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

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)

▶ 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.

A F	or the	$\pm$ 2020 calendar year, or tax year beginning $\mathbb{JU}$	L 1,	2020 and	l ending J	<u>UN 30, 2</u>	<u>021</u>	
	Check if pplicable	C Name of organization				D Employer ic	dentifi	cation number
	Addres	THE SHADOW PROJECT						
	Name	- · · ·				65-11	660	66
	Initial	Number and street (or P.O. box if mail is not deliv	ered to str	eet address)	Room/suite	E Telephone n		
	 □Final □return/	2154 NE BROADWAY		,	130	971-3		
	termin- ated	City or town, state or province, country, and Z	IP or forei	gn postal code		G Gross receipts \$	i	573,087.
	Ameno return	PORTLAND, OR 9/232				H(a) Is this a gr	roup re	eturn
	Application	F Name and address of principal officer: DIAN	ON JU	JENEMANN		for subord	linates	? Yes X No
	pendin	SAME AS C ABOVE				<b>H(b)</b> Are all subord	linates in	ncluded? Yes No
			(insert	no.)	or 527	If "No," at	tach a	list. See instructions
		e: WWW.SHADOW-PROJECT.ORG				H(c) Group exe		
		organization:	ociation	Other -	<b>L</b> Year	of formation: 20	03  <b>N</b>	M State of legal domicile: OR
Pa	_	Summary		<b></b>				~~~~~
ø	1	Briefly describe the organization's mission or most s				HOOL MORI	E A	CCESSIBLE
and	_ '	AND ENGAGING FOR CHILDREN						
Governance	2	Check this box  if the organization discont					1 . 1	1
30	3	Number of voting members of the governing body (F						8
∞ ∞	1 -	Number of independent voting members of the gove						5
ties		Total number of individuals employed in calendar ye Total number of volunteers (estimate if necessary)						63
Activities &		Total unrelated business revenue from Part VIII, colu						0.
¥		Net unrelated business taxable income from Form 9					7b	0.
	l ~		50 1,1 a.c	1, 11110 11		Prior Year	1.2	Current Year
4	8	Contributions and grants (Part VIII, line 1h)				404,8	71.	572,997.
une	l					50,3		0.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, a					39.	90.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		-9,4	86.	0.		
	l .	Total revenue - add lines 8 through 11 (must equal P				445,8	84.	573,087.
	13	Grants and similar amounts paid (Part IX, column (A)	, lines 1-3	5)			0.	0.
		Benefits paid to or for members (Part IX, column (A),					0.	0.
S	15	Salaries, other compensation, employee benefits (Pa	art IX, colu	ımn (A), lines 5-10)		252,3	41.	284,631.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin					0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 1				172,4		128,676.
		Total expenses. Add lines 13-17 (must equal Part IX,		A), line 25)		424,7		413,307.
	19	Revenue less expenses. Subtract line 18 from line 12	2			21,0		159,780.
S OF					Be	ginning of Current		End of Year
sset	20					250,4 48,2		404,275.
Net Assets or	21	Total liabilities (Part X, line 26)				202,1		38,253. 366,022.
	22 art II	Net assets or fund balances. Subtract line 21 from li   Signature Block	ne 20			202,1	70.	300,022.
		Ities of perjury, I declare that I have examined this return, in	ncluding ac	companying schedule	e and stateme	ante and to the hee	t of my	/ knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer)	-				-	r knowledge and belief, it is
1140	, 001100	, and complete booldation of property (caller than officer)	10 54004	m un miormation or w	mon proparor	That any time who ago	<del>,</del>	
Sig	n	Signature of officer				Date		
Her		SHARON JUENEMANN, EXECU	TIVE	DIRECTOR				
		Type or print name and title						
		Print/Type preparer's name	Preparer's	signature	[	Date c	heck	PTIN
Paid	I	GERARD DEBLOIS				If S(	elf-employ	
Prep	arer	Firm's name ▶ MCDONALD JACOBS,				Firm's E	IN 🕨	93-0900579
Use	Only	Firm's address 520 SW YAMHILL ST		E 500				
		PORTLAND, OR 9720	4			Phone n	10. (5	03) 227-0581
May	the IF	RS discuss this return with the preparer shown above	2 See ins	etructions				X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE SHADOW PROJECT IS TO MAKE SCHOOL MORE ACCESSIBLE
	AND ENGAGING FOR CHILDREN WITH DISABILITIES, SO THEY CAN ACHIEVE THEIR
	FULL POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	THE SHADOW PROJECT EXISTS TO MAKE LEARNING MORE ACCESSIBLE AND ENGAGING
	FOR CHILDREN WITH DISABILITIES, SO THEY CAN ACHIEVE THEIR FULL
	POTENTIAL. WE WORK WITH SPECIAL EDUCATION TEACHERS IN PREDOMINANTLY
	LOW-INCOME SCHOOLS TO ACCELERATE ACHIEVEMENT AND FOSTER AUTONOMY FOR
	STUDENTS WHO ARE AFFECTED BY DYSLEXIA, ADHD, AUTISM AND TRAUMA. SINCE
	2003, WE HAVE HELPED MORE THAN 13,500 OF OUR COMMUNITY'S MOST
	PERVASIVELY UNDERSERVED STUDENTS TO DEVELOP ESSENTIAL SKILLS FOR
	SCHOOLS AND LIFE SUCCESS, INCLUDING GOAL-SETTING, PERSEVERANCE AND
	DAILY READING. JUST OVER HALF OF THESE CHILDREN ARE FROM COMMUNITIES OF
	COLOR AND FACE THE DOUBLE BARRIERS OF BOTH RACISM AND ABLEISM. SHADOW
	PROJECT'S GOAL IS TO TRANSFORM SCHOOL INTO AN INCLUSIVE PLACE WHERE ALL
	STUDENTS CAN THRIVE AND BELONG. (CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 356,818.

