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CLIENT'S COPY

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification								
Type orName of exempt organization, employer, or other	filer, see instru	uctions.	Taxpayer	identification nu	umber (TIN)			
Print								
THE SHADOW PROJECT				65-1166	066			
File by the due date for filing your return. See 2154 NE BROADWAY, 130	x, see instruct	tions.						
	ions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Enter the Return Code for the return that this application is for	r (file a separa	te application for each return)			01			
Application Is For	Return	Application Is For			Return			
	Code				Code			
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)			09			
Form 4720 (individual)	03	Form 5227			10			
Form 990-PF	04	Form 6069			11			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12			
Form 990-T (trust other than above)	06	Form 5330 (individual)			13			
Form 990-T (corporation)	07	Form 5330 (other than individual)			14			
Form 1041-A	08							
After you enter your Return Code, complete either Part II or	Part III. Part II	L including signature, is applicable or	nly for an	extension of				
time to file Form 5330.		, , , , , , , , , , , , , , , , , , , ,	,					
 If this application is for an extension of time to file Form 533 	0 vou must e	nter the following information						
Plan Name								
Plan Number								
Plan Year Ending (MM/DD/YYYY)								
	ganizations (s	see instructions)						
Part II - Automatic Extension of Time To File for Exempt Or		see instructions)						
Part II - Automatic Extension of Time To File for Exempt Or The books are in the care of SHARON JUENEMAN	ĪN		32					
Part II - Automatic Extension of Time To File for Exempt Or The books are in the care of SHARON JUENEMAN 2154 NE BROADWA	ĪN	- PORTLAND, OR 972	32					
Part II - Automatic Extension of Time To File for Exempt Or The books are in the care of SHARON JUENEMAN 2154 NE BROADWA Telephone No. 971-373-3457	IN AY, 130	- PORTLAND, OR 972 Fax No.						
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

			EXTENDED TO MAY 15, 2025 Return of Organization Exempt From	m Income Tax	OMB No. 1545-0047
For	_ Q	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2023
101			Do not enter social security numbers on this form as it may		
Depa Inter	artment o nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Open to Public Inspection
Α	For th	e 2023 calend	ar year, or tax year beginning $JUL \ 1, \ 2023$ and endir	ng JUN 30, 2024	4
	Check if applicab	le: C Name o	forganization	D Employer identi	fication number
	Addre	ge THE	SHADOW PROJECT		
	Name Chang	ge Doing b	usiness as	65-1166	066
	Initial returr Final returr	Number	and street (or P.0. box if mail is not delivered to street address)RoomNEBROADWAY130		
	termi		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	773,240.
	Amer returr	PORT	LAND, OR 97232	H(a) Is this a group	return
	Appli tion	F Name a	nd address of principal officer: SHARON JUENEMANN	for subordinate	es? Yes X No
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates	s included? Yes No
<u> </u>	Tax-ex	empt status:		527 If "No," attach	a list. See instructions
	Websi		SHADOW-PROJECT.ORG	H(c) Group exempt	
			X Corporation Trust Association Other L	Year of formation: 2003	M State of legal domicile: OR
Pa	art I	Summary			
ė	1		e the organization's mission or most significant activities: TO MAKE	SCHOOL MORE A	ACCESSIBLE
anc			AGING FOR CHILDREN WITH DISABILITIES		
Governance	2	Check this bo			
Š	3				3 <u>11</u> 4 11
			lependent voting members of the governing body (Part VI, line 1b)		_
ies	5		of individuals employed in calendar year 2023 (Part V, line 2a)		
Activities &	6		of volunteers (estimate if necessary)		
Ac	/ a		d business revenue from Part VIII, column (C), line 12		•
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	161 622	
ani	9			102 500	
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		
Ве	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	-		nilar amounts paid (Part IX, column (A), lines 1-3)		
			to or for members (Part IX, column (A), line 4)	-	
	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0	
pen	b		ing expenses (Part IX, column (D), line 25) 110, 419.		
ы	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		. 221,497.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19		expenses. Subtract line 18 from line 12		
or				Beginning of Current Yea	
t Assets or	20	Total assets (F	Part X, line 16)	485,498	. 622,596.
ASS	21		(Part X, line 26)	30,693	. 22,780.
Net	22	Net assets or	fund balances. Subtract line 21 from line 20		
	art II				
Unc	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and s	statements, and to the best of r	ny knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which pr	eparer has any knowledge.	

Sign	Signature of officer				Date			
Here SHARON JUENEMANN, EXECUTIVE 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 121 SW SALMON ST.	, STE 1100						
	PORTLAND, OR 9720	4			Phone no. (503) 227-0581		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions.	332001 12-21-23			Form 990 (2023)		

