line 1h)	Prior Year 1,382,088.	Current Year 2,774,410.
ne		Contributions and grants (Part VIII, line 1h)	0.	0.
ven		Program service revenue (Part VIII, line 2g)	209,271.	155,801.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,776.	31,153.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,596,135.	2,961,364.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	769,635.	1,912,455.
ses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)  291,345.	3	
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	371,052.	1,014,526.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,140,687.	
		Revenue less expenses. Subtract line 18 from line 12	455,448.	34,383.
or es			Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	2,997,437.	3,315,590.
ASS	21	Total liabilities (Part X, line 26)	351,900.	205,072.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	2,645,537.	3,110,518.
Pa	rt II	Signature Block		
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my	/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
		O'maken at all'an	Data	
Sig	1	Signature of officer	Date	
Her	е	ROBERT M. BURKE, PRESIDENT Type or print name and title		
			Date Check F	PTIN
D-''		Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature	if L	
Paid		-	A 02/03/21 self-employ	yed №01711657 36-3168081
Prep		Firm's name SIKICH LLP Firm's address 1415 W. DIEHL RD. SUITE 400	FIRM'S EIN	20-210000T
Use	Ulliy	NAPERVILLE, IL 60563-2349	Dhana na 1 A	30)566-8400
May	the II	RS discuss this return with the preparer shown above? (see instructions)	j Pilotte IIo. ( O	X Yes No

# LADDER UP (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM) 36-4070692 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE ORGANIZATION HELPS LOW-INCOME FAMILIES AND INDIVIDUALS ACCESS THE FINANCIAL RESOURCES THEY NEED TO CLIMB UP THE ECONOMIC LADDER. ORGANIZATION OFFERS FREE TAX PREPARATION, FINANCIAL AID AND FINANCIAL EDUCATION SERVICES. Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. 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. 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. (Code: ) (Expenses \$ 1,753,857. including grants of \$ ) (Revenue \$ TAX ASSISTANCE PROGRAM: OPERATING ONE OF THE LARGEST AND OLDEST STATEWIDE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAMS OF ITS KIND, LADDER UP PROVIDES LOW-INCOME FAMILIES WITH FREE, HIGH QUALITY TAX PREPARATION AND AN ALTERNATIVE TO PAID TAX PREPARERS. 239,570 including grants of \$ \_\_\_\_\_ ) (Expenses \$ \_ FINANCIAL CAPABILITY PROGRAM: LADDER UP PROVIDES YEAR-ROUND WORKSHOPS, COORDINATES A TAX-TIME SAVINGS CAMPAIGN AND OFFERS ONE-ON-ONE FINANCIAL COACHING TO HELP CLIENTS SET FINANCIAL GOALS, CREATE A SPENDING PLAN, ACCESS SAFE AND AFFORDABLE BANK PRODUCTS LIKE BANK ACCOUNTS, REVIEW AND CORRECT CREDIT REPORTS AND IMPROVE CREDIT SCORES. LU ALSO ASSISTS WITH THE COMPLETION OF THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) FORMS THROUGH WORKSHOPS AT HIGH SCHOOLS AND COMMUNITY PARTNERS. 238,124. including grants of \$ ) (Expenses \$ ) (Revenue \$ LOW-INCOME TAX CLINIC: LADDER UP PROVIDES FREE, PROFESSIONAL REPRESENTATION TO LOW-INCOME TAXPAYERS FACING AN IRS CONTROVERSY. THROUGH ITS YEAR-ROUND CLINIC, ALSO OFFERS EDUCATION AND OUTREACH ON THE EARNED INCOME TAX CREDIT (EITC), TAXPAYER RIGHTS AND RESPONSIBILITIES, AND COLLECTION ALTERNATIVES.

including grants of \$

2,231,551.

Other program services (Describe on Schedule O.)

Form **990** (2019)

# 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	X	
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b>.</b>
	If "Yes," complete Schedule D, Part IV	9_		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
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		X
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		X
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	X	
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		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.4		<del></del> -
D	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		x
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	שדו		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 L, Part I	25b		Х
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 35% 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 IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
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	
35 a	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			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D.	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

932004 01-20-20

(gambling) winnings to prize winners?

Page 5

Form 990 (2019)

| 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	27			
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 instructions	s)				
				3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		· (ED A D)			
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			<b>-</b> -		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the second of 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		
oa	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 contributi			<u> </u>		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a	Х	
b				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7с		_X_
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 co	ontrac	t?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	е			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	10.0	1			
а		11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	-			13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	.ء. ا	I			
_	organization is licensed to issue qualified health plans	13b	+			
	Enter the amount of reserves on hand	13c	1	1/1-		X
				14a		
р 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b		
	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 investment	t incor	ne?	16		Х
-	If "Yes," complete Form 4720, Schedule O.	.501				
	· · · · · · · · · · · · · · · · · · ·			Form	990	(2019)