13450506 781409 8726

# Form 990 (2020) THE SHADOW PROJECT 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<del>ا</del>		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		<del></del>
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<sub>V</sub>
	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			<b> </b> ₩
	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			, v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	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			٠,,
	Schedule D, Parts XI and XII	12a		<u> </u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form 990 (2020) THE SHADOW PROJECT
Part 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		<u> X</u>
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		X
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			\ <b>.</b>
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	04-		
	any tax-exempt bonds?  Did the exemptation act as an long behalf of lineaux for bands outstanding at any time during the year?	24c 24d		<del></del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<del></del>
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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	Х	
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		<u> </u>
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		<u> X</u>
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
	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V   Statements Regarding Other IRS Filings and Tax Compliance	30	23	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	1,10
J	(gambling) winnings to prize winners?	1c		
03300	1 12 22 20		990	(2020)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>			age •
				Yes	No
20	Enter the number of employees reported an Earm W.2. Transmitted of Wags and Tay Statements	Г		162	INO
Za	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	5			
h	, , , , , , , , , , , , , , , , , , , ,		2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	20	21	
2-		· _	3a		х
3a		·			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	·  -	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	٠	4a		
D	If "Yes," enter the name of the foreign country	-			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-	-		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. –	5a		_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	·  -	5c		<del></del>
6a			_		177
_	any contributions that were not tax deductible as charitable contributions?	·	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	г	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	F	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	L			
	sponsoring organization have excess business holdings at any time during the year?	.	8		
9	Sponsoring organizations maintaining donor advised funds.	L			
а	Did the sponsoring organization make any taxable distributions under section 4966?	.  -	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	.	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	4			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	4			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	4			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L			
а	Is the organization licensed to issue qualified health plans in more than one state?	.	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				
	organization is licensed to issue qualified health plans	$\dashv$			
С	Enter the amount of reserves on hand	$\bot$			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	.	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	L	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				1
	excess parachute payment(s) during the year?	L	15		X
	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 income?		16		X

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If "Yes," complete Form 4720, Schedule O.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This dection b requests information about policies not required by the internal nevertide dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	• *		
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHARON JUENEMANN - 971-373-3457			
	2154 NE BROADWAY, NO. 130, PORTLAND, OR 97232			

8726\_\_\_1

# 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 organiz  (A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				) +bc=	200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	officer and a director/trustee)			r/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		99/	mpen		(***-2/1099-141130)		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	ы			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			_
(1) CHRISTY SCATTARELLA	40.00									
EXECUTIVE DIRECTOR		L		X				69,807.	0.	5,700.
(2) DEDEE WILNER-NUGENT	2.00									
PRESIDENT		Х		X				0.	0.	0.
(3) CAITLIN SHRIGLEY	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) AMY LIN HAN	2.00	1							_	_
SECRETARY		Х		Х				0.	0.	0.
(5) YETU DUMBIA	2.00	ļ								
DIRECTOR		X						0.	0.	0.
(6) BETH GANDARA	2.00	l							•	
DIRECTOR		Х						0.	0.	0.
(7) LISA LUM	2.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(8) TOM STENSON	2.00	-							0	0
DIRECTOR	2 00	X						0.	0.	0.
(9) LESLIE WALDMAN DIRECTOR	2.00	X						0.	0.	0
DIRECTOR		₽						0.	0.	0.
		-								
		$\vdash$								
		1								
-										
		1								
		$\vdash$								
		1								
		1								
		<u>l</u>	L				L			
		L	L							

Form 990 (2020)

Par	t VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	High R	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		<b>1</b> than d	one	Reportable	Reportable		Es	timate	d
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensatio			nount o	of
		week		Cer an	aaa	recio	or/trus	lee)	from	from related			other	
		(list any hours for	recto						the	organization			pensat	
		related	or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	sC)		om the	
		organizations	ruste	l trus		99	ubeu		(00-2/1099-101130)				anizati d relate	
		below	dual t	rtiona	_	nploy	st cor	- I					anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
							T							
							$\vdash$							
							-							
	<u> </u>	l .							69,807.		0.		5,70	10
	Subtotal								0.		0.		5,/(	
	Total from continuation sheets to Part VI								69,807.		0.		F 70	0.
	Total (add lines 1b and 1c)							<u> </u>	· · · · · · · · · · · · · · · · · · ·				5,70	<i>.</i>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	)			^
	compensation from the organization												V	0
											1		Yes	No
3	Did the organization list any former officer,			кеу е	empl	oye	e, or	hig	hest compensated emp	oyee on		_		37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													77
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	lual for services				
_	rendered to the organization? If "Yes." com	plete Schedule	e J f	or st	ıch <u>r</u>	oers	on .					5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co	=	-							· · · · · · · · · · · · · · · · · · ·	ensa	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A)	addraga	37/						(B)	om dioco	0	(C	;) tion	_
	Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		ompei	nsation	1
								_						
								_						
								_						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation >				(	)							
_											_	Form 5	990 (2	วกวก