Pai	1990 (2023) THE SHADOW PROJECT	65-1166066 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
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	
	FULL POTENTIAL. SINCE 2003, THE SHADOW PROJECT HAS SUPPO	ORTED OVER
	19,000 STUDENTS IMPACTED BY AUTISM, ADHD, (CONTINUED ON S	SCHEDULE 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 X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	revenue, if any, for each program service reported.	-,,
4a	(Code:) (Expenses \$ 455,853. including grants of \$) (Revenue	^{1e \$} 34,000.
Ĩ	THE SHADOW PROJECT EXISTS TO MAKE LEARNING MORE ACCESSIBI	
	FOR CHILDREN WITH DISABILITIES, SO THEY CAN ACHIEVE THEIF	
	POTENTIAL. WE WORK WITH SPECIAL EDUCATION TEACHERS TO ACC	
	ACHIEVEMENT AND FOSTER AUTONOMY FOR STUDENTS WHO ARE AFF	
	LEARNING CHALLENGES SUCH AS DYSLEXIA, ADHD, AUTISM AND TH	
	2003, WE HAVE HELPED MORE THAN 19,000 OF OUR COMMUNITY'S	
	PERVASIVELY UNDERSERVED STUDENTS TO DEVELOP ESSENTIAL SKI	
	AND LIFE SUCCESS, INCLUDING GOAL-SETTING, PERSEVERANCE AN	
	READING HABITS. MORE THAN HALF OF THESE STUDENTS ARE FACI	
	INTERSECTIONAL BARRIERS TO SUCCESS FROM RACISM, ABLEISM,	
	STIGMATIZING FORMS OF OPPRESSION. SHADOW PROJECT'S VISION	
	EDUCATIONAL SYSTEM THAT NORMALIZES AND CELEBRATES LEARNIN	· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$ including grants of \$) (Revenu	
	GOAL SETTING (1,951 STUDENTS IN 51 SCHOOLS): STUDENTS EAF	
	REINFORCERS (BOOKS, SENSORY TOOLS, SCHOOL/ART/WRITING SUB	
	CELEBRATE PROGRESS MADE TOWARD ACADEMIC AND BEHAVIORAL GO	
	FOR THEMSELVES, SUCH AS READING FOR 15 MINUTES A DAY, TUP	
	HOMEWORK, OR IMPROVING ATTENDANCE. THIS TEACHES SELF-SUFF	-
	CRITICAL THINKING SKILLS, AND PERSEVERANCE, AND LEADS TO	GREATER SOCIAL
	AND ACADEMIC CONFIDENCE.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	ie \$
4c	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE	ie \$
4c	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE	ie \$
4c	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE	e [§] E THE READING HEM WITH A
4c	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE SKILLS OF STUDENTS WITH LEARNING CHALLENGES BY PAIRING TH	^{e \$} E THE READING HEM WITH A CIALIZED
4c	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE SKILLS OF STUDENTS WITH LEARNING CHALLENGES BY PAIRING TH CARING ADULT MENTOR WHO COACHES THEM IN THE USE OF A SPEC	E THE READING E THE READING HEM WITH A CIALIZED NORDS AS THEY
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4c	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE SKILLS OF STUDENTS WITH LEARNING CHALLENGES BY PAIRING TH CARING ADULT MENTOR WHO COACHES THEM IN THE USE OF A SPEC ASSISTIVE READING TECHNOLOGY. STUDENTS CAN SEE AND HEAR W READ, HELPING THEM BUILD VOCABULARY, COMPREHENSION, AND F	E THE READING THE READING HEM WITH A CIALIZED NORDS AS THEY KNOWLEDGE.
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4c	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE SKILLS OF STUDENTS WITH LEARNING CHALLENGES BY PAIRING TH CARING ADULT MENTOR WHO COACHES THEM IN THE USE OF A SPEC ASSISTIVE READING TECHNOLOGY. STUDENTS CAN SEE AND HEAR V READ, HELPING THEM BUILD VOCABULARY, COMPREHENSION, AND F MENTORS PROVIDE ENCOURAGEMENT WHEN A STUDENT STUMBLES AND THAT IT'S OKAY TO ASK FOR HELP.	E THE READING THE READING HEM WITH A CIALIZED NORDS AS THEY KNOWLEDGE.
	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE SKILLS OF STUDENTS WITH LEARNING CHALLENGES BY PAIRING TH CARING ADULT MENTOR WHO COACHES THEM IN THE USE OF A SPEC ASSISTIVE READING TECHNOLOGY. STUDENTS CAN SEE AND HEAR W READ, HELPING THEM BUILD VOCABULARY, COMPREHENSION, AND H MENTORS PROVIDE ENCOURAGEMENT WHEN A STUDENT STUMBLES AND THAT IT'S OKAY TO ASK FOR HELP. Other program services (Describe on Schedule O.)	E THE READING THE READING HEM WITH A CIALIZED NORDS AS THEY KNOWLEDGE.
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4d 4e	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE SKILLS OF STUDENTS WITH LEARNING CHALLENGES BY PAIRING TH CARING ADULT MENTOR WHO COACHES THEM IN THE USE OF A SPEC ASSISTIVE READING TECHNOLOGY. STUDENTS CAN SEE AND HEAR V READ, HELPING THEM BUILD VOCABULARY, COMPREHENSION, AND F MENTORS PROVIDE ENCOURAGEMENT WHEN A STUDENT STUMBLES AND THAT IT'S OKAY TO ASK FOR HELP. Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 455,853.	E THE READING E THE READING HEM WITH A CIALIZED NORDS AS THEY KNOWLEDGE. D TEACH THEM) Form 990 (2023
4d 4e	READING MENTORS (91 STUDENTS IN 9 SCHOOLS): HELPS IMPROVE SKILLS OF STUDENTS WITH LEARNING CHALLENGES BY PAIRING TH CARING ADULT MENTOR WHO COACHES THEM IN THE USE OF A SPEC ASSISTIVE READING TECHNOLOGY. STUDENTS CAN SEE AND HEAR W READ, HELPING THEM BUILD VOCABULARY, COMPREHENSION, AND F MENTORS PROVIDE ENCOURAGEMENT WHEN A STUDENT STUMBLES AND THAT IT'S OKAY TO ASK FOR HELP. Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses \$ 455,853.	E THE READING E THE READING HEM WITH A CIALIZED NORDS AS THEY KNOWLEDGE. D TEACH THEM) Form 990 (2023

