		Р	UBLIC DISCLOSURE COPY - STATE REGISTRAT		
Forr	<b>9</b>	xcept private foundation	OMB No. 1545-0047		
Depa	rtment o	of the Treasury nue Service	Do not enter social security numbers on this form as it may l Go to www.irs.gov/Form990 for instructions and the lates	-	Open to Public Inspection
				JUN 30, 2023	
B C a	heck if oplicabl	C Name o	organization	D Employer identifie	cation number
	Addre chang Name	e THE	SHADOW PROJECT		
	_chang	e Doing b	usiness as	65-11660	
	_return Final return	, 2154	and street (or P.0. box if mail is not delivered to street address)Room/suNEBROADWAY130	ite E Telephone number 971-373-3	3457
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	569,359.
	Amen return	PORI	LAND, OR 97232	H(a) Is this a group re	
	Applic tion pendi	<b>F</b> Name a	nd address of principal officer: SHARON JUENEMANN AS C ABOVE	for subordinates <b>H(b)</b> Are all subordinates in	
IT	ax-ex	empt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 5		list. See instructions
	Vebsi		SHADOW-PROJECT.ORG	H(c) Group exemption	n number
			X Corporation Trust Association Other L Ye	ar of formation: 2003	I State of legal domicile: OR
Pa	rt I	Summary			
e			e the organization's mission or most significant activities: TO MAKE S	CHOOL MORE AC	CESSIBLE
Governance			AGING FOR CHILDREN WITH DISABILITIES		
erni		Check this bo		I I	
Ň			ing members of the governing body (Part VI, line 1a)		8
			lependent voting members of the governing body (Part VI, line 1b)		<u> </u>
Activities &			of individuals employed in calendar year 2022 (Part V, line 2a)		107
tivił			of volunteers (estimate if necessary)		0.
Ac			d business revenue from Part VIII, column (C), line 12		0.
	U	Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	508,665.	461,632.
Revenue			ce revenue (Part VIII, line 1n)	91,600.	103,500.
ver		U	come (Part VIII, column (A), lines 3, 4, and 7d)	72.	139.
Re			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,125.	4,088.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	599,212.	569,359.
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.
s			compensation, employee benefits (Part IX, column (A), lines 5-10)	317,301.	289,334.
JSe			undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses			ng expenses (Part IX, column (D), line 25) 139, 969.		
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	156,392.	316,761.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	473,693.	606,095.
	19	Revenue less	expenses. Subtract line 18 from line 12	125,519.	-36,736.
Ces				Beginning of Current Year	End of Year
sets alan	20	Total assets (F	Part X, line 16)	504,987.	485,498.
Net Assets or und Balances	21	Total liabilities	(Part X, line 26)	13,446.	30,693.
			fund balances. Subtract line 21 from line 20	491,541.	454,805.
Pa	rt II	Signature	Block		

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

Sign	Signature of officer		Date								
-	SHARON JUENEMANN, EXECUTIV	VE DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	GERARD DEBLOIS			self-employed P01287653							
Preparer	Firm's name MCDONALD JACOBS,	P.C.		Firm's EIN 93-0900579							
Use Only	Firm's address 520 SW YAMHILL ST	., STE 500									
	PORTLAND, OR 97204 Phone no. (503)										
May the I	Aay the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	J2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

