

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

# 2021

Open to Public Inspection

## A For the 2021 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>INDEPENDENT SECTOR</b>		<b>D</b> Employer identification number <b>52-1081024</b>
	Doing business as		<b>E</b> Telephone number <b>(202) 467-6100</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>9,294,349.</b>
	<b>1602 L STREET, NW</b>	<b>900</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>DAN CARDINALI</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.INDEPENDENTSECTOR.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1980</b>	<b>M</b> State of legal domicile: <b>DC</b>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE ENVISION A WORLD OF ENGAGED INDIVIDUALS, ROBUST INSTITUTIONS, AND VIBRANT COMMUNITIES WORKING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>42</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>375</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-230,871.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>15,035,402.</b>	<b>7,836,995.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>171,150.</b>	<b>130,548.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>393,729.</b>	<b>439,918.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-328,846.</b>	<b>-596,231.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>15,271,435.</b>	<b>7,811,230.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>17,295.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>4,766,326.</b>	<b>5,068,520.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>961,785.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,621,733.</b>	<b>4,117,468.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,405,354.</b>	<b>9,185,988.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,866,081.</b>	<b>-1,374,758.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>46,005,638.</b>	<b>43,964,742.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>10,600,165.</b>	<b>9,449,097.</b>
		<b>35,405,473.</b>	<b>34,515,645.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>RICK ROBINSON, CHIEF OPERATING OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>ELIZABETH W. HELLER</b>	<i>Elizabeth Heller</i>	<b>07/29/22</b>	<input type="checkbox"/>	<b>P00397829</b>
Firm's name ▶ <b>RSM US LLP</b>			Firm's EIN ▶ <b>42-0714325</b>		
Firm's address ▶ <b>1250 H STREET, SUITE 700</b> <b>WASHINGTON, DC 20005</b>			Phone no. <b>202-293-2200</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>INDEPENDENT SECTOR</b>	Taxpayer identification number (TIN)  <b>52-1081024</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1602 L STREET, NW, 900</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**RICK ROBINSON-COO**

- The books are in the care of ▶ **1602 L STREET, NW, 900 - WASHINGTON, DC 20036**

Telephone No. ▶ **(202) 467-6100** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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.

Part 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: WE ENVISION A WORLD OF ENGAGED INDIVIDUALS, ROBUST INSTITUTIONS, AND VIBRANT COMMUNITIES WORKING TOGETHER TO IMPROVE LIVES AND THE NATURAL WORLD, AND STRENGTHEN DEMOCRATIC SOCIETIES. TO HELP CREATE THIS FUTURE, WE LEAD AND CATALYZE THE CHARITABLE COMMUNITY, PARTNERING WITH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,659,271. including grants of \$ ) (Revenue \$ 42,916. )

COMMUNITY BUILDING:

AT THE HEART OF INDEPENDENT SECTOR'S WORK TO CREATE A HEALTHY AND RACIALLY EQUITABLE NATION WHERE ALL PEOPLE CAN THRIVE IS OUR BELIEF IN THE TRANSFORMATIONAL POWER OF BUILDING AND SUSTAINING COMMUNITY. THROUGH INTENTIONAL AND TARGETED STRATEGIES, INDEPENDENT SECTOR BUILDS A SENSE OF COMMUNITY AMONG LEADERS, PROVIDES OPPORTUNITIES TO BUILD CAPACITY, AND STRENGTHENS BRIDGES AND TRUSTED RELATIONSHIPS TO ENSURE LEADERS, ORGANIZATIONS, AND COMMUNITIES ARE ALIGNED TOWARD A HEALTHY AND EQUITABLE FUTURE. WITH COVID-19 SAFETY PROTOCOLS IN MIND, OUR ENGAGEMENT WITH THE INDEPENDENT SECTOR COMMUNITY IN 2021 CONTINUED TO BE PRIMARILY THROUGH A VIRTUAL ENVIRONMENT. NEVERTHELESS, WE MAINTAINED AND DEEPENED OUR CONNECTION WITH CHANGEMAKERS ACROSS THE COUNTRY,

4b (Code: ) (Expenses \$ 2,037,058. including grants of \$ ) (Revenue \$ )

PUBLIC POLICY LEADERSHIP:

PUBLIC POLICY IS ABOUT SYSTEMS. INDEPENDENT SECTOR, FORTIFIED BY OUR MEMBERS AND PARTNERS, PLAYS A KEY ROLE AS A NATIONAL, SECTOR-SPANNING INFRASTRUCTURE ORGANIZATION WITH THE CAPACITY TO ADVANCE FEDERAL POLICIES. TO REALIZE A SOCIETY WHERE EVERY PERSON CAN THRIVE, THE RESOURCES AND REACH OF THE FEDERAL GOVERNMENT ARE ESSENTIAL. THIS YEAR, WE WIELDED OUR POSITION OF INFLUENCE WITH BOTH IMMEDIATE AND FUTURE FOCUSES. WE REMAIN IN THE GRIPS OF A CRIPPLING PANDEMIC, WHICH DEMANDS THAT WE COLLABORATE WITH THE NEW ADMINISTRATION AND CONGRESS TO CONTINUE PROVIDING MEANINGFUL RELIEF TO OUR SECTOR. WE ALSO KNOW THAT OUR NATION'S INFRASTRUCTURE HAS BEEN LONG NEGLECTED. IN PARTNERSHIP WITH A COALITION OF 75 ORGANIZATIONS, WE ARE LEADING THE

4c (Code: ) (Expenses \$ 1,792,037. including grants of \$ ) (Revenue \$ 87,632. )

ACCELERATING SECTOR IMPACT:

WORKING IN COLLABORATION WITH MEMBERS AND OTHER PARTNERS, INDEPENDENT SECTOR CREATES, CURATES, AND DISSEMINATES KNOWLEDGE DESIGNED TO HELP ORGANIZATIONS RESPOND TO CHALLENGES AND OPPORTUNITIES, INCREASE THEIR EFFECTIVENESS, AND FULFILL THEIR MISSIONS. COVID-19 PRESENTED NEW OPPORTUNITIES FOR US TO CURATE AND DISTRIBUTE RESOURCES RAPIDLY, ESPECIALLY IN THE SPRING AND SUMMER OF 2020. QUICKLY THOUGH, OUR COVID-19 RESOURCES BECAME LESS ABOUT RESPONDING TO THE CRISIS AND MORE ABOUT HELPING ORGANIZATIONS MANAGE THEIR "NEW NORMAL." FIRST INITIATED IN 2020, WE FOLLOWED UP IN 2021 WITH OUR SECOND ANNUAL EDITIONS OF TWO PUBLICATIONS: THE "TRUST IN CIVIL SOCIETY" REPORT, AND THE "HEALTH OF THE NONPROFIT SECTOR" REPORT. FOLLOWING IS AN OVERVIEW OF THESE BODIES

4d Other program services (Describe on Schedule O.) (Expenses \$ 209,270. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,697,636.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>

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

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		42
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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 Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	11a
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		N/A
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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
<b>c</b>	Enter the amount of reserves on hand		13c
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A
If "Yes," complete Form 6069.			

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		19
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**RICK ROBINSON-COO - (202) 467-6100**  
**1602 L STREET, NW, 900, WASHINGTON, DC 20036**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL J. CARDINALI PRESIDENT & CEO	38.00			X				606,178.	0.	47,809.
(2) RICK ROBINSON CHIEF OPERATING OFFICER	38.00			X				275,748.	0.	35,202.
(3) JEFF MOORE CHIEF STRATEGY OFFICER	38.00			X				234,536.	0.	40,432.
(4) KRISTINA CAMPBELL CHIEF COMMUNICATION OFFICER	38.00			X				221,464.	0.	22,959.
(5) LIZ CULKIN DIRECTOR, CONFERENCE PLANNING	38.00					X		146,687.	0.	25,309.
(6) BRANDON JOHNSON DIRECTOR, DIGITAL INNOVATION	38.00					X		152,692.	0.	17,831.
(7) RHYBERN WATKINS DIR, FINANCE & ADMINISTRATION	38.00					X		147,931.	0.	19,980.
(8) HABIB BAKO SR DIR, COMMUNITY ENGAGEMENT	38.00					X		134,179.	0.	21,486.
(9) ELYSE HARRINGTON DIR, OPERATIONS & ADMINISTRATION	38.00					X		133,608.	0.	14,908.
(10) JEFFREY L BRADACH CHAIR OF THE BOARD	38.00	X		X				0.	0.	0.
(11) FRED BLACKWELL VICE CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(12) SONYA CAMPION SECRETARY OF THE BOARD	1.00	X		X				0.	0.	0.
(13) JENNIFER FORD REEDY TREASURER OF BOARD	1.00	X		X				0.	0.	0.
(14) NICOLE ANDERSON BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(15) ANTONY CHIANG BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(16) JIM CLARK BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(17) SUZANNE MCCORMICK BOARD OF DIRECTOR	1.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SARAH KASTELIC BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(19) LARRY KRAMER BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(20) JANINE LEE BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(21) TERRY MAZANY BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(22) MICHAEL MCAFFEE BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(23) DIANE MELLEY BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(24) HENRY TIMMS BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(25) DAVID WILLIAMS BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(26) STACEY STEWART BOARD OF DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,053,023.	0.	245,916.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,053,023.	0.	245,916.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WIPFLI LLP, 12359 SUNRISE VALLEY DRIVE, RESTON, VA 20191	CRM CONSULTING	292,812.
JAMIL BEY/URBANKIND INSTITUTE 5 ESTHER STREET, PITTSBURGH, PA 15210	COMMUNITY BUILDING CONSULTING	291,000.
WASHINGTON COUNCIL E&Y, 1001 PENNSYLVANIA AVENUE, NW, SUITE 601, WASHINGTON, DC 200	LEGAL CONSULTING	243,000.
NONPROFIT HR SOLUTIONS, 1400 EYE STREET, NW, #500, WASHINGTON, DC 20005	HR CONSULTING	205,730.
OSI BEYOND LLC 11921 ROCKVILLE PIKE, ROCKVILLE, MD 20852	TECHNOLOGY SERVICES	170,354.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	1,424,485.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	841,995.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,570,515.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 515.				
	<b>h Total.</b> Add lines 1a-1f			7,836,995.			
Program Service Revenue	<b>2 a</b> PUBLICATION SALES	<b>Business Code</b>	900099	87,632.	87,632.		
	<b>b</b> CONFERENCE FEES		900004	42,916.	42,916.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			130,548.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			169,261.		169,261.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	775,908.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		1,483,119.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-707,211.			
	<b>d</b> Net rental income or (loss)			-707,211.		-258,061.	-449,150.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	270,657.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		0.			
<b>c</b> Gain or (loss)	<b>7c</b>		270,657.				
<b>d</b> Net gain or (loss)			270,657.			270,657.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> SUBLEASE INCOME	<b>Business Code</b>	900099	83,790.		83,790.	
	<b>b</b> PARKING SERVICES		812930	27,190.	27,190.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			110,980.			
<b>12 Total revenue.</b> See instructions			7,811,230.	130,548.	-230,871.	74,558.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,493,056.	868,953.	423,055.	201,048.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,932,320.	1,706,599.	830,868.	394,853.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	176,581.	102,769.	50,034.	23,778.
<b>9</b> Other employee benefits .....	159,944.	93,087.	45,320.	21,537.
<b>10</b> Payroll taxes .....	306,619.	178,451.	86,880.	41,288.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	37,142.		37,142.	
<b>c</b> Accounting .....	42,263.		42,263.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	38,873.		38,873.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,273,357.	1,805,175.	449,409.	18,773.
<b>12</b> Advertising and promotion .....	43,214.	43,214.		
<b>13</b> Office expenses .....	106,234.	894.	104,928.	412.
<b>14</b> Information technology .....	34,646.	17,323.	17,323.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,100,001.	690,893.	300,810.	108,298.
<b>17</b> Travel .....	-53,929.	26,753.	-80,719.	37.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	96,021.	82,970.	12,937.	114.
<b>20</b> Interest .....	750.		750.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	110,180.		110,180.	
<b>23</b> Insurance .....	93,147.		93,147.	
<b>24</b> 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 O.)				
<b>a DUES &amp; SUBSCRIPTIONS</b>	195,054.	15,156.	179,533.	365.
<b>b IN-KIND EXPENSES</b>	515.	515.		
<b>c ALLOCATED OVERHEAD</b>	0.	1,064,884.	-1,216,166.	151,282.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,185,988.	6,697,636.	1,526,567.	961,785.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	534.	<b>1</b>	534.
	<b>2</b> Savings and temporary cash investments .....	8,711,390.	<b>2</b>	7,568,458.
	<b>3</b> Pledges and grants receivable, net .....	1,778,961.	<b>3</b>	802,000.
	<b>4</b> Accounts receivable, net .....	31,928.	<b>4</b>	72,551.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	81,370.	<b>9</b>	126,076.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,349,724.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 13,801,210.	<b>10c</b>	23,548,514.
	<b>11</b> Investments - publicly traded securities .....	10,365,773.	<b>11</b>	11,236,221.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	590,472.	<b>15</b>	610,388.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	46,005,638.	<b>16</b>	43,964,742.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	683,479.	<b>17</b>	738,293.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	8,845,174.	<b>20</b>	8,460,561.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,071,512.	<b>25</b>	250,243.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	10,600,165.	<b>26</b>	9,449,097.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	32,296,212.	<b>27</b>	30,127,524.
	<b>28</b> Net assets with donor restrictions .....	3,109,261.	<b>28</b>	4,388,121.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	35,405,473.	<b>32</b>	34,515,645.
	<b>33</b> Total liabilities and net assets/fund balances .....	46,005,638.	<b>33</b>	43,964,742.