Page 6

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

In 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 deglated troad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  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?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Bis there are yrifficer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If "Yes," provide the names and addresses on Schedule O  Did the organization have local chapters, branches, or affiliates?  Did the organization have a written conflict of interest policy? If "Yes," dot the organization have a written o		Check if Schedule O contains a response or note to any line in this Part VI			X						
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 degree the governing body or if the governing body?  5 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 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 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?  7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Lack committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  9 Lack Section C. Did the organization	Sec	tion A. Governing Body and Management									
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 0.  b Enter the number of voting members included on line 1a, above, who are independent.  2 Did any officer, director, trustee, or key employees a family relationship or a business relationship with any other officer, director, trustee, or key employees a care anapament company or other person?  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?  4 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 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 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?  8 Did the organization the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 Is there any officer, director, trustee, or key employee isted in Part VII, Section A, who cannot be reached at the organization to making address? If "Yes," provide the names and addresses on Schedule O.  9 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have for personations are consistent with				Yes	No						
there are natural 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 0.  b Enter the number of voting members included on line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year 4									
b Enter the number of voting members included on line 13, above, who are independent 1 1 2 2 2 2 2 2 2 2 2 1 2 3 1 2 3 2 3 2											
b Enter the number of voting members included on line 13, above, who are independent 1 1 2 2 2 2 2 2 2 2 2 1 2 3 1 2 3 2 3 2											
2 Did any officer, director, trustee, or key employee? 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? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 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? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Did the organization than the governing body? 9 Did the organization than the governing body before the governing the governing the governing body before the governing the governing the governing body before thing the form? 10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent wi	b										
orificer, director, trustee, or key employee?  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?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was flied?  4 X X  5 Did the organization have members or a significant changes to its governing documents since the prior Form 990 was flied?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization make any difficer, fursetce, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If *Yes.* provide the names and addresses on Schedule O  9 Section B. Policies This Section B requests information about policies not required by the Internal Bevenue Code.  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If "Yes," did the organization have written conflict of interest policy? If *No," go to line 13  Were officers, director, or trustees, and key employees required to disclose annually interest that could give rise to conflicts?  12a Did the organization have a written conflict of interest policy?  15a Were officers, directors, or trustees, and key employees required to disclose annu		• • • • • • • • • • • • • • • • • • • •									
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?  4 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7 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?  8 Are any operannee decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization comengance by document the meetings held or written actions undertaken during the year by the following:  9 The governing body?  10 In the organization than the policy of the governing body?  11 In the governing body?  12 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes" provide the names and addresses on Schedule 0.  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  11 In Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations exempt purposes?  11 Has the organization have a written conflict of interest policy? If "Yes," did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990.  11 Has the organization have a written conflict o	_		2		Х						
of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7a Did the organization have members or stockholders?  7b Did the organization have members or stockholders?  7a Did the organization have members or stockholders?  7b Did the organization have members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body?  7a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization to the thing the year of a decrease of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," reversible to have a management of the organization have local chapters, branches, or affiliates?  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes?  11a Has the organization have a written conflict of interest policy? If "Yes," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interest that could give rise to conflicts?  12b Were officers, directors, or trustees, and key employees required to disclose annually interest that could give rise to conflicts?  12c X  13b Were officers, directors, or trustees, and key employees required to describe any organization and decision?  15a X  16b Other	3										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  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?  A rea my governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  B Stech committee with authority to act on behalf of the governing body?  B Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule O  9 Section B. Policies (This Section B. Requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Describe in Schedule O the process, if any, used by the organization is pody before filing the form?  10c Describe in Schedule O the process, if any, used by the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10b Describe in Schedule O the process, if any, used by the organization review this Form 990.  11c Did the organization have a written occurrent entention and destruction policy? If "Yes," describe in Schedule O how this was done  11c Did the organization have a written occurrent profession of the deliberation and d	Ū		3		х						
5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  7a Did the organization have members or stockholders?  7b Did the organization have members of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a Did the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Eaction Brokedule O the process, if any, used by the organization to review this Form 990.  12c Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  15 Did the organization have a written whistleblower policy?  16 Did the organization have a written brooks in Schedule O (see instruct	4			x							
6 Did the organization have members or stockholders? 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?  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 J 2  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  Yes N  10a Did the organization have local chapters, branches, or affiliates,  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  and branches to ensure their operations are consistent with the organization's exempt purposes?  10b East one in Schedule O the process, if any, used by the organization's exempt purposes?  10c Did the organization have a written conflict of interest policy? If "No," go to line 13  12d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  In Schedule O how this was done  10d Did the organization have a written whistleblower policy?  11d Did the organization have a written whistleblower policy?  12d Did the organization have a written whistleblower policy?  13d SX  15d 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?  15d Did the organization invest in, contribute assets to, or particip	_		-		Х						
Ta 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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  By Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  By Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  By Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  By Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  By Did the organization that without to act on behalf of the governing body?  By Did the organization is maling address? If "Yes," provide the names and addresses on Schedule O  Did the organization have local chapters, branches, or affiliates?  Did the organization have local chapters, branches, or affiliates?  Did the organization have local chapters, branches, or affiliates?  Did the organization have local chapters, branches, or affiliates?  Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is governing body before filing the form?  Did the organization have a written policies and procedures governing be activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to governing body before filing the form?  Did the organization have a written conflict of interest policy? If "No," go to line 13  Did the organization have a written document retention and destruction policy? If "Yes," describe in Schedule O					X						
more members of the governing body?  b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a. The governing body?  b. Each committee with authority to act on behalf of the governing body?  9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes" "provide the names and addressess on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code).  Yes. Not the organization have local chapters, branches, or affiliates?  10a bif the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b. Describe in Schedule O the process, if any, used by the organization is exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  c. Did the organization have a written whistleblower policy?  13 X  14 Did the organization have a written whistleblower policy?  15 Did the organization have a written whistleblower policy?  16 Did the organization have a written obcument retention and destruction policy?  15 Did the organization have a written obcument retention and destruction policy?  15 Did the organization have a written whistleblower policy?  16 Did the organization have a written whistleblower policy?  17 List the organization have a written whistleblowe											
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustees, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10a Did be organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12b Usid the organization have a written operation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 Did the organization have a written objector, or top management official for the organization in have a written operanization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 Did the organization follow a written policy or procedure requiring the organiz	1 a		72		х						
persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 B Each committee with authority to act on behalf of the governing body?  9 Is there any officer, clirector, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a Has the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Did the organization have a written winten document retention and destruction policy? If "Yes," describe in Schedule O how this was done  12c If the organization have a written whistleblower policy?  13 Did the organization have a written document retention and destruction policy?  13 The organization have a written whistleblower policy?  14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a The organization have a written whistleblower policy?  16b Uffer officers or key employees of the organization  17b Ves,* to line 15a or 15b, describe the process in Schedule O (see instructions).  17c Ves,* to line 15a or 15b,	h		1a		- 21						
a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  g Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes N  10a Did the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  c Did the organization have a written whistleblower policy?  13 Did the organization have a written whistleblower policy?  14 X  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during	b		7h		х						
a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11a Is at the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11b Did the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c X  13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  In Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement with a taxable entity during the year?  b If Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  15a Did the organization invest in, contribute assets to, or participate in a joint ve	0		76		21						
b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  15 b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  15 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  16c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  17 List the strain of the organization have a written whistleblower policy?  18 The organization have a written whistleblower policy?  19 Did the organization have a written whistleblower policy?  19 Did the organization have a written obcument retention and destruction policy?  19 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?  20 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  21 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  22 Did the organization in			0-	y							
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    10a   Did the organization have local chapters, branches, or affiliates?   10a   10a	a										
organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11b Did the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Did the organization have a written whistleblower policy?  13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a X  15b Other officers or key employees of the organization  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 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joi	b		OD	- 22							
Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b International Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11a International Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  12b Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  12c Did the organization have a written conflict of interest policy? If "No," go to line 13  12a Did the organization have a written document of the organization to review this Form 990.  12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  12b X  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  12c International Process of the organization have a written document retention and destruction policy?  12d Did the organization have a written document retention and destruction policy?  12d Did the organization's CEO, Executive Director, or top management official  12d Did the organization's CEO, Executive Director, or top management official  12d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  12d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  12d Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in	9				х						
10a   Did the organization have local chapters, branches, or affiliates?   10a   2   2     b   ff "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   10b   11a   X     11a   Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   11a   X     b   Describe in Schedule O the process, if any, used by the organization to review this Form 990.   12a   12a   X     b   Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   12b   X     c   Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   12c   X     14 Did the organization have a written whistleblower policy?   13   X     14 Did the organization have a written document retention and destruction policy?   14   X     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?   15b   X     15 Did the organization have a written policy or procedure requiring the organization and decision?   15b   X     15 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   2     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 organizations   16b   16a   2     Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made th	Sec		9		21						
10a	000	tion B. Follolog (This Section B requests information about policies not required by the internal Revenue Gode.)		Vaa	No						
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12b Did the organization have a written whistleblower policy?  13 Did the organization have a written document retention and destruction policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  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?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed for public insp	100	Did the erganization have local chapters, branches, or affiliates?	100	163	X						
and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  15a X  b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed PIL  Section C. Disclosure an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these a			IUa		- 21						
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  13 X  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  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?  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 ■  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ■IL  Section G104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	b		10h								
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13	112			x							
12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  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 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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			114								
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe     in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a Diff "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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			122	x							
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  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 Did "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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ■ The states with whole a copy of this Form 900 is required to the filed because that apply.  ■ The states with which a copy of this Form 900 is required to be filed because that apply.  ■ The states with which a copy of this Form 900 is required to be filed because that apply.											
in Schedule O how this was done  12c  X  13  Did the organization have a written whistleblower policy?  14  Did the organization have a written document retention and destruction policy?  15  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a  X  15b  Other officers or key employees of the organization  16f "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  Dif "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  Section C. Disclosure  17  List the states with which a copy of this Form 990 is required to be filed ▶IL  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)s only) available for public inspection. Indicate how you made these available. Check all that apply.			120								
Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 The organization's CEO, Executive Director, or top management official  15 Did the organization's CEO, Executive Director, or top management official  15 Did the officers or key employees of the organization  16 Uf "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Dif "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?  16 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  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)s only) available for public inspection. Indicate how you made these available. Check all that apply.	·	,	120	x							
Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Dif "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?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶IL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	12										
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  15a X  15b X  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 □ □  17 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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►IL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.											
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  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 Dif "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 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►IL  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)s only) available for public inspection. Indicate how you made these available. Check all that apply.		•	14	21							
a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  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 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 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►IL  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)s only) available for public inspection. Indicate how you made these available. Check all that apply.	13										
b Other officers or key employees of the organization  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 15  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  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  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)s only) available for public inspection. Indicate how you made these available. Check all that apply.	_		150	x							
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 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 Did  16a											
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?  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  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  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)s only) available for public inspection. Indicate how you made these available. Check all that apply.	b		130	-2							
taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	162										
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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	10a		160		х						
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	h		10a		21						
exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  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)s only) available for public inspection. Indicate how you made these available. Check all that apply.	b										
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶IL  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)s only) available for public inspection. Indicate how you made these available. Check all that apply.			46h								
<ul> <li>17 List the states with which a copy of this Form 990 is required to be filed ►IL</li> <li>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)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> </ul>	Sec		IOD								
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.											
for public inspection. Indicate how you made these available. Check all that apply.			s Only)	availa	hle						
	10		only)	avalld	DIG.						
Own website Another's website Opon request Other (explain on Schedule U)											
10 Describe an Cabadula Quibathar (and if an hour) the argonization made its sourcesing desurgants, conflict of interest maline, and financial	10	(-	l finar	oiol							
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	19		ı ıırıano	ıdı							
statements available to the public during the tax year.	20										
20 State the name, address, and telephone number of the person who possesses the organization's books and records	20	JEANNE MARIE OLIVIERI - 312-466-0771									
TEANNE MARTE OLTVIERT - 312-466-0771		350 N. ORLEANS ST., NO. C2-100, CHICAGO, IL 60654									
JEANNE MARIE OLIVIERI - 312-466-0771											

### Form 990 (2019) 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.

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

Check this box if neither the organizate	tion nor any related	organization compensate						ed any current officer, di	rector, or trustee.	
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more	<b>)</b> than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	on is both an ector/trustee)		compensation	compensation	amount of
	week	_	Cei ai	lu a u	liecto	Tri us	(66)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ruste	Institutional trustee		/ee	mpen		(***-27 1099-181130)		and related
	below	dualt	ntio na	_	Key employee	st co	<u></u>			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) CHRISTINE CHENG	40.00									
EXECUTIVE DIRECTOR	1.00			Х				96,559.	0.	0.
(2) ROBERT M. BURKE	1.00									
PRESIDENT/TREASURER	1.00	Х		X				0.	0.	0.
(3) JOHN CHANDLER	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(4) JAMIE O'BRIEN	1.00								_	_
DIRECTOR	1.00	Х						0.	0.	0.
(5) MARK SNEIDER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
		⊢								
		-								
		⊢								
		-								
		⊢								
		1								
		$\vdash$								
		1								
		$\vdash$								
		1								
		1								
		1								
		1								
		L								
		$oxed{oxed}$								
		]								