orm	1 990 (2022) THE SHADOW PROJECT	65-1166066	Page <b>2</b>
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE MISSION OF THE SHADOW PROJECT IS TO MAKE SCHOOL MORE		
	AND ENGAGING FOR CHILDREN WITH DISABILITIES, SO THEY CAN		IR
	FULL POTENTIAL. SINCE 2003, THE SHADOW PROJECT HAS SUPPO		
	17,000 STUDENTS IMPACTED BY AUTISM, ADHD, (CONTINUED ON S	CHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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 m	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
	revenue, if any, for each program service reported.	,	
4a	(Code: ) (Expenses \$ 428,008 · including grants of \$ ) (Revenue	s 103.	500.
	THE SHADOW PROJECT EXISTS TO MAKE LEARNING MORE ACCESSIBL		
	FOR CHILDREN WITH DISABILITIES, SO THEY CAN ACHIEVE THEIR		
	POTENTIAL. WE WORK WITH SPECIAL EDUCATION TEACHERS IN PRE		
	LOW-INCOME SCHOOLS TO ACCELERATE ACHIEVEMENT AND FOSTER A		
	STUDENTS WHO ARE AFFECTED BY DYSLEXIA, ADHD, AUTISM AND T		 F
	2003, WE HAVE HELPED MORE THAN 17,000 OF OUR COMMUNITY'S		-
	PERVASIVELY UNDERSERVED STUDENTS TO DEVELOP ESSENTIAL SKI		
	SCHOOLS AND LIFE SUCCESS, INCLUDING GOAL-SETTING, PERSEVE		
			0.5
	DAILY READING. JUST OVER HALF OF THESE CHILDREN ARE FROM		
	COLOR AND FACE THE DOUBLE BARRIERS OF BOTH RACISM AND ABL		N
	PROJECT'S GOAL IS TO TRANSFORM SCHOOLS INTO AN INCLUSIVE		
	ALL STUDENTS CAN THRIVE AND BELONG. (CONTINUED ON SCHEDUL		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
	GOAL SETTING (1,717 STUDENTS IN 42 SCHOOLS): STUDENTS EAR		АГ
	REINFORCERS (BOOKS, SENSORY TOOLS, SCHOOL/ART/WRITING SUF		
	CELEBRATE PROGRESS MADE TOWARD ACADEMIC AND BEHAVIORAL GO		Г.
	FOR THEMSELVES, SUCH AS READING FOR 15 MINUTES A DAY, TUR		
	HOMEWORK, OR IMPROVING ATTENDANCE. THIS TEACHES SELF-SUFF		
	CRITICAL THINKING SKILLS, AND PERSEVERANCE, AND LEADS TO	GREATER SOC.	LAL
	AND ACADEMIC CONFIDENCE.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue		TNO
	READING MENTORS (127 STUDENTS IN 10 SCHOOLS): HELPS IMPRC		ING
		IEM WITH A	
		LIALIZED	
		ORDS AS THE	Y
	READ, HELPING THEM BUILD VOCABULARY, COMPREHENSION, AND K		
	MENTORS PROVIDE ENCOURAGEMENT WHEN A STUDENT STUMBLES AND	D TEACH THEM	
	THAT IT'S OKAY TO ASK FOR HELP.		
	Other program services (Describe on Schedule O.)		
4d	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4d			
4d 4e	Total program service expenses 428,008.		
	Total program service expenses     428,008.		<b>90</b> (2022
4e	Total program service expenses       428,008.         2 12-13-22       SEE SCHEDULE O FOR CONTINUATION(S		<b>90</b> (2022
<b>4e</b> 32002	Total program service expenses     428,008.	)	90 <sub>(2022</sub> 8726

 Form 990 (2022)
 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? See instructions	2	X	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 1		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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>X</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			77
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		- 23
р 21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
<u>-</u> 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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 Form 990 (2022)
 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		X
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		- 23
28				
_	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>			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9		.03	110
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		10		
		1c	990	(2022)
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	990 (2022) THE SHADOW PROJECT	65-1166	066	Pa	<sub>age</sub> 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			res	NO							
	filed for the calendar year ending with or within the year covered by this return	2a 5										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X							
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6.		х							
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or aifts	6a		<u></u>							
5	were not tax deductible?		6b									
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х							
b			7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa											
	to file Form 8282?		7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		<u>X</u>							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f	(	X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	N/								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	N/	<u>A</u>							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	۰ ۲/۸										
•		N/A	8									
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a									
a b		N/A N/A	9b									
10	Section 501(c)(7) organizations. Enter:		5.0									
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders N/A	11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>T</b> / 7										
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a									
L.	<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	13b										
~	Enter the amount of reserves on hand	13c										
			14a		x							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		<u> </u>									
	excess parachute payment(s) during the year?		15		Х							
	If "Yes," see the 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		Х							
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act											
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17									
	If "Yes," complete Form 6069.			0000								
232005	12-13-22		Form	990	(2022)							
	n											

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		1 1	_		162			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8					
	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 0.							
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		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisi	ion					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?			7a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	The governing body?			8a	х			
				8b	X			
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
3				9		x		
Soci	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9				
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			N.			
				40	Yes	No V		
	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates	,					
				10b				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the	e form?	11a	Х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a				
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? // ">	′es," describe						
	on 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 approva	l by independen	t					
	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		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a						
	taxable entity during the year?			16a		x		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104				
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
	exempt status with respect to such arrangements?			16b				
Sect	tion C. Disclosure					I		
			E01(-)(0)	on Là	o. ( = !   - !			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	IU 330-1 (Section	1 30 1 (C)(3)S	oniy)	availat	JIE		
	for public inspection. Indicate how you made these available. Check all that apply.							
		on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of interest	policy, and	financ	ial			
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 box SHARON JUENEMANN - $971 - 373 - 3457$	oks and records						
	2154 NE BROADWAY, 130, PORTLAND, OR 97232							
				Form	990	(202		
232006	12-13-22			1011				
232006	12-13-22 <b>7</b>			1011				