032008 12-23-20

III Statement of Reven	ue	9
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		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
(O, (o	1.0	Federated campaigns 1a					
발							
<u> </u>		Membership dues 1b					
ts,		Fundraising events 1c					
ag		Related organizations 1d					
E,S	е	Government grants (contributions)	86,203.				
io s	f	All other contributions, gifts, grants, and					
E E		similar amounts not included above 1f	486,794.				
<u> </u>	g	Noncash contributions included in lines 1a-1f	486,794. 65,828.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		572,997.			
			Business Code				
	2 a	•					
į.	2 b						
ne je							
η S	C						
gra Be	d						
Program Service Revenue	е						
Δ	f	All other program service revenue					
_	g	Total. Add lines 2a-2f	<b></b>				
	3	Investment income (including dividends, inter	rest, and				
		other similar amounts)	<b>&gt;</b>	90.			90.
	4	Income from investment of tax-exempt bond					
	5	Royalties	-				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	7 a		(II) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
a l		and sales expenses					
Ver	С	Gain or (loss) 7c					
Be		Net gain or (loss)	<b>&gt;</b>				
ther Revenue	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	b	Less: direct expenses 8	b				
		Net income or (loss) from fundraising events	<b>•</b>				
		Gross income from gaming activities. See					
	<b>.</b>	Part IV, line 19					
	L						
			21				
		Net income or (loss) from gaming activities	······				
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
	b	Less: cost of goods sold 10	)b				
	С	Net income or (loss) from sales of inventory	<b></b>				
,			Business Code				
ő	11 a	ı					
ane Dug	b						
Miscellaneous Revenue	С						
isc Be	d	All other revenue					
Σ	e	• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		573,087.	0.	0.	90.

032009 12-23-20

Form **990** (2020)