Form 990 (2019)

Part VII Section A. Offi	cers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)	<del></del>		
(A)		(B)			•	C)			(D)	(E)		(F)	
Name and	d title	Average	(do		Pos		າ than d	ne	Reportable	Reportable		Estimate	ed
		hours per	box	, unles	ss per	rson i	is both	an	compensation	compensation	1	amount	
		week		Cer an	uau	recid	Tritus	iee)	from	from related		other	
		(list any hours for	recto						the	organizations		compensa	
		related	or di	ee			ated		organization	(W-2/1099-MIS	(ز	from th	
		organizations	ustee	trust		96	ubeus		(W-2/1099-MISC)			organizat	
		below	lual tr	tional		yoldı	yee yee	_				organizat	
		line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				oi gai iizati	10110
			_	=		~	1 0	-					
			1										
											-+		
			1										
			1										
			1										
			1										
			1										
											-+		
			1										
											-+		
			1										
							$\vdash$				-+		
			1										
1h Cubtatal						<u> </u>			96,559.		0.		0.
1b Subtotal c Total from continuat	tion shoots to Dort VII								0.		0.		0.
									96,559.		0.		0.
d Total (add lines 1b a								2 ra	eceived more than \$100,		0.		<u> </u>
compensation from the	•	ot iiriitea to tri	ose	IISLE	u al	ove	;) WII	o re	eceived more than \$100,	ooo or reportable			0
compensation from tr	ie organization											Yes	No
2 Did the exceptation I	iot ony farmar officer	director truct	ا ۵۰		امصا	01/0		bi a	boot componented ompl	0,100 00		103	140
ū	•	*		•	•	•	•	·	hest compensated empl	•			Х
	plete Schedule J for s											3	^
•	· ·	•							ner compensation from the	•		4	Х
									for such individual			4	
, ,		•				,			ed organization or individ	lual for services		_	Х
		<u>plete Schedule</u>	e J f	or su	ıch <u>ı</u>	oers	on .				<u></u>	5	
Section B. Independent C			1						t : t	100 000 - 5			
· ·		•	-						nat received more than \$	•	ensatio	on from	
tne organization. Rep		tne calendar ye	ear e	enair	ig w	itn c	or wi	tnin	the organization's tax y	ear.		(0)	
	(A) Name and business	address							<b>(B)</b> Description of s	ervices	Co	(C) mpensatio	ın
GLOBAL EMPLOYM								$\dashv$	Description of s	CIVIOCO		Пропошно	
P.O. BOX 54003			2					ļ	TEMPORARY ST	A DETNIC		269,7	67
GRISKO LLC, 41				TTT	mp			$\dashv$	IEMPORARI 512	AFFING		203,1	0 / •
600, CHICAGO,		MIN AVE.	S	OΙ	ΙĿ			ļ	PUBLIC RELAT	TONG		213,4	07
OUU, CHICAGO,	10 00011							-	PUBLIC RELAI.	LONS		<u> </u>	0 / •
								$\dashv$					
								$\dashv$					
O Takal as out to a set of				_:u -	11-	Ll		L	ala aval vola a ve e de e d	un the an			
2 Total number of indep	pendent contractors (II	ncluaing but no	ot IIr	nitec	ı to i	เทอร	se iis	ted	above) who received mo	ore tnan			

Form 990 (2019) (F/K/A
Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII  (A)  (B)  (B)  (B)  (C)  (C)  (C)  (C)  (C	ı a	• •	••••			or noto to any lin	o in this Part VIII			
Total revenue Related consemptions  1 a Federated campaigns 1 b Membership dues 1 b Membership dues 1 to 1 Related organizations 2 c Fundament grants (contributions) 4 Related organizations 4 Related organizations 4 Related organizations 5 Related organizations 5 Related organizations 5 Related organizations 6 Revenue explored business revenue 1 to 1 Related organizations 7 Related organizations 7 Related organizations 8 Revenue explored business revenue 1 to 1 Related organizations 1 Related organization				Crieck if Scriedule O conta	uris a response d	or note to any iin	(A)	(B)	(C)	(D)
1 a Federated campaigns   1a   114,570.								Related or exempt	Unrelated	Revenue excluded
1 a Federated campaigns   1a   114,570.   19   1131,891.   1   121,389.   1   131,891.   1   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   19   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570.   141,570								function revenue	business revenue	
b	<b>'0</b> '0	_	_	Fadaustad sausasiana	4.	11/ 570				300010113 0 12 0 14
Business Code    2 a	ants	1				114,570.				
Business Code    2 a	Sign of					121 001				
Business Code    2 a	ts, An					131,091.				
Business Code    2 a	Gifts lar/					EC1 CO2				
Business Code    2 a	ns, Sim				· —	361,693.				
Business Code    2 a	er S		f			066 056				
Business Code    2 a	₽ġ			similar amounts not included above		<u>966,256.</u>				
Business Code    2 a	dat		_							
2 a b b d d d d d d d d d d d d d d d d d	<u>ğ</u> <u>ğ</u>		h	Total. Add lines 1a-1f			2,774,410.			
b c c c c c c c c c c c c c c c c c c c						Business Code				
g Total. Add lines 2a21  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax exempt bond proceeds  5 Royalties  6a Gross rents  b Less: rental expenses  c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Sain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of asset of inventory  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns  and allowances  b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10c All other revenue  10d All other revenue  10d All other revenue  10d All other revenue  10d All other revenue	e	2	а							
g Total. Add lines 2a21  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax exempt bond proceeds  5 Royalties  6a Gross rents  b Less: rental expenses  c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Sain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of asset of inventory  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns  and allowances  b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10c All other revenue  10d All other revenue  10d All other revenue  10d All other revenue  10d All other revenue	e Ķ		b							
g Total. Add lines 2a21  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax exempt bond proceeds  5 Royalties  6a Gross rents  b Less: rental expenses  c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Sain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of asset of inventory  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns  and allowances  b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10c All other revenue  10d All other revenue  10d All other revenue  10d All other revenue  10d All other revenue	S		С							
g Total. Add lines 2a21  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax exempt bond proceeds  5 Royalties  6a Gross rents  b Less: rental expenses  c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Sain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of asset of inventory  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns  and allowances  b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10c All other revenue  10d All other revenue  10d All other revenue  10d All other revenue  10d All other revenue	ar		d							
g Total. Add lines 2a21  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax exempt bond proceeds  5 Royalties  6a Gross rents  b Less: rental expenses  c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Sain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of asset of inventory  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns  and allowances  b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10b Less: cost of goods sold  10a Less: cost of goods sold  10b Less: cost of goods sold  10c All other revenue  10d All other revenue  10d All other revenue  10d All other revenue  10d All other revenue	og B		е							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross amount from sales of inventory b Less: cost or other basis and sales expenses 7 a Gross income from fundraising events 8 a Gross income from fundraising events 9 a Gross income from garning activities 8 Less: direct expenses 9 a Gross income from garning activities 9 a Gross income from garning activities 9 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a di nores sales of inventory, less returns and allowances b Less: cost of goods sold 10a di nores sales of inventory, less returns and allowances b Less: cost of goods sold 10a di nores sales of inventory b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory  Business Code  8 John John John John John John John John	Ā		f	All other program service reven	nue					
Other similar amounts			g	Total. Add lines 2a-2f		<b></b>				
A Income from investment of tax-exempt bond proceeds Royalties    10   Real   (ii) Personal		3		Investment income (including d	dividends, intere	st, and				
S   Royalties   S   (i) Real   (ii) Personal				other similar amounts)			35,458.			35,458.
1		4		Income from investment of tax-	exempt bond pr	roceeds				
Ga a Gross rents   Ga   Bb   Bc   Bc   Bc   Bc   Bc   Bc   Bc		5		Royalties		<b>&gt;</b>				
b Less: rental expenses c Rental income or (loss) 6c   6c					(i) Real	(ii) Personal				
b Less: rental expenses c Rental income or (loss) 6c   6c		6	а	Gross rents 6a						
The second of th										
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 134,886. 7c 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343. 120,343.			С	Rental income or (loss) 6c						
assets other than inventory b Less: cost or other basis and sales expenses rote [120, 343].  The property of the pasis and sales expenses rote [120, 343].  Ba Gross income from fundraising events (not including \$ 131,891. of contributions reported on line 1c). See Part IV, line 18  Ba Gross direct expenses			d	Net rental income or (loss)						
b Less: cost or other basis and sales expenses		7	а	Gross amount from sales of	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses				assets other than inventory <b>7a</b>	255,229.					
d Net gain or (loss)			b	Less: cost or other basis						
d Net gain or (loss)	ē			and sales expenses 7b	134,886.					
d Net gain or (loss)	enr		С	Gain or (loss) 7c	120,343.					
8 a Gross income from fundraising events (not including \$ 131,891. of contributions reported on line 1c). See Part IV, line 18	3ev		d	Net gain or (loss)	•	<b>•</b>	120,343.			120,343.
including \$ 131,891. of contributions reported on line 1c). See Part IV, line 18										•
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 Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  Business Code  Business Code  All other revenue e Total. Add lines 11a-11d	돩	_		including \$ 131,89	91. of					
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 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  Business Code  Business Code  All other revenue e Total. Add lines 11a-11d										
b Less: direct expenses				· · · · · · · · · · · · · · · · · · ·	· I	40,925.				
c Net income or (loss) from fundraising events										
9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code 11 a b c d All other revenue e Total. Add lines 11a·11d							31,153.			31,153.
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code    11 a				·			,====			,
b Less: direct expenses 9b		Ū	_							
C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  Business Code  All other revenue e Total. Add lines 11a-11d			h							
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a Business Code  Business Code  d All other revenue e Total. Add lines 11a-11d						<b></b>				
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  The state of the st										
b Less: cost of goods sold c Net income or (loss) from sales of inventory  Net income or (loss) from sales of inventory  Business Code  C d All other revenue  e Total. Add lines 11a-11d		10	u		I					
C Net income or (loss) from sales of inventory  Business Code  C d All other revenue  e Total. Add lines 11a-11d			h							
Note										
Total. Add lines 11a-11d				THOSE INCOMES OF FIGURES   HOLLI SAIRS	Inventory	Business Code				
e Total. Add lines 11a-11d	ns	44	_			Buomoso sous				
e Total. Add lines 11a-11d	Jeo Jue	•••								
e Total. Add lines 11a-11d	la Ken									
e Total. Add lines 11a-11d	Sce			All other revenue						
	Ξ					<b>.</b>				
12 Total revenue. See instructions		12					2,961,364.	0.	0.	186,954.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(0)	<u>X</u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	98,068.	74,372.	14,494.	9,202.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 - 10 - 100	1 10 - 000	221 225	
7	Other salaries and wages	1,563,622.	1,185,808.	231,097.	146,717.
8	Pension plan accruals and contributions (include	E4 040	<b>5</b> 4 000	10 500	
	section 401(k) and 403(b) employer contributions)	71,242.	54,028.	10,529.	6,685.
9	Other employee benefits	73,550.	55,779.	10,870.	6,901.
10	Payroll taxes	105,973.	80,367.	15,662.	9,944.
11	Fees for services (nonemployees):				
а	Management	16.060		16.060	
b	Legal	16,262.		16,262.	
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1 517		1 517	
	Investment management fees	1,517.		1,517.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	351,228.	197,319.	80,111.	73,798.
12	Advertising and promotion	405 000	202 066	0.000	05 516
13	Office expenses	427,990.	393,266.	9,208.	25,516.
14	Information technology				
15	Royalties	25 470	20 070	2 502	2 010
16	Occupancy	35,479. 22,278.	29,978.	2,583.	2,918. 189.
17	Travel	44,410.	21,672.	41/•	109.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	132,274.	121,172.	5,551.	5,551.
23	Insurance				
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	FEES AND MISCELLANEOUS	27,498.	17,790.	5,784.	3,924.
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,926,981.	2,231,551.	404,085.	291,345.
26	<b>Joint costs</b> . 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)				
					Earm 990 (2010