Form 990				PROJECT	65-1166066	Page <b>6</b>
Part VI	Governance,	Manag	ement, and	l Disclosure.	For each "Yes" response to lines 2 through 7b below, and for a "No" res	sponse
					processes, or changes on Schedule O. See instructions.	

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

Section A. Governing Body and Management

Χ

Yes No

Form 990 (2022)	THE SHADOW PROJECT	65-1166066 Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Emp	loyees, Highest Compensated
Employe	es, and Independent Contractors	
Check if Sc	chedule O contains a response or note to any line in this Part VII	
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensa	ted Employees
•	for all persons required to be listed. Report compensation for than anization's <b>current</b> officers, directors, trustees (whether individu	ne calendar year ending with or within the organization's tax year. als or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	ndad I	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		n ploye	t com	~	1099-NEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHARON JUENEMANN	40.00				×	1 0	ш			
EXECUTIVE DIRECTOR		1		x				88,175.	Ο.	0.
(2) DEDEE WILNER-NUGENT	2.00									
PRESIDENT		Х		X				0.	Ο.	0.
(3) CAITLIN SHRIGLEY	2.00									
TREASURER		Х		X				0.	Ο.	0.
(4) AMY LIN HAN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) YETU DUMBIA	2.00									
DIRECTOR		Х						0.	0.	0.
(6) BETH GANDARA	2.00									
DIRECTOR		Х						0.	0.	0.
(7) TOM STENSON	2.00									
DIRECTOR		Х						0.	0.	0.
(8) LESLIE WALDMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) LIZ HAWTHORNE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) CAMERON FISCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) EMILY THAYER HAUSMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) AUSTIN ERICKSON	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DEBORAH DOGBA	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ELIZABETH KUHN-WILKEN	2.00									
DIRECTOR		Х						0.	0.	0.
(15) LATRISSA NEIWORTH	1.00									
DIRECTOR		Х						0.	0.	0.
					<u> </u>					
										Farma <b>990</b> (0000)

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232007 12-13-22

Form 990 (2022)

### 11541114 781409 8726

	990 (2022) THE SHADO	W PROJE	СЛ	1						65-1166	066	Page <b>8</b>
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	box offi	not c , unles	ss per	ition more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estima amoun othe	ted t of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compens from t organiza and rela organiza	he ation ated
	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but n	, Section A	· · · · · · · ·		<u> </u>				88,175. 0. 88,175.	0 • 0 • 0 •		0.0.
2	compensation from the organization		036	liste			<i>;)</i> vvii				Yes	0 No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i> For any individual listed on line 1a, is the su	uch individual									3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services	4	X X
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated ind	ере	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa		
	the organization. Report compensation for t (A) Name and business			ndir DNE		ith c	or wi	thin	the organization's tax y (B) Description of s		<b>(C)</b> Compensati	on
2	Total number of independent contractors (ir	•	ot lin	nitec	to t			ted	above) who received mo	ore than		
	\$100,000 of compensation from the organiz	zation				0	J				Form <b>990</b>	(2022)