Form 990 (2020) THE SHADOW PROJECT
Part IX Statement of Functional Expenses

1	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
Total expenses		Check if Schedule O contains a respons				
and donestic governments. See Part IV, line 21 Grants and other assistance to donestic individuals. See Part IV, line 12 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation on tincluded above to disqualified persons (as defined under section 4989(f)19) and persons described in section 4989(f)19) and persons described in section 4989(g)(3)(8)  7 Other salaries and wages Pension plan accruals and comtributions (include section 4016) and 403(p) employer contributions (include and 4			(A) Total expenses	Program service	Management and	<b>(D)</b> Fundraising expenses
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, line 12 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees  7 Compensation of current officers, directors, trustees, and key employees  8 Compensation of current officers, directors, strustees, and key employees  9 Presson plan accrusis and contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  10 Payroll taxe	1	- 1				
Individuals. See Part IV, line 22	2	· · · · · · · · · · · · · · · · · · ·				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (es defined under section 4958((r))(8)) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(IV), and 403(b) employer contributions) 9 Other employee benefits 9 Other salaries and wages 154,840. 135,270. 6,597. 12,9 8 Pension plan accruals and contributions (include section 401(IV), and 403(b) employer contributions) 9 Other employee benefits 6 0,020. 5,258. 257. 5 10 Payroll taxes 23,944. 20,918. 1,020. 2,0 11 Fees for services (nonemployees): 12 Advantagement 13 Legal 14 Legal 15 Legal 16 Advertising and promotion 17 Investment management fees 19 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, 1st line 11g expenses on Sch 0.) 19 Apyrents of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Internation technology 12 Payments to affiliates 19 Payments to fitravel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Internation 12 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Legal 24 Other expenses in convered above (List miscellaneous spenses on 1 tovered above (List miscellaneous spe						
organizations, foreiging governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8)  7 Other salaries and wages  Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributio	3					
### Benefits paid to or for members   99,827. 87,210. 4,253. 8,3		organizations, foreign governments, and foreign				
### Benefits paid to or for members   99 , 827		individuals. See Part IV, lines 15 and 16				
5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees (Compensation not included above to disqualified persons (as defined under section 4958(c)(1)) and persons described in section 4958(c)(3)(B) (President) (	4					
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1) and persons (described in section 4958(f)(3)(6) 7 Other salaries and wages	5					
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(6)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (nonemployees):  11 Fees for services (nonemployees):  12 Advangement  13 Legal  14 Lobbying  15 Professional fundraising services. See Part IV, line 17 fl Investment management fees  15 Other, (iffile 11g annount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  16 Other, (iffile 11g annount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  17 Travel  18 Payments of travel or entertainment expenses for any feddral, state, or local public officials for any feddral, state, or local public officials because of the expenses on Ine 24e. If line 24e expenses on Ine 24e. If lin		trustees, and key employees	99,827.	87,210.	4,253.	8,364.
persons described in section 4986(c)(3)(B) 7 Other satiaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 6,020. 5,258. 257. 5 Payroll taxes 23,944. 20,918. 1,020. 2,0 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 4,079. 3,680. 3 Office expenses 10,247. 9,108. 390. 77 Iravel Royalties Conferences, conventions, and meetings Interest Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Interest All other expenses on Schedule 0.)  PROGRAM SUPPLIES All other expenses 2,732. 1,437. 285. 1,0	6	Compensation not included above to disqualified				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 403(b) employer contributions) 9 Other employee benefits 6 0,020 5,258 257 55 10 Payroll taxes 23,944 20,918 1,020 2,0 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 24 Advertising and promotion 3 Office expenses 10,247 9,108 390 77 1 Travel 10 Cocupancy 8,646 6,509 1,297 8 10 Royalties 10 Conferences, conventions, and meetings line rest for any federal, state, or local public officials 10 Conferences, conventions, and meetings line rest line 24e amount exceeds 10% of line 24e. (It line 24e amount exceeds 10% of line 24e. (It line 24e amount exceeds 10% of line 24e. (It line 24e expenses on line 24e. (It line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on line 24e. (It line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on line 24e. (It line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on line 24e. (It line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on line 24e. (It line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on line 24e. (It line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on Schedule 0.)  PROGRAM SUPPLIES  6 All other expenses  2,732 1,437 285 1,600		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 123,944. 20,918. 1,020. 2,0 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 4,079. 3,680. 3 10,247. 9,108. 390. 7 10 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,503. 2,503. 2,503. 3,487. 2,503. 2,503. 3,487. 3,487.  5 (A) 200. 5,258. 257. 5 5 (A) 20,918. 1,020. 2,00  3 (B) 2,000  3 (B) 2,000  3 (B) 2,000  3 (B) 2,000  3 (B) 3,000  3 (B) 3,00		persons described in section 4958(c)(3)(B)				
section 401(k) and 403(b) employer contributions)  O ther employee benefits  O Payroll taxes  23,944. 20,918. 1,020. 2,0  11 Fees for services (nonemployees):  a Management  b Legal  c Accounting  T Investment management fees  Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 10, 247. 3,777.  12 Advertising and promotion  4,079. 3,680. 3  Office expenses  10,247. 9,108. 390. 7  Information technology  17 Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  1 Payments to affiliates  Depreciation, depletion, and amortization  2,503. 2,503. 2,503.  1,296. 5,2  28,698. 1,296. 5,2  28,698. 1,296. 5,2  3,680. 3  3,680. 3  3,777. 3,777.  8 Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  1 Payments to affiliates  Depreciation, depletion, and amortization  2,503. 2,503. 3,487.  3,487. 3,487.  4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on ine 24e, If line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on Schedule (L) amount, list	7	Other salaries and wages	154,840.	135,270.	6,597.	12,973.
9 Other employee benefits 6,020, 5,258, 257, 5 10 Payroll taxes 23,944, 20,918, 1,020, 2,0 11 Fees for services (nonemployees): 12 Accounting 5,470, 5,470, 5,470, 1 13 Insurance 14 Depreciation, depletion, and amortization 2 PROGRAM SUPPLIES 5 10 Depreciation, dependence 12 PROGRAM SUPPLIES 52,450, 10 Depreciation, dependence 12 PROGRAM SUPPLIES 52,450, 5,20 Depreciation, depletion, and amortization 2 PROGRAM SUPPLIES 52,450,	8	Pension plan accruals and contributions (include				
10 Payroll taxes		``````````````````````````````````````	_	_		
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  22 Advertising and promotion 335, 285. 28, 698. 1, 296. 5, 2 34, 079. 3, 680. 3 30 Office expenses 10, 247. 9, 108. 390. 7 14 Information technology 15 Royalties Cocupancy 8, 646. Cocupancy 8, 646. 6, 509. 1, 297. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 20 Depreciation, depletion, and amortization Insurance 3, 487.  24 Other expenses, Itemize expenses not covered above (List miscellaenous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  PROGRAM SUPPLIES 52, 450. 52, 450. 52, 450. 52, 450. 52, 450. 52, 450. 52, 450. 52, 450. 52, 450. 52, 450. 52, 450. 52, 450. 54, 437. 55, 470. 56, 470. 57, 470	9	Other employee benefits				505.
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 10, 247 · 9, 108 · 390 · 7  14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 34 Other expenses Itemize expenses on towered 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.)  24 PROGRAM SUPPLIES 25 2, 450 · 52, 450 · 52, 450 · 6  26 All other expenses 27, 732 · 1, 437 · 285 · 1, 0	10		23,944.	20,918.	1,020.	2,006.
b Legal c Accounting 5 , 470 . 5 , 470 . 5 , 470 . d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 24g expenses on Sch 0.) 35 , 285 . 28 , 698 . 1 , 296 . 5 , 2	11	Fees for services (nonemployees):				
C   Accounting	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 10,247. 9,108. 390. 7  14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on the 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 25 PROGRAM SUPPLIES 26 All other expenses 27 2,732. 1,437. 285. 1,0	b	Legal				
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 10,247. 9,108. 390. 7  14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on tine 24e. If line 24a amount, list line 24e expenses on Schedule 0.) 25 Expenses on the 25 on time 24 expenses on Schedule 0.) 26 All other expenses 27 S2, 450. 52, 450.	С		5,470.		5,470.	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion	d					
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  22 Advertising and promotion	е					
Column (A) amount, list line 11g expenses on Sch 0.)   35, 285.   28, 698.   1, 296.   5, 2	f					
12 Advertising and promotion	g	·	25 205	20 600	1 206	F 001
13 Office expenses		· F			1,296.	5,291.
Information technology Royalties Roy					200	399.
15 Royalties 16 Occupancy			10,24/.	9,108.	390.	749.
16       Occupancy       8,646.       6,509.       1,297.       8         17       Travel       3,777.       3,777.       8         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       9       3,777.       3,777.       1,297. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
Travel 3,777. 3,777.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 3,487.  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.)  2 PROGRAM SUPPLIES  52,450.  52,450.  52,450.  52,450.  52,450.			0 616	6 500	1 207	840.
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  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.)  PROGRAM SUPPLIES  52,450.  52,450.  52,450.  All other expenses  2,732.  1,437.  285.  1,0					1,491.	040.
for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.)  PROGRAM SUPPLIES  52,450.  52,450.  52,450.  52,450.  All other expenses  2,732.  1,437.  285.  1,0			3,111•	3,111•		
Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  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.)  PROGRAM SUPPLIES  B  C  All other expenses  All other expenses  2,503.  2,503.  3,487.  3,487.  3,487.  52,450.  52,450.  52,450.	18					
Payments to affiliates  Depreciation, depletion, and amortization  Insurance  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.)  PROGRAM SUPPLIES  Depreciation, depletion, and amortization  2,503.  3,487.  3,487.  52,450.  52,450.	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization  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.)  PROGRAM SUPPLIES  B  C  All other expenses  2,503.  2,503.  3,487.  3,487.  52,450.  52,450.  52,450.	20	Interest				
Insurance  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.)  PROGRAM SUPPLIES  Description:  All other expenses  All other expenses  3,487.  3,487.  3,487.  3,487.  3,487.  3,487.  22,732.  52,450.  52,450.	21		2 - 2 - 2	2 - 2 - 2		
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.)  PROGRAM SUPPLIES  52,450.  52,450.  52,450.	22	Depreciation, depletion, and amortization		2,503.		
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.)  a PROGRAM SUPPLIES  b c	23		3,487.		3,487.	
a PROGRAM SUPPLIES 52,450. 52,450.  b c	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b	а		52,450.	52,450.		
c			,	, 2000		
d						
e All other expenses 2,732. 1,437. 285. 1,0						
' 440 005 056 040 04 050 00 4			2,732.	1,437.	285.	1,010.
25 lotal functional expenses. Add lines   tilrough 24e   413,307.01 330,010.01 24,332.1 32.1	25	Total functional expenses. Add lines 1 through 24e	413,307.	356,818.	24,352.	32,137.
26 Joint costs. Complete this line only if the organization			ŗ	,	,	•
reported in column (B) joint costs from a combined						
educational campaign and fundraising solicitation.		1 7 7 1				
Check here   if following SOP 98-2 (ASC 958-720)						