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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<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			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 13	
b		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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 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
	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		
	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	05.		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OFh		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u></u>
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
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		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	LI		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
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	<u></u>	·····	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(a.c)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				0
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?	·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	- I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	· •			
а	Gross income from members or shareholders	11a	4		
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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: 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			v
		-	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				v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.		10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.	1. 11			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		<u> </u>	990	(0000)
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	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		2
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Γ
а	The governing body?	8a	Х	Г
	Each committee with authority to act on behalf of the governing body?	8b	Х	Γ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Γ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1.0		
	(This Section D requests information about policies not required by the internal nevertue code.)		Yes	
02	Did the organization have local chapters, branches, or affiliates?	10a	100	ſ
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		\vdash
5		10b		
12	And branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	+
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	Ľ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	┢
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	- 23	┢
С		12c	х	
2	on Schedule O how this was done	13	X	┢
	Did the organization have a written whistleblower policy?		X	┢
	Did the organization have a written document retention and destruction policy?	14	~	┢
5	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	E
	The organization's CEO, Executive Director, or top management official	15a	~	┢
b	Other officers or key employees of the organization	15b		┝
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			E
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			E
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	is only)	availa	bl
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHARON JUENEMANN - 971-373-3457			
	2154 NE BROADWAY, 130, PORTLAND, OR 97232			
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11

1a

1b

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.

b Enter the number of voting members included on line 1a, above, who are independent

Yes No

X

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Part VII Compen	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employe	Employees, and Independent Contractors						
Check if So	chedule O contains a response or note to any line in this Part VI	I					
Section A. Officers,	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 							

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

• List all of the organization's current key employees, if any. See 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-NEC) 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)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son is	than o s both	ı an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SHARON JUENEMANN	40.00							0.0.4.04		<u> </u>
EXECUTIVE DIRECTOR				X				92,481.	0.	0.
(2) DEDEE WILNER-NUGENT	2.00									
PRESIDENT		Х		х				0.	0.	0.
(3) AUSTIN ERIKSON TREASURER	2.00	x		x				0.	0.	0.
(4) ELIZABETH KUHN-WILKEN	2.00	Λ		<u> </u>				0.	0.	0.
SECRETARY	2.00	х		x				0.	0.	0.
(5) BETH GANDARA	2.00	Λ		<u> </u>				0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(6) TOM STENSON	2.00									
DIRECTOR		х						0.	0.	0.
(7) LESLIE WALDMAN	2.00									
DIRECTOR		х						0.	0.	0.
(8) EMILY HAUSMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) AARON BARLIN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JANAE HAYMOND	2.00									
DIRECTOR		Х						0.	0.	0.
(11) EMILY THAYER HAUSMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) RIKKI DREWS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DEBORAH DOGBA	2.00							_	<u>^</u>	•
		Х						0.	0.	0.
(14) CLAIRE BLAYLOCK	2.00	v						0.	0.	<u>^</u>
DIRECTOR		X						0.	0.	0.
222007 12 21 22										Form 990 (2023)

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Form 990 (2023)

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Form 990 (2023) THE SHADOW PROJECT 65-1166066									Page 8			
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)		
	(A) Name and title	(B) Average hours per week	box offic	not cl , unles	ss per	ition nore son i	than o s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amour othe	ated nt 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)	compen from organiz and re organiza	the ation ated
	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							92,481. 0. 92,481.	0. 0. 0.		0.0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Ye	0 s No
3 4	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</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	,000? <i>If</i> "Yes, ccrue compen	" co sati	<i>mple</i> on fr	ete S rom :	Sche any	edule unre	J fe late	or such individual	dual for services	4	X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich <u>r</u>	bers	on .				5	X
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y			
	(A) (B) Name and business address NONE Description of services Comparison							(C) Compensat	ion			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to 1	thos (ted	above) who received me	ore than	Form 99(

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14		Check if Schedule O cor		onse o	r note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f f	Fundraising events Related organizations Government grants (contribu All other contributions, gifts, gra similar amounts not included ab	1b 1c 1d utions) 1e ants, and ove 1f s 1a-1f 1g \$	6	60,309. 575,910. 19,667.	736,219.			
					Business Code				
Program Service Revenue	2a b c d e				611710	34,000.	34,000.		
-	g			_		34,000.			
	3	Investment income (including	g dividends, ir	nteres	t, and	1,011.			1,011.
	5	Royalties	(i) Real		(ii) Personal				
	b c	Rental income or (loss)							
	7 a	Ret rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securit		(ii) Other				
ther Revenue	c d	Less: cost or other basis and sales expenses 7 Gain or (loss) 7 Net gain or (loss) 7 Gross income from fundraising of	c						
Oth	b		· · · · · · · · · · · · · · · · · · ·	8a 8b					
	9a b	Gross income from gaming a Part IV, line 19	activities. See						
	с 10 а b	Net income or (loss) from gar Gross sales of inventory, less and allowances Less: cost of goods sold							
eous		OTHER REVENUE	ies of inventor	<u>y</u>	Business Code 900003	2,010.			2,010.
Miscellaneous Revenue	b c d					2,010.			
	12	Total revenue. See instructions				773,240.	34,000.	0.	3,021.
33200	. <u> </u>					•		-	Form 990 (2023)