232008 12-13-22

	1 990				HADOW	PR	OJECT			65-1166	066 Page 9
Pa	rt V	III	Statement of Re								
			Check if Schedule O	conta	ains a respo	nse	or note to any line		(5)	(0)	
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ŝ	1 :		Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
n Gr			Fundraising events								
ifts r A			Related organizations								
i, G nila			Government grants (contr								
Sir	1		All other contributions, gifts,		,						
ber	-		similar amounts not included				461,632.				
i Ot	(		Noncash contributions included in				19,080.				
Cor and	I	-	Total. Add lines 1a-1f					461,632.			
							Business Code				
ė	2 8	а	PROGRAM FEES				611710	103,500.	103,500.		
e vic	1	b									
Sei	(	с									
Program Service Revenue	(	d									
ogr B		е									
Ъ	1	f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					103,500.			
	3		Investment income (inclue	ding	dividends, ir	ntere	st, and				
								139.			139.
	4		Income from investment of		-						
	5		Royalties	· · <u>· · · · · · · · · · · · · · · · · </u>							
					(i) Real		(ii) Personal				
	6 8		Gross rents	6a							
	I		Less: rental expenses	6b							
	(		Rental income or (loss)	6c							
			Net rental income or (loss	s)	(i) Securiti		(ii) Othor				
	1		Gross amount from sales of	_		es	(ii) Other				
			assets other than inventory	7a							
Ø			Less: cost or other basis	71.							
evenue			and sales expenses	7b 7c							
eve			Gain or (loss) Net gain or (loss)	-							
Other Re			Gross income from fundraisi								
Cthe	0.		including \$	-							
0			contributions reported on								
			Part IV, line 18		-	8a					
	1		Less: direct expenses			8b					
			Net income or (loss) from			ts					
			Gross income from gamin								
			Part IV, line 19	-		9a					
			Less: direct expenses			9b					
			Net income or (loss) from			s					
	10 a	а	Gross sales of inventory,	less ı	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
	(	с	Net income or (loss) from	sales	s of inventor	у					
s							Business Code				
Miscellaneous Revenue	11 :	а	OTHER REVENUE	6			900003	4,088.			4,088.
lane		b									
Sev		С									
Mis			All other revenue					4 000			
	(		Total. Add lines 11a-11d					4,088.	102 500	0	4 007
	12		Total revenue. See instruction	ons				569,359.	103,500.	0.	4,227.

### 232009 12-13-22

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Form **990** (2022)

	Check if Schedule O contains a respons		this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	89,794.	73,674.	6,671.	9,449.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	450.456	105 100	11.000	1.5.015
7	Other salaries and wages	152,476.	125,102.	11,328.	16,046.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)		16 000	1 504	2 1 5 0
9	Other employee benefits	20,508. 26,556.	16,826. 21,788.	1,524.	<u>2,158.</u> 2,795.
10	Payroll taxes	20,000.	21,/00.	1,973.	2,195.
11	Fees for services (nonemployees):				
a	Management				
b		14,518.	10,900.	2,118.	1,500.
c d	Accounting	14,510.	10,500.	2,110.	1,500.
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	138,554.	38,728.	8,711.	91,115.
12	Advertising and promotion	8,286.	2,534.	27.	<u>91,115.</u> 5,725.
13	Office expenses	11,585.	9,383.	640.	1,562.
14	Information technology	-	-		
15	Royalties				
16	Occupancy	10,002.	8,532.	735.	735.
17	Travel	6,577.	5,148.	1,169.	260.
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	5,771.	5,771.	0.050	
23	Insurance	3,464.	1,412.	2,052.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	103,705.	102,817.		888.
	MISCELLANEOUS	6,598.			6,598.
c		-			
d					
е	All other expenses	7,701.	5,393.	1,170.	1,138.
25	Total functional expenses. Add lines 1 through 24e	606,095.	428,008.	38,118.	139,969.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

### Part IX Statement of Functional Expenses

Form 990 (2022)

THE SHADOW PROJECT

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

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X

232010 12-13-22

11 2022.05000 THE SHADOW PROJECT

### THE SHADOW PROJECT

	990 (2 <b>t X</b>	2022) THE SHADOW PRO Balance Sheet	JECT			65-	1166066 Page <b>11</b>
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			148,096.	1	129,388.
	2	Savings and temporary cash investments		207,732.	2	272,902.	
	3	Pledges and grants receivable, net			80,122.	3	1,371.
	4	Accounts receivable, net			15,000.	4	6,747.
	5	Loans and other receivables from any current or			15,000.		0,1410
	5						
		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit				5	
	0	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	7				41,105.	8	41,955.
	8 9	Inventories for sale or use Prepaid expenses and deferred charges			253.	9	1,825.
		Land, buildings, and equipment: cost or other	I I		255.	9	1,023.
	104	basis. Complete Part VI of Schedule D	102	37,241.			
	b	Less: accumulated depreciation		21,240.	12,679.	10c	16,001.
	11	Investments - publicly traded securities			1270751	11	10,0010
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14				14		
	15	Intangible assets Other assets. See Part IV, line 11		0.	15	15,309.	
	16	Total assets. Add lines 1 through 15 (must equ	504,987.	16	485,498.		
	17	Accounts payable and accrued expenses			13,446.	17	15,029.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form					
ties		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	- 5 17-24).	Complete Part X			
		of Schedule D	· · · · · · · · · · · · · · · · · · ·		0.	25	15,664.
	26	Total liabilities. Add lines 17 through 25			13,446.	26	15,664. 30,693.
		Organizations that follow FASB ASC 958, che	ck here	X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			303,551.	27	367,985.
Bal	28	Net assets with donor restrictions			187,990.	28	86,820.
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
Fu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	quipmen	t fund		30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			491,541.	32	454,805.
-	33	Total liabilities and net assets/fund balances			504,987.	33	485,498.