13450506 781409 8726

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	18,265.	1	10,846		
:	2	Savings and temporary cash investments		195,855.	2	317,837	
;	3	Pledges and grants receivable, net		3	26,829		
'		Accounts receivable, net		8,139.	4		
		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
. ا ي	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			21,983.	8	29,866
₹   १	9	Down and a superior and a defense of all and a superior			35.	9	253
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,497.			
	b	Less: accumulated depreciation	. 10b	10,853.	6,178.	10c	18,644
1	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line	11			12	
1:	3	Investments - program-related. See Part IV, line	e 11			13	
14		Intangible assets		14			
1	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must eq			250,455.	16	404,275
11		Accounts payable and accrued expenses			2,579.	17	28,753
18	8	Grants payable		18			
19		Deferred revenue		19	9,500		
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
g   2	2	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub					
<u> </u>		controlled entity or family member of any of the				22	
2.		Secured mortgages and notes payable to unre				23	
24		Unsecured notes and loans payable to unrelate		Г		24	
2	:5	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	45 700		
	_	of Schedule D			45,700.		30 253
20	6	Total liabilities. Add lines 17 through 25			48,279.	26	38,253
္က		Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33.	ieck ner				
ž   3.	7			-	202,176.	27	259,587
2		Net assets without donor restrictions	0.	28	106,435		
<u> </u>	8	Net assets with donor restrictions  Organizations that do not follow FASB ASC			<u> </u>	20	100,433
		and complete lines 29 through 33.	956, СПЕ	ck fiere			
5   4	a	•	e	F		29	
20 20	_	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or or				30	
30		Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances S.					202,176.	32	366,022
ž   3,		Total net assets or fund balances  Total liabilities and net assets/fund balances		250,455.	33	404,275	
	0	Total habilities and het assets/fully balances			230, 433.	JJ	Form <b>990</b> (20)

Form **990** (2020)