# Part X Balance Sheet

art A	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	116,084.	1	102,759
2	Savings and temporary cash investments		2	2,087
3	Pledges and grants receivable, net	400,368.	3	674,237
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,027.	9	1,159
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 1,235,784.			
b	Less: accumulated depreciation 10b 817,431.	321,712.	10c	418,35
11	Investments - publicly traded securities	1,593,475.	11	2,116,99
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	564,771.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,997,437.	16	3,315,59
17	Accounts payable and accrued expenses	351,900.	17	164,31
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	40,75
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	351,900.	26	205,07
	Organizations that follow FASB ASC 958, check here 🕨 🗓			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,455,568.	27	3,017,93
28	Net assets with donor restrictions	189,969.	28	92,58
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,645,537.	32	3,110,51
33	Total liabilities and net assets/fund balances	2,997,437.	33	3,315,59

Pai	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,96	1,3	<u>64.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,92	6,9	81.				
3	Revenue less expenses. Subtract line 2 from line 1	3	3	4,3	83.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,64	5,5	37.				
5									
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	58	8,7	62.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3,11	0,5	18.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				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 O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	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	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?								
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								
			Form	990	(2019)				

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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

2019

Open to Public Inspection

Name of the organization LADDER UP

(F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM)

Employer identification number 36-4070692

Pa	rt I	Reason for Public C	harity Status //	U amaninations months		\ C-	a in atmostic and	0 4070032				
							ee instructions.					
he (	organi	zation is not a private found										
1		A church, convention of chu					)(A)(i).					
2	Ш	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C										
6		A federal, state, or local gov		ental unit described in	section 17	'()(b)(1)(A)	(v).					
	X	An organization that normal	-					oublic described in				
•		section 170(b)(1)(A)(vi). (Co	•	itiai part of its support ii	om a gove	illincinal i	anit of from the general p	Jubile described in				
				1VAVvi) (Complete Der	+ II \							
8		A community trust describe			•							
9		An agricultural research org				-	-	-				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or				
		university:										
10		An organization that normal	•	•			•	•				
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support t	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ıfter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or				
		more publicly supported org	ganizations described	d in <b>section 509(a)(1)</b> d	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in				
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	olete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	nization operated, su	pervised, or controlled	by its supp	orted orga	anization(s), typically by	giving				
		the supported organization	on(s) the power to rec	ularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting				
		organization. You must c	· · · · · ·	• • •	, ,			0				
b		Type II. A supporting orga			ion with its	s supporte	d organization(s), by hay	vina				
-		control or management of						-				
		organization(s). You mus			arric perso	10 11141 001	nation of manage the supp	Jortod				
_		Type III functionally inte			in connect	ion with	and functionally intograte	od with				
·							• •	a with,				
		its supported organization		-				t:-:-(-)				
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	• •				
		that is not functionally into	-	•	•		='	/eness				
		requirement (see instructi	•	•	•							
е		Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or	* *	ally integrated supporti	ng organiz	ation.						
f		r the number of supported o	•									
g		ide the following information  Name of supported			(iv) Is the orga	nization listed	(A) American of more metals	(vi) A man und of other				
	(1	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
							i	1				

# LADDER UP

Schedule A (Form 990 or 990-EZ) 2019 (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM) 36-4070692 Page 2