Form 990 (2022)

Form	990 (2022) THE SHADOW PROJECT	65-1166	5066	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	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	569	9,3	59.
2	Total expenses (must equal Part IX, column (A), line 25)	2	606	5,0	95.
3	Revenue less expenses. Subtract line 2 from line 1	3	-36	5,7	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	491	L,5	41.
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	454	1,8	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# 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.

2022	
Open to Public Inspection	

OMB No. 1545-0047

N

Nar	ne of t	the organization							identification number	
			SHADOW PRO						5-1166066	
Pa	art I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior	IS.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)(1	1)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	)(b)(1)(A)(ii	ii).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from t	ne general i	oublic described in	
		section 170(b)(1)(A)(vi). (C			5			5		
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9	$\square$	An agricultural research org				ed in coniu	unction with a	land-grant	college	
-		or university or a non-land-g				-		-	-	
		university:					,	ine eenege		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns membersk	nin fees and	d aross receipts from	
10		activities related to its exem								
		income and unrelated busir								
		See section 509(a)(2). (Cor				sses acqui		Janization e		
11		An organization organized a		ively to test for public sa	fatu Saa	section 5(	<b>10(</b> 2)(4)			
12	$\square$	An organization organized a	-		•			rny out the	nurnoses of one or	
12		more publicly supported or		•				-		
		lines 12a through 12d that								
_		¬ -	• •			-		-	aivina	
а		<b>Type I.</b> A supporting orga		-	• • • •	-				
		the supported organization			i majonty d	or the direc	cors or truste	es or the st	porting	
		organization. You must o						·· (-) ·· ·· ·· ··		
b		<b>Type II.</b> A supporting org	-				•		-	
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	Dorted	
		organization(s). You mus	-							
c		Type III functionally inte						lly integrate	a with,	
	. —	its supported organization				-	-			
c		Type III non-functionally						-		
		that is not functionally int	0	• •	•		-	an attentiv	/eness	
		requirement (see instructi	,	, ,	,					
e		Check this box if the orga					Туре I, Туре	II, Type III		
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			Γ	
f		er the number of supported c	•							
<u>ç</u>		vide the following informatior (i) Name of supported	i about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other	
	,	organization		(described on lines 1-10	in your governi	ing document?	support (see i	-	support (see instructions)	
		0.94		above (see instructions))	Yes	No				
_										
Tota	al									

### Schedule A (Form 990) 2022

THE SHADOW PROJECT

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)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	345,365.	404,871.	572,997.	508,665.	461,632.	2293530.
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	345,365.	404 071			461 622	2202520
	Total. Add lines 1 through 3	343,303.	404,871.	572,997.	508,665.	461,632.	2293530.
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)						530,196.
~							1763334.
	Public support. Subtract line 5 from line 4.						1/05554.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	345,365.	404,871.	572,997.	508,665.	461,632.	2293530.
	Gross income from interest,	545,505.	101,0710	572,557.	500,005.	401,052.	2255550.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	859.	139.	90.	72.	139.	1,299.
9	Net income from unrelated business				,		
Ŭ	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.)	19.			3,553.	4,088.	7,660.
11	<b>Total support.</b> Add lines 7 through 10						2302489.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	195,100.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	76.58 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	72.08 %
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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THE SHADOW PROJECT

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.)

Sec	ction A. Public Support			•	1	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	• • …						
	<b>Total.</b> Add lines 1 through 5						
78	3 received from disqualified persons						
b	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						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colu	mn (f), divided by I	line 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and I	line 17 is not
	more than 33 1/3%, check this box ar	-	•		•••		
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che					0	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in		
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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Part IV	Supportin	g 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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 oncers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI 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.	-
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 t	the supporting organization.
Section C. Type II Suppo	orting 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
 Image: Control or managed

 the supported organization(s).
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|--|

			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 on 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			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a 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 go	overnmental entity (see instruction <u>s).</u>
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on 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 these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

3a \_\_\_\_\_\_ 3b \_\_\_\_\_ Schedule A (Form 990) 2022

2a

2b

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sectio	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		
Sectio	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
-	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	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	ally integrat	ed Type III supporting orga	anization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

### THE SHADOW PROJECT

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instructions).