**Part 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	7,811,230.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,185,988.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,374,758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,405,473.
5	Net unrealized gains (losses) on investments	5	484,930.
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	34,515,645.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

<b>Name of the organization</b>	<b>Employer identification number</b>
INDEPENDENT SECTOR	52-1081024

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10211632.	7812260.	7668893.	15035402.	7836995.	48565182.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10211632.	7812260.	7668893.	15035402.	7836995.	48565182.
<b>5</b> 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) .....						9811324.
<b>6 Public support.</b> Subtract line 5 from line 4.						38753858.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	10211632.	7812260.	7668893.	15035402.	7836995.	48565182.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	970,891.	1005190.	852,517.	839,782.	662,040.	4330420.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						52895602.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,124,153.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	73.26 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	74.83 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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 must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Part VI**

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

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**INDEPENDENT SECTOR**

Employer identification number

**52-1081024**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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 ..... ▶ \$ \_\_\_\_\_

**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).

Name of organization  <b>INDEPENDENT SECTOR</b>	Employer identification number  <b>52-1081024</b>
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**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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,525,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,020,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>425,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>417,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>412,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)



Name of organization  <b>INDEPENDENT SECTOR</b>	Employer identification number  <b>52-1081024</b>
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**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	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 841,995.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  <b>INDEPENDENT SECTOR</b>	Employer identification number  <b>52-1081024</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization	Employer identification number  <b>52-1081024</b>
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**INDEPENDENT SECTOR**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>INDEPENDENT SECTOR</b>	Employer identification number <b>52-1081024</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	27,892.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	27,892.													
<b>d</b>	Other exempt purpose expenditures .....	9,158,096.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	9,185,988.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	609,299.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	152,325.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	572,992.	546,387.	495,275.	609,299.	2,223,953.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,335,930.
<b>c</b> Total lobbying expenditures	19,335.	17,899.	11,524.	27,892.	76,650.
<b>d</b> Grassroots nontaxable amount	143,248.	136,597.	123,819.	152,325.	555,989.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					833,984.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization INDEPENDENT SECTOR Employer identification number 52-1081024

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,346,107.	7,722,558.	6,639,801.	7,181,640.	6,612,008.
b Contributions					
c Net investment earnings, gains, and losses	913,655.	899,333.	1,336,571.	-316,349.	779,979.
d Grants or scholarships					
e Other expenditures for facilities and programs	309,029.	275,784.	253,814.	225,490.	210,347.
f Administrative expenses					
g End of year balance	8,950,733.	8,346,107.	7,722,558.	6,639,801.	7,181,640.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,391,820.		5,391,820.
b Buildings		26,729,411.	9,299,357.	17,430,054.
c Leasehold improvements		2,466,540.	1,859,094.	607,446.
d Equipment		2,761,953.	2,642,759.	119,194.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>23,548,514.</b>



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PLAN	
(3) LIABILITY	173,210.
(4) DEFERRED RENT	2,315.
(5) DEPOSITS HELD IN ESCROW	74,718.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	250,243.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	9,713,216.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 484,930.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	484,930.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	9,228,286.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 38,873.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -1,455,929.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-1,417,056.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	7,811,230.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	10,603,044.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 1,455,929.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,455,929.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	9,147,115.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 38,873.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	38,873.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	9,185,988.

**Part 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 V, LINE 4:**

THE UNRESTRICTED NET ASSETS OF INDEPENDENT SECTOR ARE REPORTED AS UNDESIGNATED AND BOARD DESIGNATED NET ASSETS. UNRESTRICTED NET ASSETS REPRESENT THE PORTION OF EXPENDABLE FUNDS THAT IS AVAILABLE TO SUPPORT THE OPERATIONS OF INDEPENDENT SECTOR, WHILE BOARD DESIGNATED NET ASSETS REPRESENT A PORTION OF UNRESTRICTED NET ASSETS FOR DESIGNATED PURPOSES AND CONSISTS OF A SHORT TERM BUILDING OPERATING FUND AND A LONG TERM RESERVE FUND WHICH WAS CREATED TO ESTABLISH A CORPUS FOR WHICH INVESTMENT INCOME WILL BE USED FOR GENERAL OPERATIONS. AS OF DECEMBER 31, 2021, BOARD DESIGNATED NET ASSETS INCLUDED \$500,000 IN THE SHORT TERM BUILDING OPERATING FUND AND \$8,450,733 IN THE LONG TERM RESERVE FUND.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED ON LINE 6B	-1,483,119.
PARKING SERVICE REVENUE REPORTED ON LINE 11	27,190.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,455,929.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED ON LINE 6B	1,483,119.
PARKING SERVICE REVENUE REPORTED ON LINE 11	-27,190.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,455,929.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**INDEPENDENT SECTOR**