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Form 990 (2023) THE SHADOW PROJECT Part VIII Statement of Revenue

Form 990 (2				ADOW	
Part IX	Statement	of Function	onal	Expen	ses

THE SHADOW PROJECT

Check if Schedule O contains a response o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
o, 8b, 9b, and 10b of Part VIII.	-	expenses	general expenses	expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,		C2 0 0 0	= 040	
trustees, and key employees	93,322.	63,803.	7,243.	22,276
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	253,569.	173,362.	19,680.	60,527
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits	22,639. 37,202.	15,478.	1,757.	<u>5,404</u> 8,880
Payroll taxes	37,202.	25,435.	2,887.	8,880
Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,660.		15,660.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	59,513.	53,017.	6,496.	
Advertising and promotion	59,513. 9,052.	<u>53,017.</u> 935.	,	8,117
Office expenses	10,072.	7,503.	64.	<u>8,117</u> 2,505
Information technology		,		
Royalties				
Occupancy	10,965.	9.377.	794.	794
	4,891.	9,377. 3,946.	147.	798
	-,0510	5,540.	<u> </u>	, , , 0
Payments of travel or entertainment expenses for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Payments to affiliates	0 500	0 500		
Depreciation, depletion, and amortization	8,529. 5,364.	8,529.	E 264	
	5,304.		5,364.	
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.)	07 070	96 695	1 105	
a PROGRAM SUPPLIES	87,870.	86,685.	1,185.	
b				
c				
d	0 501			
e All other expenses	9,581.	7,783.	680.	1,118
Total functional expenses. Add lines 1 through 24e	628,229.	455,853.	61,957.	110,419
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

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THE SHADOW PROJECT

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

(A) Beginning of year End of year 129,388. 100,074. 1 Cash - non-interest-bearing 272,902. 251,942. Savings and temporary cash investments 2 1,371. 202,889. 3 Pledges and grants receivable, net 6,747. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 41,955. 53,685. Inventories for sale or use 8 1,825. 1,851. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 37,241. basis. Complete Part VI of Schedule D _____ 10a 29,769. 16,001. 7,472. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 15,309. 4,683. 15 Other assets. See Part IV, line 11 485,498. 622,596. **Total assets.** Add lines 1 through 15 (must equal line 33) 16 17,980. 15,029. Accounts payable and accrued expenses 17 18 Grants payable Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 15,664. 4,800. 25 of Schedule D 30,693. 22,780. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 367,985. 383,933. Net assets without donor restrictions 27 Net assets with donor restrictions 86,820. 215,883. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

622,596. Form 990 (2023)

599,816.

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32

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454,805.

485,498.

(B)

Form 990 (2023)

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Liabilities

Net Assets or Fund Balances

Assets

Part X | Balance Sheet

Form	1 990 (2023) THE SHADOW PROJECT	65-11	66066	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	628	3,2	29.
3	Revenue less expenses. Subtract line 2 from line 1	3	145	5,0	11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	454	1,8	05.
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	599	9,8	16.
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?		2 a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	000	

Form **990** (2023)

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SCHEDULE A	١
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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.

OMB No. 1545-0047
2023
Open to Public Inspection

Nar								identification number	
D	art I		SHADOW PRO						5-1166066
		Reason for Public (ee instruction	S	
	orga	nization is not a private found		•	•	,			
1		A church, convention of ch				n 170(a)(1	I)(A)(I).		
2		A school described in sect					::)		
3		A hospital or a cooperative A medical research organiz					•	(iiii) Entor	the beenital's name
4		city, and state:	allon operated in cor	njunction with a nospital	uescribeu	III Sectio	A)(1)(d)(1)(A)		the hospital's hame,
5		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a do	vernmental u	hit describe	ad in
5		section 170(b)(1)(A)(iv). (C				cu by a ge			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
	X		-					ne neneral i	oublic described in
'		section 170(b)(1)(A)(vi). (C			on a gove	Innenta		ie general j	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org			-	ed in coniu	unction with a	land-orant	college
		or university or a non-land-g							
		university:		. ,				•	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section &	509(a)(3). (Check the box on
	_	lines 12a through 12d that	• •					-	
á		Type I. A supporting orga			• • • •	-			
		the supported organization			i majority c	of the direc	tors or trustee	es of the su	ipporting
		organization. You must o	-					- (-)	
k		Type II. A supporting org	-				-		•
		control or management o			ame perso	ns that co	ntroi or manaç	je me supp	Joned
	; [organization(s). You mus Type III functionally inte	•		in connect	tion with	and functional	ly integrate	ad with
	• _	its supported organization						iy miegrate	a with,
	1 [Type III non-functionally						ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi			-		-		
e	• [Check this box if the orga	,	•				I, Type III	
		functionally integrated, or							
1	f En	ter the number of supported of	organizations						
), Pr	ovide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of support (see ir	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
Tot	al								

Schedule A (Form 990) 2023

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 faile to qualify under the total interd below, places complete Part III.)