Schedule A (Form 990) 2022

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Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). 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 <b>Part VI</b> ). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)	<u> </u>	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022			PROJECT		65-1166066	Page 8
Part VI	line 1; Part IV, Section A, lines 1,	, 2, 3b, 3c lines 2 an	c, 4b, 4c, 5a, d 3; Part IV, \$	6, 9a, 9b, 9c, 11a, 11b, a Section E, lines 1c, 2a, 2b	Part II, line 10; Part II, line 17a o nd 11c; Part IV, Section B, lines 1 o, 3a, and 3b; Part V, line 1; Part V complete this part for any additio	l and 2; Part IV, Section /, Section B, line 1e; Pa	C, rt V,
	(See instructions.)	0, anu Fa		E, III es 2, 3, and 0. Also (		nai mormation.	
232028 12-09-2	2			21		Schedule A (Form 9	90) 2022

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### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

65-1166066

Name of the organization

Т

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

ΉE	SHADOW	PROJECT
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Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)	
Name of organization	

Page **2** Employer identification number

65-1166066

### THE SHADOW PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$26,147.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	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
<u>3</u>		\$10,000.	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
4		\$20,000.	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
5		\$10,120.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	-22		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

2022.05000 THE SHADOW PROJECT

11541114 781409 8726

Schedule E	(Form	990)	(2022)
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Name of organization

Page **2** Employer identification number

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THE S	HADOW PROJECT		65-1166066			
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution		
7		\$10,0	<u>00.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution		
8		\$9,8	51.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution		
9				Person X Payroll		

NO.	Name, address, and ZIP + 4	Total contributions	
9		\$ <u>117,800.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	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
		\$10,000.	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
12		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

### Schedule B (Form 990) (2022)

THE SHADOW PROJECT

Name of organization

Employer identification number

65-1166066

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 20,800. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

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Schedule B (Form 990) (2022)

Schedule B	(Form	990)	(2022)
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Name of organization

Employer identification number

65-1166066

### THE SHADOW PROJECT

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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2022.05000 THE SHADOW PROJECT

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Name of or	ganization		Employer identification number		
THE SH	IADOW PROJECT		65-1166066		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	) through (e) and the following line entry charitable, etc., contributions of <b>\$1,000 or le</b>	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year 7. For organizations ss for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, a		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	er of gift Relationship of transferor to transferee		
223454 11-15-;	22		Schedule B (Form 990) (2022)		

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SC	HEDULE D	Supplen	al Financial Statements	;		OMB No.	1545-0047	
	(Form 990) Complete if the orga			anization answered "Yes" on Form 990,			20	122
•		Part IV, line 6, 7		0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12		Open to Public		
	ment of the Treasury I Revenue Service	Go to www.irs.gov		Attach to Form 990. 90 for instructions and the latest informa	tion.		Inspe	
Nam	e of the organizati					Emp	ployer identificat	
_		THE SHADOW PRO					65-1166	
Par		-		ed Funds or Other Similar Funds	or Ac	cour	its. Complete if	the
	organizatio	answered "Yes" on Form 990, P	art IV, I					
				(a) Donor advised funds	(	b) Fun	ids and other acc	ounts
1		of year						
2		contributions to (during year)						
3		grants from (during year)						
4		end of year			al <b>f</b> unca			
5	-			n writing that the assets held in donor advise			Yes	No
6				s exclusive legal control?				
0	0	0 /		or donor advisor, or for any other purpose of				
	impermissible priv					•		No
Par			if the o	rganization answered "Yes" on Form 990, F	art IV.	line 7.		
1		rvation easements held by the o			,			
		of land for public use (for exampl	•		a histo	orically	important land ar	ea
	Protection o	natural habitat		Preservation of	a certi	fied his	storic structure	
	Preservation	of open space						
2	Complete lines 2a	nrough 2d if the organization hel	d a qua	lified conservation contribution in the form o	of a co	nserva	tion easement on	the last
	day of the tax year						Held at the End of	the Tax Year
а	Total number of co	servation easements				2a		
b	Total acreage rest	ted by conservation easements				2b		
С	Number of conser	tion easements on a certified his	storic st	tructure included in (a)		2c		
d	Number of conser	tion easements included in (c) a	cquired	after July 25,2006, and not on a				
						2d		
3	Number of conser	tion easements modified, transf	erred, re	eleased, extinguished, or terminated by the	organi	zation	during the tax	
	year							
4		nere property subject to conserv						
5	-	cement of the conservation easi		eriodic monitoring, inspection, handling of			Yes	No
6	,			it holds? , handling of violations, and enforcing cons			·····	
U			peeting		livatio	ii casc	anents during the	yca
7	Amount of expens	 s incurred in monitoring, inspect	na, har	ndling of violations, and enforcing conservat	on eas	semen	ts during the year	
•		,					ie aan ig nie jeu	
8	Does each conser	 ition easement reported on line 2	2(d) abc	ove satisfy the requirements of section 170(h	)(4)(B)	(i)		
	and section 170(h)	)(B)(ii)?					Yes	No
9				tion easements in its revenue and expense :				
	balance sheet, and	nclude, if applicable, the text of	the foo	tnote to the organization's financial stateme	nts tha	at desc	ribes the	
		unting for conservation easemen						
Par		-		of Art, Historical Treasures, or Otl	ner S	imila	r Assets.	
		he organization answered "Yes"						
<b>1</b> a	Ũ	, 1		58, not to report in its revenue statement an				
			-	ublic exhibition, education, or research in fu		ice of p	public	
	· •			ancial statements that describes these items				
b	-			58, to report in its revenue statement and b				
			-	ic exhibition, education, or research in furth	erance	ot pul	DIIC SERVICE,	
	•	g amounts relating to these item					¢	
							ው ድ	
0	. ,			easures, or other similar assets for financial			φ	
2	•			easures, or other similar assets for financial ASC 958 relating to these items:	yanı, p	JUVIDE	5	
а	•	• •		ASC 956 relating to these items.			\$	
a b		form 990, Part X					Ψ Φ	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051	1 09-01-22