Form	1 990 (2020) THE SHADOW PROJECT	65-1166	066	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>87.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			07.
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	<u>2,1</u>	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		<u>4,0</u>	66.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	36	<u>6,0</u>	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
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	<u> </u>		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE SHADOW PROJECT

Employer identification number

		THE	SHADOW PROJ	JECT				6	5-1166066
Pa	ırt I	Reason for Public (			omplete th	nis part.) S	ee instructions.		
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		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 orga	nization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza						ii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support f	om a gove	ernmental i	unit or from the	general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a la	and-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of th	ne college	e or
		university:							
10		An organization that norma							
		activities related to its exem		•	` '				· ·
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor	•						
11	$\square$	An organization organized a	•	•	-				
12		An organization organized a	•	•	•				
		more publicly supported org	-						Check the box in
		lines 12a through 12d that	* *					-	
а		<b>Type I.</b> A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization			majority c	it the direc	tors or trustees	or the st	apporting
		organization. You must o			ion with its		d arganization(	a) by bay	do a
b	) <u> </u>	☐ Type II. A supporting org	· ·				-		-
		control or management o organization(s). You mus			arrie perso	iis iiiai coi	illoi or manage	tile supp	Jortea
		Type III functionally inte			in connect	ion with a	and functionally	integrate	ad with
٠		its supported organization					-	intograte	ou with,
d		Type III non-functionally						ed organi:	zation(s)
		that is not functionally int	=					-	* *
		requirement (see instructi	-		•		-		
е		Check this box if the orga	·	-				Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) to the ergo	inization listed			I (84 )
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of n support (see inst	•	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see ins	iructions)	support (see instructions)
Γ∩t:									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

## 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	317,544.	298,203.	345,365.	404,871.	572,997.	1938980.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	317,544.	298,203.	345,365.	404,871.	572,997.	1938980.	
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)						591,264.	
_6	Public support. Subtract line 5 from line 4.						1347716.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total	
7	Amounts from line 4	317,544.	298,203.	345,365.	404,871.	572,997.	1938980.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	171.	129.	859.	139.	90.	1,388.	
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.)		700.	19.			719.	
11	Total support. Add lines 7 through 10						1941087.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop						<b>&gt;</b>	
	ction C. Computation of Publi							
14	Public support percentage for 2020 (li					14	69.43 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	66.51 %	
16a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and <b>stop here.</b> The organization quali							
17a	17a 10% -facts-and-circumstances test - 2020. 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 te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		▶□	
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th				-			
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	▶∐	
18	8 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) 2020

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Г	1		T	ı	
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	ļ ļ					
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01( )(0) : ::	
14	First 5 years. If the Form 990 is for the	•		•		. , . ,	on, ⊾ □
Sa	check this box and stop here ction C. Computation of Publi		centage				
	Public support percentage for 2020 (I			oolumn (f)\		15	%
	Public support percentage from 2019		•			16	<del>/</del> 6
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
18						18	%
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						▶□
ŀ	33 1/3% support tests - 2019. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>&gt;</b>

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Т.,

#### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
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 governmental entity (see instance).	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Secti	on 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				
Secti	on 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):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	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 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see		
	instructions).	, ,		,		

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

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

OMB No. 1545-0047

**Employer identification number** 

	THE SHADOW PROJECT	65-1166066						
Organization type (check one):								
Filers of: Section:								
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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							
	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.						
General Rule								
~	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling many one contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 509 any one con	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, literary, or e	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contrib is checked, purpose. Do	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \]							
-	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (FNo" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F							

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

THE SHADOW PROJECT

65-1166066

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE SHADOW PROJECT

65-1166066

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$22,403	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$18,000.	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
10		\$15,000	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
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE SHADOW PROJECT

65-1166066

Columbia	Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
\$ 53,696. 08/30/20  (a) No. No. Description of noncash property given   See instructions.   Ce)   FMV (or estimate)   (See instructions.)   Date received    (a) No. (b)   FMV (or estimate)   (See instructions.)   Date received    (b) No. (c)   FMV (or estimate)   (See instructions.)   Date received    (a) No. (b)   FMV (or estimate)   (See instructions.)   Date received    (b) No. (c)   FMV (or estimate)   (See instructions.)   Date received    (a) No. (c)   FMV (or estimate)   (See instructions.)   Date received    (a) No. (b)   FMV (or estimate)   (See instructions.)   Date received    (b) No. (c)   FMV (or estimate)   (See instructions.)   Date received    (c)   FMV (or estimate)   (See instructions.)   Date received    (d) Date received   Date received    (e)   (f)   (ci)   (f)   (f)	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given S (c) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (f) Date received  (g) Date received	1	PUBLICLY TRADED STOCK	_	
No. from Part I Description of noncash property given			53,696.	08/30/20
(a) No. from Part I Description of noncash property given See instructions.)  (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions.)  (for on Description of noncash property given (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) Date received  (c) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
No. from Part I Description of noncash property given S				
(a) No. from Part I Description of noncash property given \$	No. from		FMV (or estimate)	
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received  (d) Date received				
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (see instructions)  (d) FMV (or estimate) (See instructions)  (d) Date received	No. from		FMV (or estimate)	
No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (d) Date received			  \$	
(a) No. (b) from Description of noncash property given  (c) FMV (or estimate) (See instructions) Date received	No. from		FMV (or estimate)	
No. (b) FMV (or estimate) (d) Factorizations (Description of noncash property given (See instructions (Description of noncash property given (Description of noncash property				
	No. from		FMV (or estimate)	

Name of organization **Employer identification number** THE SHADOW PROJECT 65-1166066 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.