Part II 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)    1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either pagalization's benefit and either pagalization's benefit and either pagalization's benefit and either pagalization's benefit and either pagalization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 6 from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Add income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)  1 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)	658.						
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subteat line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 6 Public support. Add lines 7 through 10 7 Amounts from the sale of capital assets (Explain in Part VI). 1294660. 1308801. 1394174. 1380613. 2774410. 8152 1294660. 1308801. 1394174. 1380613. 2774410. 8152 1294660. 1308801. 1394174. 1380613. 2774410. 8152 1294660. 1308801. 1394174. 1380613. 2774410. 8152 1294660. 1308801. 1394174. 1380613. 2774410. 8152 1294660. 1308801. 1394174. 1380613. 2774410. 8152 1294660. 1308801. 1394174. 1380613. 2774410. 8152 1294660. 1308801. 1394174. 1380613. 2774410. 8152	658.						
1294660   1308801   1394174   1380613   2774410   8152							
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10							
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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources or securities, 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  1294660. 1308801. 1394174. 1380613. 2774410. 8152  1294660. 1308801. 1394174. 1380613. 2774410. 8152  1294660. 1308801. 1394174. 1380613. 2774410. 8152  1294660. 1308801. 1394174. 1380613. 2774410. 8152  1294660. 1308801. 1394174. 1380613. 2774410. 8152  1294660. 1308801. 1394174. 1380613. 2774410. 8152  1294660. 1308801. 1394174. 1380613. 2774410. 8152  1294660. 1308801. 1394174. 1380613. 2774410. 8152  1294660. 1308801. 1394174. 1380613. 2774410. 8152  1294660. 1308801. 1394174. 1380613. 2774410. 8152	558.						
or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from similar sources  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	558.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supports organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10	558.						
furnished by a governmental unit to the organization without charge  4  Total. Add lines 1 through 3	558.						
the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  6 S	558.						
4 Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10	558.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) The control of	558.						
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)							
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Section B. Total Support  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T  Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T  1294660 1308801 1394174 1380613 2774410 8152  40 , 247 45 , 405 45 , 880 44 , 341 35 , 458 211 ,  Public support. Subtract line 5 from line 4.  Section B. Total Support  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T  1294660 1308801 1394174 1380613 2774410 8152  40 , 247 45 , 405 45 , 880 44 , 341 35 , 458 211 ,  Total support. Add lines 7 through 10 10 8430 11 1							
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 175, 6 Public support. Subtract line 5 from line 4. 7976  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T. Amounts from line 4 1294660 1308801 1394174 1380613 2774410 8152  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.) 1,359 1,000 6,251 31,153 39, 11 Total support. Add lines 7 through 10 68							
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add line 7 through 10							
amount shown on line 11, column (f) 175, 6 Public support. Subtract line 5 from line 4. 7976  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T. 7 Amounts from line 4 1294660 1308801 1394174 1380613 2774410 8152  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 40 , 247 45 , 405 45 , 880 44 , 341 35 , 458 211 ,  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.) 1, 359 1 , 000 6 , 251 31 , 153 39 , 11 Total support. Add lines 7 through 10 8403							
column (f) 6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10  175, 7976  10 (c) 2017 (d) 2018 (e) 2019 (f) T. 1294660. 1308801. 1394174. 1380613. 2774410. 8152  40, 247. 45, 405. 45, 880. 44, 341. 35, 458. 211,  175, 1869 2019 (f) T. 1879 40, 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T. 1879 41, 2018 (f) T							
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10							
Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10							
Calendar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total support beginning in)  1294660.  1308801.  1394174.  1380613.  2774410.  8152  40,247.  45,405.  45,880.  44,341.  35,458.  211,  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.)  1,359.  1,000.  6,251.  31,153.  39,	383.						
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  1294660. 1308801. 1394174. 1380613. 2774410. 8152  40,247. 45,405. 45,880. 44,341. 35,458. 211,  1394174. 1380613. 2774410. 8152  41,345. 211,  42,45. 45,405. 45,880. 44,341. 35,458. 211,  43,45. 45,880. 44,341. 35,458. 211,  44,341. 35,458. 211,  45,458. 211,  46,247. 45,405. 45,880. 44,341. 35,458. 211,  46,247. 45,405. 45,880. 44,341. 35,458. 211,  46,247. 45,405. 45,880. 44,341. 35,458. 211,  47,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,458. 211,  48,							
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10							
dividends, payments received on securities loans, rents, royalties, and income from similar sources 40,247. 45,405. 45,880. 44,341. 35,458. 211,  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.) 1,359. 1,000. 6,251. 31,153. 39, 11 Total support. Add lines 7 through 10	<u> </u>						
securities loans, rents, royalties, and income from similar sources							
and income from similar sources							
9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  8403	224						
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  8403	<u> 331.</u>						
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  8403							
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  1,359. 1,000. 6,251. 31,153. 39,  11 Total support. Add lines 7 through 10							
or loss from the sale of capital assets (Explain in Part VI.)  1 Total support. Add lines 7 through 10  10 Organ resists from related activities the (assignment)							
assets (Explain in Part VI.) 1,359. 1,000. 6,251. 31,153. 39,  11 Total support. Add lines 7 through 10 8403							
11 Total support. Add lines 7 through 10 8403	7.60						
40 Construction and the description of the form and the f							
12 Gross receipts from related activities, etc. (see instructions)							
	<u> </u>						
13 First five 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 stop here Section C. Computation of Public Support Percentage	<u> </u>						
	2 01						
7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 %						
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	X						
stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
and <b>stop here.</b> The organization qualifies as a publicly supported organization	<b>-</b>						
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
	<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	_						
3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019 (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM) 36-4070692 Page 3

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

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

Se	ction A. Public Support	slow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
ŀ	nother 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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						,,
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u></u>
14	First five years. If the Form 990 is for	ŭ			•	. , . ,	. —
Sa	check this box and stop here ction C. Computation of Publi						<b>P</b>
	•			oolumn (f))		15	0/
	Public support percentage for 2019 (li		•	.,,		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					ן וס ן	<u>%</u>
	•			ino 13 column (f)		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2019. If the						
196	more than 33 1/3%, check this box ar					41	▶ □
k	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
00	line 18 is not more than 33 1/3%, chece <b>Private foundation.</b> If the organization						
/()	ELIVATE TOURGATION. IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check th	us dox and see in:	SITUCHORS	<b>■</b>

# Part IV | Supporting Organizations

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

#### 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 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		
2		
3a		
3b		
3c		
4a		
<del>-1</del> a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
40-		
10a		
10b		
	10-F7	2010

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	n how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
200		pported organization(s).	1		
sec	uon L	D. All Type III Supporting Organizations		.,	
	Dist He			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		, ,	2		
3		ganization maintained a close and continuous working relationship with the supported organization(s).  ason of the relationship described in (2), did the organization's supported organizations have a			
٠	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions,		
2	Activit	ties Test. <b>Answer (a) and (b) below.</b>		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	_		
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these	Ol-		
2		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or es of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h		es of each of the supported organizations? <i>Provide details in Part VI.</i> e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
J		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

# LADDER UP

Schedule A (Form 990 or 990-EZ) 2019 (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM) 36-4070692 Page 6

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	20 10 10 10 1 age 0
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	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 Year (optional)
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	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .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 Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	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	ly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

# LADDER UP

Schedule A (Form 990 or 990-EZ) 2019 (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM) 36-4070692 Page 7

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions	Current Year			
1	Amounts paid to supported organizations to accom				
2	Amounts paid to perform activity that directly further				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exemp	t purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requ	uired)			
6	Other distributions (describe in Part VI). See instruc	ctions.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	which th	ne organization is responsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6	3			
10	Line 8 amount divided by line 9 amount		1	1	
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line	3			
2	Underdistributions, if any, for years prior to 2019 (re	ason-			
	able cause required- explain in Part VI). See instruc	tions.			
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i_					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019				
	any. Subtract lines 3g and 4a from line 2. For result	greater			
	than zero, explain in <b>Part VI.</b> See instructions.	01			
6	Remaining underdistributions for 2019. Subtract line				
	and 4b from line 1. For result greater than zero, exp	lain in			
	Part VI. See instructions.	0:			
7	Excess distributions carryover to 2020. Add lines	ال ا			
•	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
-	ENGODO HOIH EU IU				

Schedule A (Form 990 or 990-EZ) 2019

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.)							
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:							
MISCELLANEOUS							
2016 AMOUNT: \$ 1,359.							
2017 AMOUNT: \$ 1,000.							
SPECIAL EVENT /FUNDRAISING INCOME							
2018 AMOUNT: \$ 6,251.							
2019 AMOUNT: \$ 31,153.							

# Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **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

2019

Name of the organization

LADDER UP

(F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM)

Employer identification number

36-4070692

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (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					
, ,	zation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> a 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
sections 50 any one co	X 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.					
year, total o	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, II, and III.					
year, contri is checked, purpose. D	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively haritable, 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), 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).						

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) (2019)

Name of organization

LADDER UP
(F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM)

Employer identification number

36-4070692

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$547,761.	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
2		\$\$	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
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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
6		\$	Person X Payroll

Name of organization

LADDER UP

(F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM)

Benployer identification number

36-4070692

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$64,915.	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash 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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Part II

(a) No.

from

Part I

Name of organization LADDER UP (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM)

(b)

Description of noncash property given

Employer identification number 36-4070692 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (d) FMV (or estimate) **Date received** (See instructions.)

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(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
_ _		<u> </u>	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>   \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
)23453 11-06-19	24		990, 990-EZ, or 99

Name of organization **Employer identification number** LADDER UP (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM) 36-4070692 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LADDER UP

(F/K/A CTTY-WIDE TAX ASSISTANCE PROGRAM)

**Employer identification number** 36-4070692

Pai		d Funds or Other Similar Fund		nts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line	<b>≥</b> 6.		•			
		(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor ac	dvised funds				
	are the organization's property, subject to the organization's e	_		Yes No			
6	Did the organization inform all grantees, donors, and donor ac						
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
				Yes No			
Pai		anization answered "Yes" on Form 99	00, Part IV, line 7	·. ————————————————————————————————————			
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreat		n of a historically	y important land area			
	Protection of natural habitat	Preservation	n of a certified h	istoric structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the fo	rm of a conserva	ation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b							
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c				
d	Number of conservation easements included in (c) acquired at						
	listed in the National Register 2d						
3	Number of conservation easements modified, transferred, rele			during the tax			
	year ▶						
4	Number of states where property subject to conservation ease	ement is located >					
5							
	violations, and enforcement of the conservation easements it	holds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing c	onservation eas	ements during the year			
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conse	rvation easemer	nts during the year			
	<b>▶</b> \$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exper	nse statement a	nd			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial state	ements that des	cribes the			
	organization's accounting for conservation easements.	A	0: :				
Pai	t III Organizations Maintaining Collections of		Other Simila	ar Assets.			
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 958	,					
	of art, historical treasures, or other similar assets held for public			public			
	service, provide in Part XIII the text of the footnote to its finance						
b	If the organization elected, as permitted under FASB ASC 958	•					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in for	urtherance of pu	ıblic service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
	(ii) Assets included in Form 990, Part X			\$			
2	If the organization received or held works of art, historical trea	•	icial gain, provid	le			
	the following amounts required to be reported under FASB AS	-					
a	Revenue included on Form 990, Part VIII, line 1			\$			
b	Assets included in Form 990, Part X			\$			