Employer identification number

**52-1081024**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL J. CARDINALI PRESIDENT & CEO	(i)	582,817.	22,050.	1,311.	35,302.	13,415.	654,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICK ROBINSON CHIEF OPERATING OFFICER	(i)	274,458.	0.	1,290.	12,882.	23,791.	312,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFF MOORE CHIEF STRATEGY OFFICER	(i)	232,556.	0.	1,980.	17,954.	25,227.	277,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTINA CAMPBELL CHIEF COMMUNICATION OFFICER	(i)	221,194.	0.	270.	10,436.	16,123.	248,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LIZ CULKIN DIRECTOR, CONFERENCE PLANNING	(i)	144,873.	0.	1,814.	10,085.	16,906.	173,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRANDON JOHNSON DIRECTOR, DIGITAL INNOVATION	(i)	152,392.	0.	300.	10,135.	9,229.	172,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RHYBERN WATKINS DIR, FINANCE & ADMINISTRATION	(i)	147,277.	0.	654.	9,972.	10,764.	168,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HABIB BAKO SR DIR, COMMUNITY ENGAGEMENT	(i)	133,938.	0.	241.	10,301.	11,901.	156,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

A ONE-TIME BONUS TO THE CEO/PRESIDENT

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**INDEPENDENT SECTOR**

**Employer identification number**  
**52-1081024**

Part I	Bond Issues	SEE PART VI FOR COLUMN (F) CONTINUATIONS												
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing		
								Yes	No	Yes	No	Yes	No	
	A	DISTRICT OF COLUMBIA	56-6001131	NONE	06/04/13	11600000.	TO REFINANCE PURCHASE OF HEADQ		X		X			X
	B													
	C													
	D													

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	3,087,296.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	11,600,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	11,600,000.							
12	Other unspent proceeds								
13	Year of substantial completion	2013							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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Schedule K (Form 990) 2021

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....	<input checked="" type="checkbox"/>							
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		<input checked="" type="checkbox"/>						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		<input checked="" type="checkbox"/>						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<input checked="" type="checkbox"/>						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		<input checked="" type="checkbox"/>						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<input checked="" type="checkbox"/>						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		<input checked="" type="checkbox"/>						

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		<input checked="" type="checkbox"/>						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		<input checked="" type="checkbox"/>						
<b>b</b> Exception to rebate? .....		<input checked="" type="checkbox"/>						
<b>c</b> No rebate due? .....	<input checked="" type="checkbox"/>							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		<input checked="" type="checkbox"/>						



**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: DISTRICT OF COLUMBIA

(F) DESCRIPTION OF PURPOSE: TO REFINANCE PURCHASE OF HEADQUARTERS BUILDING

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

INDEPENDENT SECTOR

Employer identification number

52-1081024

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

TOGETHER TO IMPROVE LIVES AND THE NATURAL WORLD, AND STRENGTHEN  
DEMOCRATIC SOCIETIES. TO HELP CREATE THIS FUTURE, WE LEAD AND CATALYZE  
THE CHARITABLE COMMUNITY, PARTNERING WITH GOVERNMENT, BUSINESS, AND  
INDIVIDUALS TO ADVANCE THE COMMON GOOD.

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

GOVERNMENT, BUSINESS, AND INDIVIDUALS TO ADVANCE THE COMMON GOOD.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2021, THE POLICY LEADERSHIP PROGRAM BEGAN A NEW INITIATIVE CALLED  
THE SEAT AT THE TABLE INITIATIVE THAT SEEKS TO ENSURE THE NONPROFIT  
SECTOR IS A CRITICAL ALLY IN DESIGNING AND IMPLEMENTING THE WORK OF  
GOVERNMENT. THE SEAT AT THE TABLE INITIATIVE, THROUGH LEGISLATION AND A  
PROPOSED EXECUTIVE ORDER, WOULD CREATE MECHANISMS THAT LEVERAGE THE  
MISSION, KNOWLEDGE, AND IMPACT OF NONPROFITS TO HELP GOVERNMENT AND THE  
SECTOR WORK TOGETHER MORE EFFECTIVELY IN PURSUIT OF SHARED GOALS.

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

ENGAGING MORE THAN 3,000 THROUGH A VARIETY OF OPTIONS, INCLUDING  
UPSWELL POP-UPS, UPSWELL EXCHANGES, AND THE 2021 UPSWELL SUMMIT.  
FOLLOWING ARE SOME OF THE HIGHLIGHTS OF OUR COMMUNITY BUILDING WORK  
THIS YEAR:

- HOSTED FOUR UPSWELL POP-UPS ATTENDED BY 2,000 CHANGEMAKERS. EACH  
POP-UP HAD A DIFFERENT FOCUS BASED ON THE PRIMARY AREAS IN THE HEALTH  
OF THE U.S. NONPROFIT SECTOR REPORT. BY DIVING DEEPER AROUND THE

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CONVERSATIONS THAT SURROUND THE DATA IN AREAS LIKE GOVERNANCE AND TRUST, POLICY AND ADVOCACY, FINANCIAL RESOURCING, AND HUMAN CAPITAL, WE HELPED CHANGEMAKERS DEFINE HOW WE SHAPE OUR COMMUNITIES AND SYSTEMS FOR YEARS TO COME. WE ALSO HELD FOUR UPSWELL EXCHANGES, ONE AFTER EACH UPSWELL POP-UP, TO GIVE CHANGEMAKERS THE OPPORTUNITY TO UNPACK THE POP-UP PRESENTATIONS AND CONNECT THROUGH DEEPER RELATIONSHIPS WITH ONE ANOTHER.