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	404,871.	572,997.	508,665.	461,632.	736,219.	2684384.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	404,871.	572,997.	508,665.	461,632.	736,219.	2684384.	
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)						497,046.	
	Public support. Subtract line 5 from line 4.						2187338.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020 572,997.	(c) 2021 508,665.	(d) 2022 461,632.	(e) 2023 736,219.	(f) Total 2684384.	
-	Amounts from line 4	404,871.	572,997.	500,005.	401,032.	/30,219.	2004304.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	139.	90.	72.	139.	1,011.	1,451.	
~	and income from similar sources	139.	90.	12.	139.	1,011.	,4JI•	
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)			3,553.	4,088.	2 010.	9 651.	
44	Total support. Add lines 7 through 10			5,555.	4,0000	2,010.	9,651. 2695486.	
12	Gross receipts from related activities,		ne)			12	229,100.	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax y	vear as a section 5	LI		
	organization, check this box and sto	0		, ,		()()		
Sec	ction C. Computation of Publi							
	Public support percentage for 2023 (I			olumn (f))		14	81.15 %	
15	Public support percentage from 2022					15	76.58 %	
16a	33 1/3% support test - 2023. If the o					ore, check this bo	k and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,	
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	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	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the		
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	;	
						Schedule A	(Form 990) 2023	

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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		•	-	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
9	Amounts from line 6						
10a	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						
с	Add lines 10a and 10b						
11	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•		.,.,	·
Sec	check this box and stop here	ic Support Per	rcentage				
15	Public support percentage for 2023 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022 ction D. Computation of Invest					16	%
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the					33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The org	anization qualifies	as a publicly suppo	orted organiza	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
33202	23 12-21-23			_		Sched	lule A (Form 990) 2023
			16	5			

1

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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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

	(Form 990) 2023			PROJECT
Part IV	Supporting Organ	nizations	(continued)	

1

2

1

Yes No

			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 officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (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.* 332025 12-21-23

2a

2b

3a

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18 2023.05070 THE SHADOW PROJECT Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	1		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2		2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting oraa	nization (see		

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

THE SHADOW PROJECT

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instructions).

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Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to acco

Sche	edule A (Form 990) 2023 THE SHADOW PROJECT	6	5-1166066 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	ued)	
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	

6

7

increase 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 8 (i) Underdistributions 10 9 Distributable amount for 2023 from Section C, line 6 10 10 10 Distributable amount for 2023 from Section C, line 6 10 10 10 Underdistributions, and rays to para prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 10 10 3 Excess distributions carryover, if any, to 2023 10 10 10 9 From 2018 10 10 10 10 10 From 2018 10 10 10 10 10 10 From 2018 10 1	8	Distributions to attentive supported organizations to which th				
10 Line 8 amount divided by line 9 amount 10 (ii) Section E - Distribution Allocations (see instructions) 11 Excess Distributions Underdistributions Pre-2023 Distributable amount for 2023 from Section C, line 6 12 Underdistributions carryover, if any, for years prior to 2023 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Image: Colspan="2">Colspan="2"Colspan="2">Colspan="2"		(provide details in Part VI). See instructions.	8			
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b Excess from 2020	8	Breakdown of line 7:				
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	b	Excess from 2020				
d Excess from 2022	C	Excess from 2021				
	d	Excess from 2022				
e Excess from 2023	e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(FOUL 990)	2023	1111	DIT
Part V	Type III	Non-F	unctionally	Integra

6 Other distributions (describe in Part VI). See instructions.

7 Total annual distributions. Add lines 1 through 6.

Schedule A	(Form 990) 2023	THE S	HADOW	PROJECT			65-1166066	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 3; Part IV, \$	6, 9a, 9b, 9c, 11a, Section E, lines 1c	, 11b, and 11c; Part IV, Se	ction B, lines 1 ; V, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Pai	C, rt V,
	(See instructions.)	o, and Fan	v, Section		o. Also complete this part			
332028 12-21-2	3						Schedule A (Form 9	90) 2023
				21			•	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

65-1166066

2023

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DELASKI FAMILY FOUNDATION	455,000.	401,090.
JAMES & MARION F MILLER FOUNDATION	115,000.	61,090.
KEN DELASKI	68,696.	14,786.
SPIRIT MOUNTAIN	67,900.	13,990.
THE COLLINS FOUNDATION	60,000.	6,090.
Total Excess Contributions to Schedule A, Part II, Line 5		497,046.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

65-1166066

THE SHADOW PROJEC	.Τ
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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.

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 the parts unless the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the part

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).

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

Name of organization

Employer identification number

THE SHADOW 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 contributions	(d) Type of contribution
1	OREGON COMMUNITY FOUNDATION - ANNE T. ANGEL FUND 1221 SW YAMHILL ST. SUITE 100 PORTLAND, OR 97205	\$ <u>15,000.</u>	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	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053	\$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
3	CHRIS AND LIBBY ROGNIER 820 NW 12TH AVENUE, #612 PORTLAND, OR 97209	\$22,000.	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	DELASKI FAMILY FOUNDATION 9450 SW GEMINI DR., #76518 BEAVERTON, OR 97008	\$140,000.	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	KUNI FOUNDATION 900 WASHINGTON STREET, SUITE 830 VANCOUVER, WA 98660	\$ <u> </u>	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	OREGON COMMUNITY FOUNDATION - JOSEPH E. WESTON PUBLIC FOUNDATION 1221 S.W. YAMHILL ST. SUITE 100 PORTLAND, OR 97205	\$20,500.	Person X Payroll (Complete Part II for noncash contributions.)
323452 12-26		1	Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE SHADOW PROJECT