OMB No. 1545-0047 Inspection

Name of the organization

THE SHADOW PROJECT

**Employer identification number** 65-1166066

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds							
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No							
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring									
	impermissible private benefit?									
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.							
1	Purpose(s) of conservation easements held by the organizati	on (check all that appl <u>y).</u>								
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area							
	Protection of natural habitat	Preservation of a	certified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last							
	day of the tax year.		Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
	•									
	Number of conservation easements on a certified historic str									
d	Number of conservation easements included in (c) acquired a									
	listed in the National Register									
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax							
	year ▶									
4	Number of states where property subject to conservation ear									
5	Does the organization have a written policy regarding the per		Yes No							
_	violations, and enforcement of the conservation easements it holds?									
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year									
_										
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year									
•			(4)(D)(:)							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)									
9	and section 170(h)(4)(B)(ii)?									
9	balance sheet, and include, if applicable, the text of the footr									
	organization's accounting for conservation easements.	lote to the organization's imancial statement	its that describes the							
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.							
	Complete if the organization answered "Yes" on Form									
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works							
	of art, historical treasures, or other similar assets held for pul	•								
	service, provide in Part XIII the text of the footnote to its final	, ,	•							
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of									
	art, historical treasures, or other similar assets held for public	· · · · · ·								
	provide the following amounts relating to these items:	, ,	, , , , , , , , , , , , , , , , , , , ,							
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$							
2	If the organization received or held works of art, historical tre									
	the following amounts required to be reported under FASB A									
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$							
			<b>.</b> .							
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020							

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

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Sim	ilar Asse	ts (continu	ıed)		
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the t	following that	make s	ignifica	ant use of it	s			
	collection items (check all that apply):											
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	am						
b	Scholarly research	е	(	Other								
С	Preservation for future generations											
4	Provide a description of the organization's col	lections and explair	n how the	ey further th	ne organizatio	n's exer	mpt pu	rpose in Pa	ırt XIII.			
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	er similar	asset	3				
	to be sold to raise funds rather than to be mai								Yes		No	
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered '	"Yes" on	Form	990, Part I\	/, line 9, or			
	reported an amount on Form 990, Part	: X, line 21.										
1a	Is the organization an agent, trustee, custodia	ın or other intermed	iary for c	contribution	s or other ass	sets not	include	ed _				
	on Form 990, Part X?							L	Yes		No	
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing ta	able:			_					
							L	Amount				
С	Beginning balance						_1	С				
d	Additions during the year						_1	d				
е	Distributions during the year						1_1	е				
f	Ending balance						L	lf				
2a	Did the organization include an amount on Fo							[	Yes		No	
b	If "Yes," explain the arrangement in Part XIII.											
Pai	t V Endowment Funds. Complete if	the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line	10.					
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	<b>(d)</b> Th	ree years bad	k (e) Four	ears b	ack_	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a	)) held as:							
а	Board designated or quasi-endowment	•	%									
b	Permanent endowment	%	_									
С	Term endowment > 9	6										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.										
За	Are there endowment funds not in the posses	sion of the organiza	tion that	are held ar	nd administer	ed for th	ne orga	nization				
	by:								\[ \frac{1}{2}	Yes	No	
	(i) Unrelated organizations								3a(i)			
	(ii) Related organizations											
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on So	chedule R?					3b			
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipme	ent.										
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10	).				
	Description of property					(c) Accumulated		(d) Book value				
		basis (investr	nent)	basis	(other)	de	precia	tion				
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment	I		1	4,528.		10	853.	3	,67	5.	
	Other	I			4,969.					,96		
	. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)						18	,64	4.			

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE SHADOW	PROJECT	65	5-1166066 Page
Part VII Investments - Other Securities.  Complete if the organization answered "Yes	" on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			<u> </u>
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	•		
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (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	11d. See Form 990, Part X, line 15.	
(a	n) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lii Part X Other Liabilities.	ne 15.)	<b>&gt;</b>	
			_
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

032054 12-01-20 Schedule D (Form 990) 2020

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**Employer identification number** 

	THE SHADOW P	65-1	65-1166066					
Pai	rt I Types of Property							
	•	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	53,692.	HIGH/LOW AV	G		
10	Securities - Closely held stock			,	·			
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other	Х	32	12 136.	COMPARABLE	PIIRC	HAS	SE
26	Other ( 11to Strain 1211115)		32	12,150.		1 0110	,111 1 K	
20 27	Other ( )							
28	Other ()							
<u>20</u> 29	Number of Forms 8283 received by the organiz	zation during	the tay year for o	ontributions				
23	for which the organization completed Form 826							
	for which the organization completed form ozi	00,1 alt v, D	onee Acknowledg	ement <u>29  </u>			Yes	No
302	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		163	140
ooa	must hold for at least three years from the date		• • • • •					
	exempt purposes for the entire holding period?	_				30a		Х
b	If "Yes," describe the arrangement in Part II.					Jua		-2
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							Х
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
JZd						32a		Х
h	contributions?  If "Yes," describe in Part II.					0£a		-2
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	y for which column (a) is choo	ked			
55	describe in Part II.	Oldifii (C) 101	a type of property	To willon column (a) is chec	ncu,			
	GOOGLEO III I GICII.							