- ON OCTOBER 20-22, INDEPENDENT SECTOR BROUGHT TOGETHER MORE THAN 1,100 CHANGEMAKERS FROM ACROSS THE NATION FOR THE 2021 UPSWELL SUMMIT TO FOCUS ON OUR COLLECTIVE MISSION: BUILDING A HEALTHY AND RACIALLY JUST NATION. HELD VIRTUALLY TO ENSURE THE SAFETY OF PARTICIPANTS, THE SUMMIT OFFERED CONTENT FROM MORE THAN 250 BRILLIANT THOUGHT LEADERS AND 60 POWERFUL SESSIONS, INCLUDING NETWORKING AND ARTS AND WELLNESS ACTIVITIES. DURING THE UPSWELL SUMMIT, INDEPENDENT SECTOR PRESENTED THE JOHN W. GARDNER LEADERSHIP AWARD TO TWO NATIONALLY RECOGNIZED LEADERS - DR. GAIL C. CHRISTOPHER AND PROFESSOR JOHN A. POWELL. INDEPENDENT SECTOR ALSO CELEBRATED MARIA YUAN, FOUNDER AND CEO OF ISSUEVOTER AND WINNER OF THE 2021 AMERICAN EXPRESS NGEN LEADERSHIP AWARD, ALONG WITH THE SIX AWARD FINALISTS - INCLUDING A MAIN STAGE DISCUSSION BY MARIA ABOUT EXPANDING CIVIC ENGAGEMENT AND TALKS IN THE PUBLIC SQUARE BY THE FINALISTS ABOUT THEIR MISSIONS.

- ENGAGED 28 FELLOWS THROUGH THE UPSWELL FELLOWS PROGRAM AND THE AMERICAN EXPRESS NGEN FELLOWS PROGRAM TO STRENGTHEN THEIR INDIVIDUAL AND COLLECTIVE LEADERSHIP CAPACITY, GROW THEIR PERSONAL AND PROFESSIONAL NETWORKS, AND ADDRESS THE ADAPTIVE NATURE OF LEADING IN THESE UNCERTAIN TIMES. AS PART OF OUR FELLOWS PROGRAM, INDEPENDENT SECTOR ALSO PARTNERED WITH THE CHRONICLE OF PHILANTHROPY TO ELEVATE THE WORK AND INNOVATION OF FOUR UPSWELL FELLOWS DURING THE YEAR. AT LEAST

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75% OF THESE FELLOWS ARE BLACK, NATIVE, OR OTHER PEOPLE OF COLOR

WORKING IN OR WITH THE NONPROFIT SECTOR.

- CONTINUED TO REFINE AND EXECUTE AROUND A DATA-DRIVEN SENSE OF COMMUNITY THEORY OF CHANGE BASED ON QUARTERLY SENSE OF COMMUNITY SURVEYS, DISTRIBUTED TO ALL COMMUNITY MEMBERS IN OUR DATABASE. THESE SURVEYS FOUND THAT WHILE MEMBERS OF THE INDEPENDENT SECTOR COMMUNITY HAVE A STRONG EMOTIONAL CONNECTION AND TRUSTED RELATIONSHIP AMONG ONE ANOTHER, THEY DIDN'T NECESSARILY FEEL THAT INDEPENDENT SECTOR WAS MEETING THEIR NEEDS AS COMMUNITY MEMBERS, OR THAT THEY HAD MUCH INFLUENCE IN THE DIRECTION OF THE ORGANIZATION/COMMUNITY AS A WHOLE. THIS DATA CONTINUES TO SHAPE OUR STRATEGIES MOVING FORWARD.

- IN APRIL, LAUNCHED A NEW MONTHLY CHANGWORKS NEWSLETTER ABOUT INDEPENDENT SECTOR MEMBERS AS A NEW WAY OF SHARING POWERFUL AND INSPIRING STORIES ABOUT HOW INDEPENDENT SECTOR MEMBERS AND THEIR LEADERS WERE CREATING REAL CHANGE THROUGH THEIR WORK EFFORTS TOWARD A HEALTHIER AND MORE EQUITABLE FUTURE FOR US ALL. TO DATE, 92 INDEPENDENT SECTOR MEMBERS HAVE BEEN INCLUDED IN CHANGWORKS, INCLUDING 25 FEATURED IN STORIES, Q&A BLOGS, OR ESSAYS.

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

CHARGE TO REBUILD THE NATION TO A PLACE BETTER THAN BEFORE, PRIORITIZING INVESTMENTS THAT ADVANCE EQUITABLE OUTCOMES FOR BLACK, NATIVE, LATINX, AND OTHER COMMUNITIES OF COLOR THAT HAVE BORNE THE BRUNT OF THE CORONAVIRUS PANDEMIC AND DEEPLY IMBEDDED STRUCTURAL INEQUITIES. FOLLOWING ARE SOME OF THE HIGHLIGHTS OF OUR PUBLIC POLICY LEADERSHIP WORK THIS YEAR:

- CREATED IN 2021 THROUGH A PROPOSED EXECUTIVE ORDER AND DRAFT LEGISLATION, INDEPENDENT SECTOR'S "SEAT AT THE TABLE" INITIATIVE WOULD

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CREATE PERMANENT, STRUCTURAL MECHANISMS FOR THE SECTOR TO HELP SHAPE AND IMPROVE FEDERAL POLICY, WHILE ALSO EXPANDING OPPORTUNITIES FOR THE GOVERNMENT TO WORK MORE EFFECTIVELY WITH THE SECTOR TO ACHIEVE SHARED GOALS. THE INITIATIVE CREATES A THREE-PART STRUCTURE TO DEEPEN THE PARTNERSHIP BETWEEN THE NONPROFIT SECTOR AND FEDERAL GOVERNMENT. THE WHITE HOUSE OFFICE ON THE NONPROFIT SECTOR (ONS) AND THE INTERAGENCY COUNCIL WILL COORDINATE WITHIN THE FEDERAL GOVERNMENT TO ENSURE POLICIES ARE DESIGNED WITH AN UNDERSTANDING OF THE SECTOR'S CAPACITY TO REALIZE CRITICAL PRIORITIES IN A WAY THAT MAXIMIZES THE BENEFIT TO COMMUNITIES AND OUR NATION. THROUGH OUR WORK WITH REP. BETTY MCCOLLUM AND AS A RESULT OF HER PASSION FOR THE NONPROFIT SECTOR, REP. MCCOLLUM PLANS TO INTRODUCE LEGISLATION TO PUT NONPROFITS IN THE EXECUTIVE OFFICE OF THE PRESIDENT BY ESTABLISHING A WHITE HOUSE OFFICE ON THE NONPROFIT SECTOR (WHITE HOUSE ONS) AMONG THE COMPONENTS OF THE "SEAT AT THE TABLE" INITIATIVE.