65-1166066

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST. STE 100 PORTLAND, OR 97205-2108	\$15,642.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	OREGON DEPARTMENT OF EDUCATION 255 CAPITOL ST NE SALEM, OR 97310	\$34,309.	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
9	OREGON HEALTH AUTHORITY 800 NE OREGON STREET, SUITE 805 PORTLAND, OR 97232	\$26,000.	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> 10</u>	SUMMER LEA HILLMAN FOUNDATION 310 GRANT ST. SUITE 2020 PITTSBURGH, PA 15219	\$ <u>15,000.</u>	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
	SUNSTONE PROJECT 7602 MCCRIMMON PARKWAY CARY, NC 27519	\$ <u>15,000.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THE FULL POTENTIAL FUND 1311 SE YUKON ST PORTLAND, OR 97202	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26		1	Schedule B (Form 990) (2023)

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) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution THE JAMES F. AND MARION L. MILLER 13 FOUNDATION X Person Payroll 1905 SE 10TH AVE. 90,000. Noncash \$ (Complete Part II for PORTLAND, OR 97214 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 KENNETH DELASKI X Person Payroll 9450 SW GEMINI DR., #76518 15,000. Noncash \$ (Complete Part II for BEAVERTON, OR 97008 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 MARK HOLLOWAY X Person Payroll 1311 SE YUKON ST 15,000. Noncash \$ (Complete Part II for PORTLAND, OR 97202 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 16 HILARY BROWN Person X Payroll 310 GRANT ST. SUITE 2020 \$ 15,000. Noncash (Complete Part II for PITTSBURGH, PA 15219 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 JTMF FOUNDATION X Person Payroll 501 SILVERSIDE RD RM 123 52,800. Noncash \$ (Complete Part II for WILMINGTON, DE 19809 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.) Schedule B (Form 990) (2023) 323452 12-26-23

10100505 781409 8726

2023.05070 THE SHADOW PROJECT

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Name of c	organization	Employer identification number		
THE S	HADOW PROJECT	65	-1166066	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	I.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
11	BOOKS			
		\$5,0	00.	03/01/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		

27 2023.05070 THE SHADOW PROJECT

Schedule B (Form 990) (2023)

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Name of o	organization		Employer identification number
THE S	HADOW PROJECT		65-1166066
Part III	Exclusively religious, charitable, etc., contribut		on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
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			
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	nd ZIP + 4	Relationship of transferor to transferee
323454 12-26	6-23	28	Schedule B (Form 990) (2023)

10100505 781409 8726

00		Supplement	al Financial Statements		0	MB No. 154	5-0047
	HEDULE D n 990)		nization answered "Yes" on Form 990,			202	2
(FOI)	1 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZUZ	J
	ment of the Treasury I Revenue Service		Attach to Form 990. 0 for instructions and the latest information.			Open to I Inspectio	
_	e of the organizati	on		Empl		tification	
D.		THE SHADOW PROJECT				116600	
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ad	count	S. Com	plete if the	9
	organizatio	Tanswered fes of Form 990, Part IV, III		(b) Eurod	o and oth		+o
	T . 1		(a) Donor advised funds	(b) Fund	s and oth	ier accoun	ls
1		nd of year					
2 3		f contributions to (during year)					
3 4							
5							
Ū	-		exclusive legal control?			Yes	No
6			dvisors in writing that grant funds can be used o				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	ing			
	impermissible priva					Yes	No
Pa	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	line 7.			
1	Purpose(s) of cons	servation easements held by the organization					
		n of land for public use (for example, recrea					
		f natural habitat	Preservation of a cert	ified hist	oric struc	ture	
		n of open space					
2		. .	fied conservation contribution in the form of a co			ent on the End of the	
_	day of the tax year						Idx Ital
a b				2a 2b			
b c	-	vation easements on a certified historic stru	ucture included on line 22	20 2c			
		vation easements included on line 2c acqu		20			
u		•		2d			
3			eased, extinguished, or terminated by the organ	<u> </u>	urina the	tax	
	year		, , , , , , ,		5		
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			_	
	violations, and enf	orcement of the conservation easements it	t holds?			Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easen	nents duri	ing the yea	ar
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements	during th	ne year	
•				、 、			
8		-	e satisfy the requirements of section 170(h)(4)(B)(i			Yes	No
9			on easements in its revenue and expense statem			162	
5		•	note to the organization's financial statements th				
		ounting for conservation easements.					
Pa	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar	Assets		
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance she	et works		
	of art, historical tre	asures, or other similar assets held for pub	olic exhibition, education, or research in furthera	nce of pu	ublic		
	· •		ncial statements that describes these items.				
b	-		8, to report in its revenue statement and balance				
		· ·	exhibition, education, or research in furtherance	e of publ	ic service	,	
	•	ing amounts relating to these items.		-			
•			agurag, ar othar similar agosta far financial agin				
2	•		asures, or other similar assets for financial gain,	provide			
9	•	unts required to be reported under FASB A	SC 958 relating to these items:	¢			
b							