032141 11-23-20

LHA

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

Schedule M (Form 990) 2020

032142 11-23-20

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SHADOW PROJECT

Employer identification number 65-1166066

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

SHADOW PROJECT RAPIDLY ADAPTED ITS CLASSROOM-BASED PROGRAMS TO RESPOND

TO THE NEEDS OF STUDENTS LEARNING ONLINE AND COPING WITH COVID

ISOLATION PROTOCOLS AND SOCIAL DISTANCING. WE PROVIDED SCHOOL PARTNERS

WITH VIRTUAL VERSIONS OF OUR READING MENTORS AND GOAL SETTING PROGRAMS,

KEEPING STUDENTS ENGAGED IN DISTANCE LEARNING. FAMILIES IN 8 PARTNER

SCHOOLS RECEIVED SENSORY TOOLKITS FILLED WITH HANDHELD TOOLS THAT KIDS

USED TO MAINTAIN FOCUS AND DCREASE STRESS DURING ONLINE LEARNING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR ORGANIZATION PROVIDES EVIDENCE-BASED TOOLS AND STRATEGIES TAILORED

TO THE NEEDS OF STUDENTS WITH LEARNING CHALLENGES. WE ALSO SUPPORT

EDUCATORS IN INTEGRATING THESE REOURCES INTO THEIR CURRICULA, AND

BUILDING THEIR SKILL SETS FOR PROVIDING A TRAUMA-INFORMED, CULTURALLY

RESPONSIVE LEARNING ENVIRONMENT. THE HARVARD BUSINESS SCHOOL

ASSOCIATION FOUND THAT EVERY \$1 INVESTED IN SHADOW PROJECT RETURNS \$26

IN BENEFITS TO STUDENTS AND THE COMMUNITY.

#### RECENT ACCOMPLISHMENTS:

WHEN THE PANDEMIC STRUCK, SHADOW PROJECT WORKED WITH SPECIAL EDUCATION

TEACHERS TO DEVELOP A SUITE OF RESOURCES TO AID STUDENTS IN ADAPTING TO

A DISTANCE-LEARNING ENVIRONMENT. WE RAPIDLY ADAPTED PROGRAMS TO REMOTE

LEARNING ENVIRONMENTS, ADDRESSING WHAT SPECIAL EDUCATION TEACHERS SAID

WAS THEIR GREATEST CHALLENGE: KEEPING STUDENTS ENGAGED IN LEARNING.

THROUGH OUR PROGRAMS, 1300 STUDENTS WITH DISABILITIES SET AND MET THEIR

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

**Employer identification number** 

THE SHADOW PROJECT

OWN GOALS FOR ONLINE LEARNING, SUCCESSFULLY USED SPECIALIZED READING

TECHNOLOGY TO HELP THEM READ AND COMBATED SOCIAL ISOLATION THROUGH OUR

VIRTUAL READING MENTOR GROUPS AND SUMMER BOOK CLUBS, AND PERSISTED IN

THE FACE OF CHALLENGE. IN A JUNE 2021 EVALUATION, 90% OF PARTICIPATING

TEACHERS REPORTED SHADOW PROJECT PROGRAMS HELPED THEIR STUDENTS COPE

WITH STRESS AND 83% SAID PROGRAMS HELPED THEM CREATED A CULTURALLY

RESPONSIVE CLASSROOM. SAYS ONE SPECIAL EDUCATION TEACHER: "THE SHADOW

PROJECT HELPS MY STUDENTS PERSEVERE THROUGH CHALLENGES, BUILDING

STAMINA AND SUCCESS."

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

COPIES OF FORM 990 ARE SENT TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO

FILING. THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT REVIEW THE 990 IN

DETAIL.

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

NO EVENTS GIVING RISE TO A CONFLICT OF INTEREST HAVE OCCURRED IN THE

HISTORY OF OUR ORGANIZATION. SHOULD ONE OCCUR, THE ORGANIZATION WOULD

ENSURE THAT ANY PERSON IN A POSITION OF AUTHORITY WOULD NOT PARTICIPATE IN

A DECISION FROM WHICH HE OR SHE COULD BENEFIT FINANCIALLY, DIRECTLY, OR

INDIRECTLY.

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

THE BOARD DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR, AND

ENSURES THE COMPENSATION IS WELL WITHIN THE LIMITS OF COMPENSATION FOR

COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS. THE EXECUTIVE DIRECTOR

RECOMMENDS COMPENSATION FOR ALL OTHER EMPLOYEES, AND THE BOARD APPROVES

SUCH COMPENSATION IN THE BUDGET APPROVAL PROCESS.

Schedule O (Form 990 or 990-EZ) 2020