- INDEPENDENT SECTOR COMPILED A LIST OF RESOURCES AND EDUCATIONAL CONTENT ABOUT THE ACCELERATING CHARITABLE EFFORTS (ACE) ACT WHICH REVISES CURRENT LAWS DICTATING THE PACE AND TRANSPARENCY OF RESOURCES FLOWING FROM PRIVATE FOUNDATIONS AND DONOR ADVISED FUNDS AND, MORE BROADLY, PHILANTHROPY REFORM. THIS COMPILATION IS PART OF OUR EFFORTS TO FOSTER UNDERSTANDING OF THE ISSUES ACROSS THE SECTOR TO DRIVE ACTION, SUCH AS BEST PRACTICES, STANDARD-SETTING, AND PUBLIC POLICY. THESE RESOURCES AND EVENTS OFFERED BALANCED VIEWPOINTS, DATA-DRIVEN CONTENT, AND REGULAR ENGAGEMENT WITH OUR COMMUNITY MEMBERS.

- NOW IN ITS SECOND YEAR, NONPROFIT INFRASTRUCTURE INVESTMENT ADVOCACY GROUP (NIIAG), COFOUNDED BY INDEPENDENT SECTOR AND KABOOM!, CONTINUES TO ENGAGE OUR DIVERSE COMMUNITY LEADERS FROM ACROSS THE CHARITABLE NONPROFIT SECTOR TO IDENTIFY AND ADVOCATE FOR THE ESSENTIAL FEDERAL

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INVESTMENTS NEEDED TO REBUILD THE NATION FOLLOWING THE COVID-19 PANDEMIC, THE ECONOMIC CRISIS, AND RACIAL INJUSTICE. THE COALITION, NOW MORE THAN 50 ORGANIZATIONS STRONG, WROTE CHAIRMAN DEFAZIO AND CHAIRMAN PALLONE IN SUPPORT OF H.R. 3684, THE INVEST IN AMERICA ACT OF 2021. THE ACT IS INTENDED TO BOLSTER COMMUNITY AND CIVIC STRUCTURES THAT ENSURE ALL COMMUNITIES ACROSS AMERICA, ESPECIALLY THOSE DISPROPORTIONATELY IMPACTED BY THE COVID-19 PANDEMIC, CAN REBUILD, ENGAGE, AND THRIVE.

- THE CHARITABLE DEDUCTION FACED A GRAVE THREAT IN 2021: AN EARLIER PROPOSAL FROM THE BIDEN PRESIDENTIAL CAMPAIGN THAT COULD HAVE ELIMINATED BILLIONS OF DOLLARS IN GIVING. THROUGH WRITTEN CORRESPONDENCE, MEDIA ATTENTION, AN INDEPENDENT SECTOR-ORGANIZED MEETING WITH SENIOR TREASURY DEPARTMENT OFFICIALS, AND CONTINUED PRESENCE, OUR COMMUNITY HAS BEEN ABLE TO CONVINCED THE BIDEN ADMINISTRATION NOT TO PUT THIS POLICY FORWARD IN ITS ANNUAL BUDGET OR OTHER LEGISLATIVE FRAMEWORKS. THIS SUCCESS HAS PROTECTED THE RESOURCES OUR SECTOR NEEDS TO SERVE COMMUNITIES, WHILE ALSO ALLOWING US TO FOCUS ADVOCACY ON OTHER URGENT ISSUES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
OF WORK, AS WELL AS OTHER ACCELERATING SECTOR IMPACT HIGHLIGHTS DURING THIS YEAR:

- INDEPENDENT SECTOR, IN PARTNERSHIP WITH EDELMAN DATA & INTELLIGENCE, RELEASED OUR SECOND ANNUAL "TRUST IN CIVIL SOCIETY" REPORT OF SURVEY FINDINGS THAT EXPLORE THE NUANCES OF TRUST IN AMERICAN NONPROFIT AND PHILANTHROPIC ORGANIZATIONS. BUILDING ON INDEPENDENT SECTOR'S FOUR DECADES OF BRINGING TOGETHER THE CHARITABLE COMMUNITY FOR THE COMMON GOOD AND EDELMAN'S EXPERIENCE STUDYING TRUST IN BOTH THE GLOBAL AND U.S. CONTEXT, WE CONDUCTED TWO NATIONAL SURVEYS, TOTALING 8,000

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AMERICAN ADULTS, TO ASSESS GENERAL POPULATION TRUST IN PHILANTHROPY AND NONPROFITS AND UNCOVER THE FACTORS THAT DRIVE TRUST IN THE SECTOR.

- INDEPENDENT SECTOR, WITH THE DOGOOD INSTITUTE, ANNOUNCED THAT THE LATEST VALUE OF A VOLUNTEER HOUR IS \$28.54 - UP 4.9% FROM THE PREVIOUS YEAR. ESTIMATED FROM DATA COLLECTED IN 2020, THE FIGURE SHOWS THE VALUABLE CONTRIBUTIONS VOLUNTEERS MAKE TO SUPPORT OUR COMMUNITIES AND COUNTRY.