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining Co								(continue	Page Z
	Using the organization's acquisition, accession								COITIIIUE	<del>:</del> u)
Ū	collection items (check all that apply):	n, and other records	o, oricon	arry or the i	ollowing that	. make sig	i iii oant a	50 01 115		
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	е			mange progre					
c	Preservation for future generations	Č	·							
4	Provide a description of the organization's coll	lections and explain	how the	ev further th	ne organizatio	n's exem	nt nurnos	e in Part	XIII	
5	During the year, did the organization solicit or							o iiii aic	AIII.	
Ŭ	to be sold to raise funds rather than to be mail				•				Yes	☐ No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part			9				, , .	,	
1a	Is the organization an agent, trustee, custodial	n or other intermed	iarv for c	ontribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								_	
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on For								Yes	No
	If "Yes," explain the arrangement in Part XIII. C									
Par							).			
		(a) Current year		rior year	(c) Two year			ears back	(e) Four ye	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g	, column (a)	)) held as:	•				
а	Board designated or quasi-endowment	•	%		•					
b	Permanent endowment	%	_							
С	Term endowment > %	<del></del>								
	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	tion that	are held ar	nd administer	ed for the	organiza	tion		
	by:								Υ.	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on So	hedule R?					3b	
4	Describe in Part XIII the intended uses of the o		wment fu	unds.						
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o		(b) Cost	or other	<b>(c)</b> Ac	cumulate	d	(d) Book v	alue
		basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements				7,587.		47,60			979.
	Equipment				2,251.		13,45		188,	796.
	Other			7	5,946.		56,36	8.	19,	578.
Γotal	. Add lines 1a through 1e. (Column (d) must ea	ual Form 990. Part	X. colum	n (B). line 1	0c.)			ightharpoonup	418,	353.

Schedule D (Form 990) 2019

36-4070692 ₽	age 🕻
--------------	-------

Part VII Investments - Other Securities.			10,0001 180
Complete if the organization answered "Yes"			and of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D) (E)		+	
(F)			
(G)			
(H)			
tal. (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	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or e	and-of-year market value
	(D) DOOK VAIUE	(6) Motified of Valuation. Cost of e	ond or your market value
(1)			
(2)		+	
(3)		+	
(5)		<u> </u>	
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990. Part X. col. (B) line ert X   Other Liabilities.	e 15.)		<b>&gt;</b>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7)			

932053 10-02-19

Schedule D (Form 990) 2019

	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,999,589.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-158,164.		
b	Donated services and use of facilities	2b	1,188,134.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	<b>2</b> d	9,772.		
е	Add lines 2a through 2d			2e	1,039,742.
3	Subtract line 2e from line 1			3	2,959,847.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,517.		
b	Other (Describe in Part XIII.)	4b			4 545
С	Add lines 4a and 4b			4c	1,517. 2,961,364.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		th Evnances nor F	5	2,961,364.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts w	itn Expenses per F	teturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			. I	4 100 270
1	Total expenses and losses per audited financial statements			1	4,123,370.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1	1 100 124		
a	Donated services and use of facilities	2a	1,188,134.		
b	Prior year adjustments	2b			
C	Other losses	2c	9,772.		
d	, , , , , , , , , , , , , , , , , , , ,			2e	1 197 906
3	•			3	1,197,906. 2,925,464.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				2,525,404.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,517.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	1,517.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,926,981.
	rt XIII Supplemental Information.				•
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines	1b and 2b; Part V, line 4	; Part )	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal inf	ormation.		
PAF	RT X, LINE 2:				
THE	E ORGANIZATION IS A NOT-FOR PROFIT CORPORAT:	ION	AND IS EXEMP	T FI	ROM TAX
	THE THE PROJECTIONS OF THE PARTY PROJECTION SORT	a=a	TTON F01/G)/	2 \	m
UNI	DER THE PROVISIONS OF INTERNAL REVENUE CODE	SEC	TION 501(C)(	3).	THE
ODC	NAMED AND TO MORE OF A COLUMN TO MORE THE	רואור	7 M T ○N		
ORC	SANIZATION IS NOT CLASSIFIED AS A PRIVATE FO	עאטכ	ATION.		
PΔF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	CI MI, DINE 25 CINER MOCODIMENTS.				
SPF	CIAL EVENT/FUNDRAISING EXPENSES				9,772.
<u> </u>	Jerna Hvilli i Grandi i Britana de la compania del compania de la compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania de la compania de la compania del c				5,112.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	,				
SPE	CIAL EVENT/FUNDRAISING EXPENSES				9,772.
					-

# LADDER UP

Schedule D (Form 990) 2019 Part XIII   Supplemental Inform	(F/K/A	CITY-WIDE	TAX	ASSISTANCE	PROGRAM)	36-4070692	Page 5
Part XIII   Supplemental Infor	mation <sub>(con</sub>	tinued)					
						Schedule D (Form 9	990) 2019

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service  Attach to Form 990 or Form 990-EZ.  Go to www.irs.gov/Form990 for instructions and the latest information.								Open to Public Inspection		
Name of the organization		UP CITY-WIDE	TAX ASSI	STAI	ICE	PROGRAM)	' '	Employer identification number $36-4070692$		
	ing Activities complete this pa		rganization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	0-EZ filers are not		
c Phone solici d In-person so 2 a Did the organization	ions email solicitation tations licitations on have a written ed in Form 990, F highest paid ind	or oral agreement w Part VII) or entity in o ividuals or entities (f	e Solicit. f Solicit. g Special with any individual connection with p	ation of ation of al fundra al (includorofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Yes</b> No		
(i) Name and addres or entity (fund		(ii) Ac	ctivity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount pa to (or retained I fundraiser listed in col. (	to (or retained by)		
				Yes	No					

ota	
	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

		LADDER		z aggramanon	DDOGDAM\ 26	4070602
Sch		le G (Form 990 or 990-EZ) 2019 (F/K/A  Fundraising Events. Complete if the				
Га		of fundraising event contributions and gro				
		or randraloning event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	Ι
			CASINO NIGHT	(2) = : : : : : : =	(0)	(d) Total events
			1	TEE UP	2	(add col. (a) through
_			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
eve	1	Gross receipts	115,810.	47,705.	9,301.	172,816.
ш						
	2	Less: Contributions	115,810.	6,780.	9,301.	131,891.
				40 005		40.005
_	3	Gross income (line 1 minus line 2)		40,925.		40,925.
	4	Cook prizes		1,850.	250.	2,100.
	4	Cash prizes		1,030.	230•	2,100.
	5	Noncash prizes		245.		245.
Se	Ŭ	Trendan prizes				
Direct Expenses	6	Rent/facility costs				
žχĎ						
ect	7	Food and beverages	5,017.			5,017.
Dir						
	8	Entertainment		100	4 050	102.
	9	Other direct expenses	150.	189.	1,969.	2,308.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	9,772.
		Net income summary. Subtract line 10 from li			<b>)</b>	31,153.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.				
Φ			T			
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
venu			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenu	1	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2		(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
xpenses	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo		(c) Other gaming	
Expenses	2 3 4	Cash prizes  Noncash prizes		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No	bingo/progressive bingo  Yes %  No		
Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes% No	bingo/progressive bingo		
Expenses	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes % No  15 in column (d)	bingo/progressive bingo  Yes%  No	☐ Yes% ☐ No	
Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No  15 in column (d)	bingo/progressive bingo  Yes%  No	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No  15 in column (d)  2 from line 1, column (d)	bingo/progressive bingo  Yes%  No	Yes%  No	
<b>6</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu	Yes% No  1 5 in column (d)  2 from line 1, column (d)  3 ucts gaming activities:	bingo/progressive bingo  Yes%  No	Yes% No	col. (a) through col. (c)
w c Direct Expenses	2 3 4 5 6 7 8 Entilist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes%  No  1 5 in column (d)  1 from line 1, column (d)  1 cts gaming activities:ctivities in each of these s	Yes% No	Yes% No	col. (a) through col. (c)
w c Direct Expenses	2 3 4 5 6 7 8 Entilist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes%  No  1 5 in column (d)  1 from line 1, column (d)  1 cts gaming activities:ctivities in each of these s	Yes% No	Yes% No	col. (a) through col. (c)
g b 6 Direct Expenses	2 3 4 5 6 7 8 Entitle If "	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming at No," explain:	Yes %  No  15 in column (d)  1 from line 1, column (d)  1 cts gaming activities: ctivities in each of these s	yes% No	☐ Yes % ☐ No ▶	Yes No
d b 6 Direct Expenses	2 3 4 5 6 7 8 End Is t If " We	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes %  No  15 in column (d)  1 from line 1, column (d)  1 cts gaming activities: ctivities in each of these s	yes% No	☐ Yes % ☐ No ▶	Yes No