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Sche		DOW PROJEC						65-11	6606	6 Ра	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, or	<sup>·</sup> Other	r Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check	any of the	following that	make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	m					
b	Scholarly research	e	. 🗌 o	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical trea	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be many								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for c	ontribution	s or other ass	ets not i	included				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial accou	unt liabili	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V</b> Endowment Funds. Complete								( ) 5		
		(a) Current year	(b) Pr	rior year	(c) Two year	S DACK	(d) Three y	/ears back	(e) Fou	years	раск
1a	Beginning of year balance										
b	Contributions										
C.	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		/!:		<u> </u>						
2	Provide the estimated percentage of the cur	•		, column (a	)) held as:						
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С											
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion that	are hold a	ad administory	ad far th					
Ja	organization by:		allon inal	are neiu ai	nu auministere					Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the								_ 0.0		
Par	t VI   Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	ed	( <b>d)</b> Boo	k valu	e
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment			2	2,272.		11,2	60.	1	1,0	12.
	Other			1	4,969.		9,9			4,98	
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colum	n (B). line 1	0c.)				1	6,0	01.
	· — · · · · · ·		-			-		0.1			

Schedule D (Form 990) 2022

	Investments -	Other Se	curities.	
Schedule D	) (Form 990) 2022	THE	SHADOW	PROJECT

Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-ot-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" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1)	P		(
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITIE	S		15,664.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		15,664.

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) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 THE SHADOW PROJECT		65-1166066 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740 ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH PROVISIONS OF THIS TOPIC.

232054 09-01-22

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE SHADOW PROJECT

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DYSLEXIA AND OTHER LEARNING CHALLENGES TO IMPROVE THEIR READING SKILLS,

BUILD SELF-CONFIDENCE, AND SHATTER MYTHS ABOUT WHAT PEOPLE WITH

DISABILITIES ARE CAPABLE OF. STUDENTS IN THE SHADOW PROJECT HAVE GONE

ON TO BECOME CLASSROOM LEADERS, READING CHAMPIONS, AND THE FIRST IN

THEIR FAMILY TO GRADUATE HIGH SCHOOL.

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.