- INDEPENDENT SECTOR RELEASED OUR SECOND ANNUAL "HEALTH OF THE U.S. NONPROFIT SECTOR" REPORT, AN EVOLVING RESOURCE THAT COLLECTS THE MOST CURRENT DATA ON THE HEALTH OF THE U.S. NONPROFIT SECTOR ACROSS MULTIPLE DIMENSIONS IN A SINGLE, ACCESSIBLE FORMAT. THIS REPORT INCLUDES ORIGINAL RESEARCH FROM INDEPENDENT SECTOR, SPECIFICALLY ANALYSIS OF FEDERAL DATA ABOUT THE NONPROFIT SECTOR'S ECONOMIC IMPACT AND DEMOGRAPHIC COMPOSITION. OTHER DATA IS SOURCED FROM A WIDE RANGE OF EXISTING RESEARCH ON NONPROFIT INSTITUTIONS IN ACCESSIBLE FORMAT. THIS REPORT INCLUDES ORIGINAL RESEARCH FROM INDEPENDENT SECTOR, SPECIFICALLY ANALYSIS OF FEDERAL DATA ABOUT THE NONPROFIT SECTOR'S ECONOMIC IMPACT AND DEMOGRAPHIC COMPOSITION. OTHER DATA IS SOURCED FROM A WIDE RANGE OF EXISTING RESEARCH ON NONPROFIT INSTITUTIONS.

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

OPERATIONAL EXCELLENCE:

A HEALTHY AND EQUITABLE CIVIL SOCIETY IS ESSENTIAL TO ACHIEVING THE GOAL OF ALL PEOPLE LIVING IN THE U.S. THRIVING. INDEPENDENT SECTOR WAS FOUNDED TO FOCUS ON AND LEAD THE SECTOR IN FUNDAMENTALLY CONTRIBUTING TO A HEALTHY AND EQUITABLE SECTOR. TO REALIZE THIS LONG-TERM GOAL, INDEPENDENT SECTOR EMBRACES EXCELLENCE IN THE EXECUTION OF OUR DAILY

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EXTERNAL AND INTERNAL WORK, AND IN DRIVING INNOVATION TO MEET OUR GOAL MORE EXPEDITIOUSLY AND EFFECTIVELY. THIS INCLUDES ENSURING INDEPENDENT SECTOR IS A HEALTHY AND EQUITABLE ORGANIZATION; THAT THE INDEPENDENT SECTOR COMMUNITY IS KNOWN FOR OUR VALUES-DRIVEN CULTURE; THAT NONPROFIT AND FOUNDATION CHANGEMAKERS BUILD AND IDENTIFY WITH THE INDEPENDENT SECTOR COMMUNITY TO ENSURE ALL PEOPLE LIVING IN THE U.S. THRIVE, AND ARE HEALTHIER AND MORE EQUITABLE AS A RESULT OF ENGAGEMENT WITH THE INDEPENDENT SECTOR COMMUNITY; AND THAT NONPROFIT AND FOUNDATION CHANGEMAKERS ACT OUTSIDE OF THEIR ORGANIZATIONS TO IMPROVE THE HEALTH OF THE NONPROFIT SECTOR AND ENSURE ALL PEOPLE IN THE U.S. THRIVE.

FOLLOWING IS AN OVERVIEW OF OUR OPERATIONAL EXCELLENCE HIGHLIGHTS DURING THE YEAR:

- WITH INVESTMENTS FROM A GIFT FROM MACKENZIE SCOTT IN 2020, WE MADE SIGNIFICANT PROGRESS TOWARD A COMPLETE OVERHAUL OF IS'S DIGITAL INFRASTRUCTURE THROUGH UPGRADES TO THE CRM SYSTEM AND NEW INDEPENDENT SECTOR WEBSITE (DUE TO LAUNCH IN 2022). THE CRM AND WEBSITE ALLOW INDEPENDENT SECTOR TO PROVIDE AN IMPROVED USER EXPERIENCE THROUGHOUT, MORE ACCURATE DATA THAN THE CURRENT DATABASE, MORE IMPROVED INTEGRATION FOR COMMUNITY MEMBER TARGETING AND CUSTOMIZATION, ONLINE DONATIONS FOR THE FIRST TIME, AND ENGAGEMENT SCORING.

- INDEPENDENT SECTOR UPGRADED STRATEGIC AND OPERATIONAL PLANNING IN ORDER TO EXECUTE OUR WORK MORE EFFECTIVELY AND DELIVER NEEDED FINANCIAL RESOURCES.

EXPENSES \$ 209,270. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

INDEPENDENT SECTOR HAS MEMBERS THAT HELP SUPPORT THE MISSION OF THE ORGANIZATION



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FORM 990, PART VI, SECTION A, LINE 7A:

THERE IS ONLY ONE CLASS OF VOTING MEMBERS. THE MEMBERSHIP HAVE THE AUTHORITY TO ELECT DIRECTORS OF THE ORGANIZATION OTHER THAN THE PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERSHIP HAVE THE AUTHORITY TO APPROVE CHANGES IN THE ARTICLES OF INCORPORATION AND BY-LAWS, MEMBERSHIP DUES AND/OR DUES ASSESSMENT METHODOLOGY, MEMBERSHIP ELIGIBILITY CRITERIA, AFFIRM MAJOR POLICIES AND LEGISLATIVE ACTIONS BY THE BOARD, AS APPROPRIATE, AND ADOPT RESOLUTIONS ON NATIONAL ISSUES OF CONCERNS TO THE MEMBERSHIP, AS APPROPRIATE.

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

PRIOR TO FILING, THE FORM 990 IS PRESENTED TO INDEPENDENT SECTOR'S AUDIT COMMITTEE FOR REVIEW. THE CHIEF OPERATING OFFICER ALSO REVIEWS THE FORM 990 IN DETAIL WITH THE PRESIDENT AND CHIEF EXECUTIVE OFFICER PRIOR TO OBTAINING THE CEO'S SIGNATURE ON THE DOCUMENT. THE FORM 990 IS ALSO PRESENTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW IN ADVANCE OF FILING. IT IS DISTRIBUTED IN ADVANCE OF THE BOARD MEETING IN ORDER TO ENSURE THAT DIRECTORS HAVE THE OPPORTUNITY FOR A MEANINGFUL REVIEW AND TO ALLOW ALL DIRECTORS THE OPPORTUNITY TO GAIN A FULL UNDERSTANDING OF THE DOCUMENT BEFORE IT IS FILED. INDEPENDENT SECTOR'S AUDITORS PARTICIPATE IN THE BOARD MEETING IN ORDER TO RESPOND TO ANY QUESTIONS THAT DIRECTORS MAY HAVE.