Schedule G (Form 990 or 990-EZ) 2019

# LADDER UP

Sch	edule G (Form 990 or 990-EZ) 2019 (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM) 36-4	070	692	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\tau\$ and the amount			
_	of gaming revenue retained by the third party >			
	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation  \$			
	Description of services provided			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
a	s the organization required under state law to make charitable distributions from the gaming proceeds to			<b></b>
	retain the state gaming license?		Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$\) Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part			
Га	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, IIn	es 9, 9	90, 100,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

# LADDER UP

Schedule G	G (Form 990 or 990-EZ)  Supplemental Infor	(F/K/A	CITY-WIDE	TAX	ASSISTANCE	PROGRAM)	36-4070692	Page 4
Part IV	Supplemental Infor	mation (con	tinued)					
						Sch	edule G (Form 990 or	990-F7)

#### 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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LADDER UP

(F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM)

**Employer identification number** 36-4070692

FORM 990, PART VI, SECTION A, LINE 4:

THE FULL LEGAL MERGER WITH CENTER FOR ECONOMIC PROGRESS WAS COMPLETED ON 10/1/19.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEWS THE FORM 990 FOR CLARITY AND ACCURACY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

WHEN LADDER UP SEEKS TO ENGAGE A NEW VENDOR, SEVERAL STEPS MUST BE TAKEN. BECAUSE LADDER UP RECEIVES GOVERNMENT FUNDING, LADDER UP MUST CONSULT THE ILLINOIS DEBARRED VENDOR LIST TO ENSURE THAT THE VENDOR IS NOT BANNED BY THE STATE. ONCE A VENDOR HAS BEEN CLEARED, LADDER UP MAY PROCEED. IF THE VENDOR'S SERVICES EXCEED \$1,000, LADDER UP PERSONNEL MUST OBTAIN BIDS FROM THREE DIFFERENT CLEARED CONTRACTORS. THIS IS DONE TO ENSURE LADDER UP IS BEING CHARGED A FAIR, COMPETITIVE RATE. THE THREE BIDS MUST BE SUBMITTED TO THE EXECUTIVE DIRECTOR FOR REVIEW AND SELECTION OF THE VENDOR. IF THE SERVICES ARE OVER \$5,000, THE BOARD CHAIR MUST APPROVE THE PROPOSAL.

FORM 990, PART VI, SECTION B, LINE 15:

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

THE BOARD REVIEWS AND APPROVES THE ANNUAL BUDGET INCLUDING THE BUDGET FOR SALARIES AND WAGES. THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BASED ON THE REVIEW OF THE OUTSIDE EXPERTS AND SURVEYS. IT IS ALSO BASED ON THE ORGANIZATION'S PERFORMANCE, WHICH IS EVALUATED BY THE NUMBER OF CLIENTS SERVED, NUMBER OF VOLUNTEERS, DOLLARS RETURNED TO THE COMMUNITY, OVERALL IMPACT. THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF OTHER

932211 09-06-19

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

Name of the organization LADDER UP (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM)	Employer identification number 36-4070692
OFFICERS AND KEY EMPLOYEES AND AUTHORIZES THEIR COMPENSATI	ON WITHIN THE
BOARD-APPROVED BUDGET.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	351,228.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CONSOLIDATION ADJUSTMENT - CENTER FOR ECONOMIC PROGRESS	588,762.
	_

### **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.

(F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM)

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

36-4070692

Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
	(a)	(b)	(c)	(d)	(e)		(	(f)	
Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year assets		Direct controlling entity		)
Part II	Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more	related tax-exer	npt	
	(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) et controlling entity		g) 512(b)(13) rolled ity?
					501(c)(3))			Yes	No
CENTER	FOR ECONOMIC PROGRESS - 36-3693728	HELP LOW-INCOME FAMILIES							
	ORLEANS ST.	AND INDIVIDUALS ACCESS							
CHICAGO	), IL 60654	FINANCIAL RESOURCES	ILLINOIS	501(C)(3)	LINE 7				Х

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

LADDER UP

Schedule R (Form 990) 2019

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

		,	ı	•							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner? Ov	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

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

Schedule R (Form 990) 2019

X

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?

b Gift, grant, or capital contribution for related organization(s) 15	a Receipt o	f (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ty			1a	X
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to rot related organization(s) e Loans or loan guarantees to rot related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) f Purchase of assets to related organization(s) f Purchase of assets from related organization(s) f Dividends from related organization(s) f Purchase of assets from related organization(s) f Purchase of assets from related organization(s) f Loans of facilities, equipment, or other assets to related organization(s) f Loans of facilities, equipment, or other assets from related organization(s) f Loans of facilities, equipment, or other assets from related organization(s) f Loans of facilities, equipment, or other assets from related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of servic						1b	Х
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) f	c Gift, gran	, or capital contribution from related organization(s)				1c	Х
Leans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  the Nurchase of assets from related organization(s)  Exchange of assets with related organization(s)  Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  R Lease of facilities, equipment, or other assets from related organization(s)  R Lease of facilities, equipment, or other assets from related organization(s)  R Performance of services or membership or fundraising solicitations for related organization(s)  R Performance of services or membership or fundraising solicitations by related organization(s)  R Performance of services or membership or fundraising solicitations by related organization(s)  R D Reimbursement paid to related organization(s)  R D Reimbursement paid to related organization(s)  R Reimbursement paid to related organization(s) for expenses  R Reimbursement paid to related organization(s) for expenses  R Reimbursement paid to related organization(s) for expenses  R R Reimbursement paid to related organization(s)  R D Reimbursement paid to related organization(s)  R D R Reimbursement paid to related organization(s)  R D R R R R R R R R R R R R R R R R R						1d	X
f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  Exchange of assets with related organization(s)  1	e Loans or	oan guarantees by related organization(s)				1e	X
g Sale of assets to related organization(s) h Purchase of assets throm related organization(s) 1 Exchange of assets with related organization(s) 1 Exchange of assets with related organization(s) 1 Exchange of assets with related organization(s) 1 Lease of facilities, equipment, or other assets to related organization(s) 1 Reformance of services or membership or fundraising solicitations for related organization(s) 1 Name of related organization 1 Name of related organization on who must complete this line, including covered relationships and transaction thresholds.							
g Sale of assets for related organization(s)	<b>f</b> Dividends	from related organization(s)				1f	
h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) it i X X Lease of facilities, equipment, or other assets from related organization(s) it lease of facilities, equipment, or other assets from related organization(s) it lease of facilities, equipment, or other assets from related organization(s) it lease of facilities, equipment, or other assets from related organization(s) it lease of facilities, equipment, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities, equipment, and in lease of facilities, equipment, and in lease of facilities, equipment, or fundralising solicitations by related organization(s) in lease of facilities, equipment, or other assets with related organization(s) in lease of facilities, equipment, or other assets with related organization(s) in lease of facilities, equipment, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities, equipment, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities, equipment, mailing lists, or other assets with related organization(s) in lease of facilities,						1g	
i Exchange of assets with related organization(s)  [1] Lease of facilities, equipment, or other assets to related organization(s)  [3] Lease of facilities, equipment, or other assets from related organization(s)  [4] Lease of facilities, equipment, or other assets from related organization(s)  [5] Performance of services or membership or fundraising solicitations for related organization(s)  [6] Performance of services or membership or fundraising solicitations for related organization(s)  [7] Naming of facilities, equipment, mailing lists, or other assets with related organization(s)  [8] Naming of paid employees with related organization(s)  [9] Reimbursement paid to related organization(s) for expenses  [9] Reimbursement paid to related organization(s) for expenses  [9] Reimbursement paid by related organization(s) for expenses  [9] Other transfer of cash or property to related organization(s)  [9] Other transfer of cash or property form related organization(s)  [9] If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  [9] Amount involved Method of determining amount inv	h Purchase	of assets from related organization(s)				1h	
j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 No Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  1 No Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  1 No Sharing of facilities, equipment, and implement paid to related organization(s)  1 No Sharing of facilities, equipment, or other assets with related organization(s)  1 No Sharing of facilities, equipment, or other assets with related organization(s)  1 No Sharing of facilities, equipment, or other assets with related organization(s)  1 No Sharing of facilities, equipment, or other assets with related organization(s)  1 No Sharing of facilities, equipment, or other assets with related organization(s)  1 No Sharing of facilities, equipment, or other assets with related organization(s)  1 No Sharing of facilities, equipment, or of the asset with related organization(s)  1 No Sharing of facilities, equipment, and in the same of the same of the same organization or organization or expenses  1 No Sharing of facilities, equipment, and in the same organization or expenses  1 No Sharing of facilities, equipment, and in the same organization orga	i Exchange	of assets with related organization(s)				1i	
Performance of services or membership or fundraising solicitations for related organization(s)   1m	j Lease of f	acilities, equipment, or other assets to related organization(s)				1j	X
Performance of services or membership or fundraising solicitations for related organization(s)   1m							
m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  To Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  It Is X  It Is A  Name of related organization  Name of related organization  Name of related organization  Transaction type (a-s)  Name of related organiz						1k	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  1						11	
o Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  To Other transfer of cash or property to related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from related organization(s)  To Other transfer of cash or property from						1m	
P Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  1 p	n Sharing o	f facilities, equipment, mailing lists, or other assets with related organizat	tion(s)			1n	
P Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses  1	<ul><li>o Sharing o</li></ul>	f paid employees with related organization(s)				10	X
q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1r X  S Other transfer of cash or property from related organization(s)  1s X  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  Amount involved  Method of determining amount involved  Method of determining amount involved							
Reimbursement paid by related organization(s) for expenses  To the transfer of cash or property to related organization(s)  To the transfer of cash or property from related organization(s)  To the transfer of cash or property from related organization(s)  To the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  To the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  To the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  To the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  To the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  To the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  To the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  To the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  To the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	<b>p</b> Reimburs	ement paid to related organization(s) for expenses				1p	
s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  Method of determining amount involved  Method of determining amount involved  Method of determining amount involved	<b>q</b> Reimburs	ement paid by related organization(s) for expenses				1q	X
s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  Method of determining amount involved  Method of determining amount involved  Method of determining amount involved							
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  (c)  Amount involved  Method of determining amount involved  (d)  Method of determining amount involved	r Other trans	sfer of cash or property to related organization(s)				1r	
(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved  Method of determining amount involved	s Other tran	sfer of cash or property from related organization(s)				1s	X
Name of related organization type (a-s)  Amount involved Method of determining amount involved	2 If the ansv	ver to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered re	lationships and transaction thresholds.		
type (a-s)  Output  Description:  Output  De		(a)					
		Name of related organization		Amount involved	Method of determining amount in	volved	
			type (a-s)				
	1)						
	0)						
	2)						
	3)						
	3)						
	4)						
	''						
	5)						
	-,						
	6)						
Schedule R (Form 990) 2019	•						