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
33205	1 09-28-23

Sche		DOW PROJEC					(55-11	6606	<mark>6 Р</mark> а	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, or	Other	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check ar	ny of the t	following that	make sig	gnificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌 Lo	an or exc	hange progra	m					
b	Scholarly research	e	e 🗌 Ot	her							
С	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of					r similar a	assets		_		_
	to be sold to raise funds rather than to be ma					<u></u>			Yes		No
Par	t IV Escrow and Custodial Arran		te if the or	ganizatior	n answered "א	'es" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
па	Is the organization an agent, trustee, custodi								7		7
L	on Form 990, Part X?							∟	Yes		No
a	If Yes, explain the arrangement in Part XIII	and complete the lo	lowing tab	ie.					Amoun	+	
с	Beginning balance						1c		, arroarr		
d	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_]
Par	t V Endowment Funds Complete if	f the organization and	swered "Ye	es" on Foi	rm 990, Part I	V, line 10).				
		(a) Current year	(b) Pric	or year	(c) Two year	s back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g, c	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с		_%									
0-	The percentages on lines 2a, 2b, and 2c sho										
Ja	Are there endowment funds not in the posse	ession of the organiza	ation that a	re neid ar	nd administere	ed for the	9		1	Yes	No
	organization by:								3a(i)	103	NO
	(i) Unrelated organizations?(ii) Related organizations?								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requir							3b		
4	Describe in Part XIII the intended uses of the								_00		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere), Part IV, li	ne 11a. S	See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• •	cumulate preciation	d	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment				9,477.		13,05			6,42	
e	Other			1	7,764.		16,71	L6.		1,04	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c,	column	<u>(B))</u>					7,4	
								Cabadula	D (E		0000

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Inv	vestments - O	ther Se	curities	
Schedule D (For			SHADOW	PROJECI

65-1166066 Page 3

(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)				
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	a 11c. See Form 990. Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value	
(1)	(5) 2001 14140			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	. <i>(B</i>))			
Part X Other Liabilities				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	i.	
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes				
(2) OPERATING LEASE LIABILITIE	IS		4,800	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			4,800	
Total. (Column (b) must equal Form 990, Part X, line 25, col. 2. Liability for uncertain tax positions. In Part XIII, provide				

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) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 THE SHADOW PROJECT		65-1166066 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	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 Stat	ements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
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 IX, line 25, 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 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.

332054 09-28-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization omplete to provide information for responses to specific questions of 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

65-1166066

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:

AND SUPPORTS EVERY STUDENT TO THRIVE IN SCHOOL. (CONTINUED ON SCHEDULE

0)

OUR ORGANIZATION PROVIDES EVIDENCE-BASED TOOLS AND STRATEGIES TAILORED

TO THE NEEDS OF STUDENTS WITH LEARNING CHALLENGES. WE 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:

MANY STUDENTS ARE STILL STRUGGLING TO DEVELOP ACADEMIC &

SOCIAL-EMOTIONAL SKILLS THAT WEREN'T SUPPORTED DURING COVID SCHOOL

CLOSURES. THIS YEAR SHADOW PROJECT PROGRAMS HELPED 2,360 STUDENTS AT 62

SCHOOLS TO JOYFULLY RE-ENGAGE WITH LEARNING. SHADOW PROJECT MENTORS

PROVIDED 260 HOURS OF 1:1 SUPPORT TO STUDENTS READING BELOW GRADE

LEVEL, FUELING THEIR CONFIDENCE AND ENGAGEMENT IN SCHOOL. STAFF TRAINED

189 EDUCATORS IN TRAUMA-INFORMED AND EQUITY-CENTERED STRATEGIES TO

INTEGRATE SENSORY SPACES IN SCHOOL ROUTINES, AND STUDENTS RECEIVED

33 20E

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
THE SHADOW PROJECT	65-1166066
9,660 BOOKS, SENSORY TOOLS, AND OTHER EDUCATIONAL MATERIAL	S. TEACHERS
USING OUR PROGRAMS REPORT THE IMPACT OF THESE SUPPORTS: 67	8 OF STUDENTS
INCREASED SELF-MOTIVATION; 67% OF STUDENTS IMPROVE THEIR S	KILLS IN
MANAGING EMOTIONS; 62% OF STUDENTS SHOWED GREATER ENTHUSIA	SM FOR
READING."	

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

SUPERSENSORY SPACES (57 STUDENTS IN 11 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 A, LINE 2:

OARD PRESIDENT DEDEE WILNER-NUGENT IS A NON PROFIT FUNDRAISING CONSULTANT WHO SUBCONTRACTS FUNDRAISING PROJECTS TO BOARD TRUSTEE CLAIRE BLAYLOCK, WHO IS ALSO A NON PROFIT FUNDRAISING CONSULTANT.

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
332212 11-14-23
Schedule O (Form 990) 2023
34

10100505 781409 8726

Name of the organization	Employer identification number
THE SHADOW PROJECT	65-1166066
SERVICE. BOARD MEMBERS ARE ASKED TO COMPLETE AN ANNUAL CON	FLICT OF INTEREST
DISCLOSURE. BOARD MEMBERS ARE ASKED TO REPORT ANY RELATION	SHIPS WHICH COULD
POTENTIALLY GIVE RISE TO A CONFLICT. THE EXECUTIVE DIRECTO	R AND BOARD
PRESIDENT REVIEW ALL DISCLOSURES REPORTED BY BOARD MEMBERS	, AND EVALUATE

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

THE BOARD DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR, AND ENSURES THE COMPENSATION IS WELL WITHIN THE LIMITS OF COMPENSATION FOR COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS. THE EXECUTIVE DIRECTOR RECOMMENDS COMPENSATION FOR ALL OTHER EMPLOYEES BASED ON MARKET DATA FROM THE ECONOMIC RESEARCH INSTITUTE AND IN CONSULTATION WITH CONTRACTED HUMAN RESOURCES CONSULTANT. THE BOARD APPROVES SUCH COMPENSATION IN THE BUDGET APPROVAL PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990 IS PUBLISHED ON THE ORGANIZATION WEBSITE AND GUIDESTAR.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR FINANCIAL OVERSIGHT HAS NOT CHANGED FROM THE PRIOR

YEAR.