RECENT ACCOMPLISHMENTS:

WITH MANY STUDENTS ARE STILL STRUGGLING TO DEVELOP THE ACADEMIC &				
CLASSROOM BEHAVIOR SKILLS THAT THEY DIDN'T HAVE THE OPPORTUNITY TO				
LEARN DURING COVID SCHOOL CLOSURES, THE SHADOW PROJECT PROGRAM HELPED				
1,954 STUDENTS AT 53 SCHOOLS TO JOYFULLY RE-ENGAGE WITH LEARNING.				
SHADOW PROJECT MENTORS PROVIDED 280 HOURS OF SUPPORT TO STUDENTS				
READING BELOW GRADE LEVEL, FUELING THEIR CONFIDENCE AND ENGAGEMENT IN				
SCHOOL. STAFF TRAINED 166 EDUCATORS IN TRAUMA-INFORMED AND				
EQUITY-CENTERED STRATEGIES TO INTEGRATE SENSORY SPACES IN SCHOOL				
ROUTINES, AND STUDENTS RECEIVED OVER 14,000 BOOKS, SENSORY TOOLS, AND				
OTHER EDUCATIONAL MATERIALS. TEACHERS USING OUR PROGRAMS REPORT THE				
IMPACT OF THESE SUPPORTS: 65% OF STUDENTS INCREASED SELF-MOTIVATION;				
LHA       For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.       Schedule O (Form 990) 2022         000011       10 00 00       Schedule O (Form 990) 2022				
232211 10-28-22				

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Name of the organization THE SHADOW PROJECT	Employer identification number 65-1166066
61% OF STUDENTS IMPROVE THEIR SKILLS IN MANAGING EMOTIONS;	56% OF
STUDENTS SHOWED GREATER ENTHUSIASM FOR READING.	

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUPERSENSORY SPACES (198 STUDENTS IN 12 SCHOOLS): DESIGNATED BREAKOUT ROOMS THAT HELP CHILDREN WITH LEARNING CHALLENGES AND TRAUMA DEVELOP SKILLS TO MANAGE THEIR EMOTIONS SO THEY CAN REMAIN CONNECTED TO THEIR CLASSROOMS, EXPERIENCE BELONGING AND INCLUSION AT SCHOOL, AND MOVE TOWARDS MEETING IMPORTANT BENCHMARKS. THE ROOMS HELP STUDENTS REBUILD THEIR SENSE OF SAFETY AND EXERCISE THEIR SOCIAL-EMOTIONAL MUSCLES.

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:

ALL BOARD MEMBERS, STAFF, AND VOLUNTEERS ARE COVERED UNDER THE ORGANIZATION'S CONFLICTS OF INTEREST POLICY. ALL STAFF, VOLUNTEERS, AND BOARD MEMBERS RECEIVE NOTICE OF THE POLICY UPON HIRE OR START OF VOLUNTEER SERVICE. BOARD MEMBERS ARE ASKED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE. BOARD MEMBERS ARE ASKED TO REPORT ANY RELATIONSHIPS WHICH COULD POTENTIALLY GIVE RISE TO A CONFLICT. THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT REVIEW ALL DISCLOSURES REPORTED BY BOARD MEMBERS, AND EVALUATE THE RISK OF POTENTIAL CONFLICT.

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

THE BOARD DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR, AND
232212 10-28-22
Schedule O (Form 990) 2022
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Schedule O (Form 990) 2022	Page
Name of the organization THE SHADOW PROJECT	Employer identification number 65-1166066
ENSURES THE COMPENSATION IS WELL WITHIN THE LIMITS OF CO	OMPENSATION FOR
COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS. THE EXECT	UTIVE DIRECTOR
RECOMMENDS COMPENSATION FOR ALL OTHER EMPLOYEES, AND THE	E BOARD APPROVES
SUCH COMPENSATION IN THE BUDGET APPROVAL PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FOR	RM 990 IS PUBLISHED
ON THE ORGANIZATION WEBSITE AND GUIDESTAR.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
GRANTS MANAGEMENT:	
PROGRAM SERVICE EXPENSES	8,848.
MANAGEMENT AND GENERAL EXPENSES	2,660.
FUNDRAISING EXPENSES	38,202.
TOTAL EXPENSES	49,710.
ORGANIZATIONAL MANAGEMENT:	
PROGRAM SERVICE EXPENSES	630.
MANAGEMENT AND GENERAL EXPENSES	189.
FUNDRAISING EXPENSES	2,719.
TOTAL EXPENSES	3,538.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	29,250.
MANAGEMENT AND GENERAL EXPENSES	5,862.
FUNDRAISING EXPENSES	3,794.
TOTAL EXPENSES	38,906.

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Schedule O (Form 990) 2022 Name of the organization	Page Employer identification number
THE SHADOW PROJECT	65-1166066
CONTRACT DEVELOPEMENT DIRECTOR :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	46,400.
TOTAL EXPENSES	46,400.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	138,554.
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR FINANCIAL OVERSIGHT HAS NOT CHANGED FROM	THE PRIOR
YEAR.	

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