# 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)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat <b>Yes</b>	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 110			103	140	( )	103	NO	
											-	

# LADDER UP

Schedule R	(Form 990) 2019	(F/K/A	CITY-WIDE	TAX	ASSISTANCE	PROGRAM)	36-4070692	Page 5
Part VII	(Form 990) 2019 Supplemental In	formation						
			noon to augotions on	Cobodi	ule R. See instructions			
	I TOVIUE AUUILIOHAI IIII	оппанон юг теврог	ises to questions on	SCHEUL	aie ia. Oce ilibiliudii0fiS			
								_
								-

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

# FOR THE YEAR ENDING

JUNE 30, 2020

#### PREPARED FOR:

LADDER UP (F/K/A CITY-WIDE TAX ASSISTANCE PROGRAM) 350 N. ORLEANS ST. NO. C2-100 CHICAGO, IL 60654

#### PREPARED BY:

SIKICH LLP 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349

#### AMOUNT OF TAX:

BALANCE DUE OF \$15

#### MAKE CHECK PAYABLE TO:

ILLINOIS CHARITY BUREAU FUND

# **MAIL TAX RETURN TO:**

OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175

# RETURN MUST BE MAILED ON OR BEFORE:

MARCH 1, 2021

#### **SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

			DEDODE		Faure A 0000 II
For Off	fice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL Attorney General KWAME RAOUL State of III			Form AG990-IL Revised 1/19
FIVII	1 #	Charitable Trust Bureau, 100 West Rando		<b>O</b> # 01	L-029571
		11th Floor, Chicago, Illinois 60601			all items attached:
AMT	Γ	Report for the Fiscal Period:			f IRS Return
		Baninging 05 (04 (004 0		_	d Financial Statements
l		Beginning <u>07/01/2019</u>	Payable to the Illinois		f Form IFC
INIT		<b>&amp; Ending</b> 06/30/2020	Charity $\angle$	_	Annual Report Filing Fee
Eadar	ral ID # 36-4070692	MO DAY YR	Bureau Fund		0 Late Report Filing Fee MO DAY YR
	ontributions to the organization t	ax deductible? X Yes No Date O	ganization was crea		02/20/1996
	LEGAL LADDER UP		Year-end		
	NAME (F/K/A CIT	Y-WIDE TAX ASSISTANCE PROGRAM)	amounts		
	MAIL		A) ASSETS	A) \$	3,315,590.
		LEANS ST., NO. C2-100	B) LIABILITIES	B) \$	205,072.
	Y, STATE CHICAGO, I	.L	C) NET ASSETS	C) \$	3,110,518.
<u>Z</u>	IP CODE 60654	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
<b>"</b>		RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	42.194%	6 D) \$	1,253,642.
	E) GOVERNMENT GRANTS &	•	52.562%		1,561,693.
	F) OTHER REVENUES	THE MELTINE DOLO	5.244%		155,801.
	,				
		E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	6 G) \$	2,971,136.
III.		EXPENDITURES DURING THE YEAR:			0 001 551
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	75.987%	6 H) \$	2,231,551.
	I) EDUCATION PROGRAM S	EDVICE EYDENSE	9/	6 I) \$	
	i) EDUCATION FROGRAM 3	ENVIOL EXPENSE	//	0 1) <del>0</del>	
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	75.987%	6 J) \$	2,231,551.
	,	,			
	J1) JOINT COSTS ALLOCATED	TO PROGRAM SERVICES (INCLUDED IN J):	_		
	K) GRANTS TO OTHER CHAR	RITABLE ORGANIZATIONS	%	6 K) \$	
	I) TOTAL CHADITADI E DDO	GRAM SERVICE EXPENDITURE (ADD J & K)	75.987%	6 L)\$	2,231,551.
	L) TOTAL CHARTTABLE PRO	GRAM SERVICE EXPENDITORE (ADD 3 & K)	73.307	ο Γ) φ	2,231,331.
	M) MANAGEMENT AND GENE	RAL EXPENSE	13.760%	6 M)\$	404,085.
	N) FUNDRAISING EXPENSE		10.253%	6 N) \$	301,116.
	A) TATAL EVENENDITUES TO	WO DEDICE (ADD 1, 14, 0, 10)	100 0	,   0, 4	2 026 752
	0) TOTAL EXPENDITURES TH	HIS PERIOD (ADD L, M, & N)	100 %	6 0)\$	2,936,752.
III.		AID FUNDRAISER AND CONSULTANT ACTIVITIES: rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	•	<u>s:</u> By Paid Professional fundraisers	100 %	6 P) \$	0.
	,				
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	9/	6 Q) \$	
		115 TV (5 11111) 0 0 5 1			
	R) NET RECEIVED BY THE CH		9/	6 R) \$	
	PROFESSIONAL FUNDRAISING S) TOTAL AMOUNT PAID TO	<u>G CONSULTANTS;</u> PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0.

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

U) NAME, TITLE:LILLY LAVNER, TAX ASSISTANCE PROGRAM DIRECTOR

V) NAME, TITLE: JEANNE MARIE OLIVIERI, FINANCE AND ADMIN DIRECTOR

T) NAME, TITLE: CHRISTINE CHENG, EXECUTIVE DIRECTOR

W) DESCRIPTION: SERVICES FOR THE POOR

998091 04-22-20

X) DESCRIPTION:

Y) DESCRIPTION:

T) \$

U) \$

V) \$

W)#

X) # Y) # 98,068.

76,831.

73,581.

List on back side of instructions CODE

126

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
	ANTITITING OF VALUE NOT HER ONTED AS COMIT ENGATION:	٥. ا		21
,	THE THE ODG ANIZATION INVESTED IN ANY CORDODATE STOCK IN MULICIL ANY OFFICED DIDECTOR OF TRUCTEE CHANG MODE			
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			37
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
	, , , , , , , , , , , , , , , , , , , ,	ı		
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
ru.	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		х
	DETWILLIN FROUNDAINI SERVICE AND FUNDRAISHING EXPENSES!	′-		21
76	IF INVECTION FAITED (1) THE ACCORDANT AMOUNT OF THESE IGNAT COORD &			
70.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
	Commission of the Commission o	[		
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
11.				
	THREE LARGEST ACCOUNTS:			
	TO MODCAN CUACE D O DOY 6076 NEWARK DE 10714			
	JP MORGAN CHASE, P.O. BOX 6076, NEWARK, DE 19714			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b>JEANNE MARIE OLIVIERI</b> - 312-466-0771			
ΔII	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

#### **BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

КO	BERT	м.	BURK	E
----	------	----	------	---

PRESIDENT OF TRUSTEE (PRINT NAME) SIGNATURE DATE

JOHN CHANDLER

TREASURER OF TRUSTEE (PRINT NAME) SIGNATURE DATE

# HEATHER BONIFAS, CPA

998101 04-22-20

PREPARER (PRINT NAME)

**SIGNATURE** 

DATE