332212 11-14-23

Form CT-12	CT 12 Charitable Activities Section							
	Oregon E	Department of Ju	ustice	You can now file				
For Oregon Charities	100 SW Market Street		DICE (971) 673-1880	pay by credit car online for	-			
For Accounting Periods Beginning in:	Portland, OR 97201-5702 Email: charitable@doj.ore		TTY (800) 735-2900 FAX (971) 673-1882	https://justice.o				
2023	Website: https://www.doj			paymentportal/A	ccount/Login			
	Line-by-line instructions		nual					
	report form can be foun	d on our website.						
Section I. General Information								
1.			n Incorrect Items a for change of name or a		:			
		- · · · · · · · · · · · · · · · · · · ·	2100					
		Registration #: 3						
			ne: THE SHADOW					
		City, State, Zip: P	ORTLAND, OR	91434				
		D_{hana} 971 - 3	73-3457 Fax:		Amondod			
			$73^{-}5457$ Fax:		Amended			
		Email: Period Beginning:	07/01/23 Deviad	Ending: 06/30/24	Report?			
		Period Beginning:	eriod Period					
 Did a certified public accountant aud statements, accompanying notes, sc 					s 🚺 No			
3. Is the organization a party to a contra	act with a fundraising firm tl	nat relates to solicitation	is in Oregon? If yes, ch	eck				
the type of solicitations;								
📋 in-person; 🔄 direct mail; 📋		nachine; 📙 telephone;	_		s X No			
If yes, also write the name of the fund	• • • —			(If you				
checked "other solicitations", attach	• •							
 Has the organization or any of its offi with any government agency or beer 					TT			
charitable solicitation, administration				uch 🔄 Ye	s X No			
agreement or action. See instruction	S.							
5. During this reporting period, did the	organization amend its artic	les of incorporation, byla	aws, or trust document	ts, 🗌 🗸	s X No			
OR did the organization receive a de			venue Service relating	to Ye	s X No			
its tax-exempt status? If yes, attach a			h					
6. Is the organization ceasing operation	is and is this the final report	? (If yes, see instruction	s on now to close	☐ Ye	s 🚺 No			
your registration.)								
7. Provide contact information for the p	erson responsible for retain	ing the organization's re	ecords.					
Name	Position	Phone	Mailing Add	dress & Email Addres	s			
SHARON JUENEMANN	EXECUTIVE DIRECTOR	(971) 373-3457	2154 NE BROADWAY,	#130_PORTLAND.	OR 97232			
			, SHARON@SHADOW-PRC					
 List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.) 								
	nailing address, daytime ph		. ,	Title &	(C)			
	and email address				pensation ter \$0 if			
					on unpaid)			
Name: SEE ATTACHED	IRS FORM 990 H	PART VII			0.			
Address:								
Phone:								
Name:								
Address:								
Phone:								
Name:								
Address:								
Phone:								
T Herre:								

Sec	Section II. Fee Calculation							
9.	Form 990-F Attach exp	I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; F. For 990-N filers or others, see the CT-12 instructions for ho anation if Total Revenue is \$0.)	Part I, Line 12a on w to calculate total revenue.	9.		773,240.	10	200
10.	Revenue Fee (See chart below. Minimum fee is \$20, even if total revenue is \$0 or a negative amount.) The revenue fee is determined by the amount on line 9.						10.	300.
	Amor \$0 \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000	Int on Line 9 Revenue Fee - \$24,999 \$20 - \$49,999 \$50 - \$99,999 \$90 - \$24,999 \$150 - \$499,999 \$150 - \$499,999 \$200 - \$999,999 \$200 - \$999,999 \$300 O or more \$400						
11.	(From Part 990-EZ; or see the CT-	s or Fund Balances at End of the Reporting Period , Line 22 (end of year) on Form 990; Line 21 on Form Part III, Line 6 on Form 990-PF. For 990-N filers or others, 12 instructions to calculate. Attach explanation if amount egative number)	11. 599,816					
12.	(Generally, 24B on For filers or oth	Assets Used to Conduct Charitable Activities from Part X, Line 10c on Form 990; Line 23B and possibly n 990-EZ; or Part II, Line 14b on Form 990-PF. For 990-N ers, see the CT-12 instructions to calculate. See the CT-12 if organization owns income-producing assets.	12. 7,472	•				
13.		ubject to Net Assets or Fund Balances Fee nus Line 12. If Line 11 minus Line 12 is less than \$50,000, writ		13	3.	592,344.		
14.	 Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.) 					14.	59.	
15.	5. Are you filing this report late?					15.	0.	
	(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)					250		
16.	16. Total Amount Due					16.	359.	
17.	17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.							
Ple Sig	ase n	Under penalties of perjury, I declare that I am an officer accompanying forms, schedules, and attachments, and						
Hei		▶				EXEC	UTI	VE DIRE
		Signature of officer	Date			Title		
		SHARON JUENEMANN	<u>2154 NE</u>	BR	OADW	AY, 130,	POF	RTLAND, O
		Officer's name (printed)	Address <u>971 – 373</u> Phone	-34	57			
Paid								
	oarer's Only	Preparer's Signature	 Date			<u>(503</u> Phone) 22	<u>27-058</u> 1
		GERARD DEBLOIS	<u>121 SW </u>	SAL	MON	ST., STE	110	0, PORTL
		Preparer's name (printed)	Address					

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitableactivities/ annual-reporting-for-charities/file-your-annual-report. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.oregon.gov.