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

EACH YEAR, BOARD MEMBERS ARE ASKED TO REVIEW INDEPENDENT SECTOR'S CONFLICT OF INTEREST POLICY AND TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT. AMONG OTHER THINGS, THE POLICY MAKES CLEAR THAT ALL DECISIONS OF

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THE BOARD, OFFICERS AND EMPLOYEES OF INDEPENDENT SECTOR ARE TO BE MADE SOLELY ON THE BASIS OF A DESIRE TO PROMOTE THE BEST INTERESTS OF THE ORGANIZATION AND THE PUBLIC GOOD. THE DISCLOSURE STATEMENT, IN TURN, REQUESTS THAT DIRECTORS IDENTIFY, TO THE BEST OF THEIR KNOWLEDGE, AFFILIATIONS WITH ORGANIZATIONS THAT MAY BE POTENTIALLY RELATED TO THE FINANCIAL OR OTHER SUBSTANTIVE OPERATIONS OF INDEPENDENT SECTOR. THEY ARE ALSO ASKED TO IDENTIFY CIRCUMSTANCES INVOLVING EITHER THEMSELVES, OR A MEMBER OF THEIR EXTENDED FAMILY, THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST. IF SUCH CIRCUMSTANCE SHOULD ARISE SUBSEQUENT TO SUBMITTING THE DISCLOSURE STATEMENT, THE POLICY SETS FORTH AN ONGOING DISCLOSURE REQUIREMENT.

AT THE STAFF LEVEL, INDEPENDENT SECTOR PERSONNEL ALSO ENSURE THAT THERE ARE NO CONFLICTS OF INTEREST WHEN CONSIDERING ENGAGEMENT OF A NEW VENDOR. IF A POTENTIAL CONFLICT IS IDENTIFIED, APPROPRIATE STEPS ARE TAKEN BOTH TO ASSESS THE NATURE OF THE POTENTIAL CONFLICT AND, SUBSEQUENTLY, TO ENSURE THAT THE POSSIBILITY OF AN ACTUAL CONFLICT IS MITIGATED. SUCH MITIGATION MAY BE ACHIEVED THROUGH THE RECUSAL OR FIREWALLING OF THE INDIVIDUAL IN QUESTION, THUS ENSURING THAT THE CONFLICT IS MANAGED AND THE LETTER AND SPIRIT OF THE CONFLICTS POLICY ARE UPHELD.

IN ADDITION, WE NOTE THAT DURING THE ANNUAL AUDIT STAFF IDENTIFY AND DISCLOSE TO AUDITORS ALL KNOWN CONFLICTS OF INTEREST.

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

APART FROM THE ORGANIZATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, INDEPENDENT SECTOR'S BOARD OFFICERS (CHAIR, VICE CHAIR, SECRETARY, AND TREASURER) DO NOT RECEIVE COMPENSATION FROM THE ORGANIZATION. AN ANNUAL

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COMPENSATION REVIEW PROCESS FOR THE CEO TAKES PLACE UNDER THE LEADERSHIP OF THE BOARD CHAIR AND EXECUTIVE COMMITTEE. AN OUTSIDE CONSULTANT IS RETAINED OR SALARY SURVEYS AND 990S ARE REVIEWED TO PROVIDE INDUSTRY COMPARABLE SALARY DATA. AN INTERMEDIATE SANCTIONS ANALYSIS AND RELATED DOCUMENTATION ARE ALSO COMPLETED. THE EXECUTIVE COMMITTEE HAS RESPONSIBILITY FOR MAKING FINAL RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS REGARDING THE PRESIDENT'S PERFORMANCE EVALUATION AND COMPENSATION. THE BOARD OF DIRECTORS MAKES A FINAL DETERMINATION WITH REGARD TO THESE MATTERS.

WITH REGARD TO STAFF COMPENSATION, THE PRESIDENT AND CEO, SENIOR LEADERSHIP TEAM, NONPROFIT HR CONSULTANT AND APPROPRIATE STAFF DIRECTORS ALSO COMPLETE ANNUAL PERFORMANCE EVALUATIONS. FOR ALL STAFF OTHER THAN THE PRESIDENT AND CEO, IS UTILIZES INDUSTRY COMPARABLE DATA IN MAKING DETERMINATIONS REGARDING THE RANGE OF SALARIES. THE PRESIDENT AND CEO MAKES ALL FINAL DETERMINATIONS RELATIVE TO STAFF COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MS, MN, NC, NH, NM, NY, OH, OK, PA, RI  
SC, TN, UT, VA, WA, WI, AK

FORM 990, PART VI, SECTION C, LINE 19:  
INDEPENDENT SECTOR'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC. THE ANNUAL AUDIT, 990 AND 990-T, BOARD OF DIRECTORS LIST, AND IS POLICIES (CONFLICT OF INTEREST, FINANCIAL RESPONSIBILITY, GIFTS AND ENTERTAINMENT, RECORDS RETENTION AND TRAVEL) ARE ALL AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE (WWW.INDEPENDENTSECTOR.ORG).

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## FORM 990, PART IX, LINE 11G, OTHER FEES:

## CONSULTANTS:

PROGRAM SERVICE EXPENSES	1,447,601.
MANAGEMENT AND GENERAL EXPENSES	347,983.
FUNDRAISING EXPENSES	3,531.
TOTAL EXPENSES	1,799,115.

## LEGISLATIVE ASSISTANCE:

PROGRAM SERVICE EXPENSES	195,522.
MANAGEMENT AND GENERAL EXPENSES	47,001.
FUNDRAISING EXPENSES	477.
TOTAL EXPENSES	243,000.

## SPEAKERS, SERVICE BUREAUS, AND OTHER:

PROGRAM SERVICE EXPENSES	99,282.
MANAGEMENT AND GENERAL EXPENSES	23,865.
FUNDRAISING EXPENSES	242.
TOTAL EXPENSES	123,389.

## TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	62,770.
MANAGEMENT AND GENERAL EXPENSES	30,560.
FUNDRAISING EXPENSES	14,523.
TOTAL EXPENSES	107,853.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,273,357.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1620 IS LLC - 54-3219877 1620 L STREET, NW WASHINGTON, DC 20036	BUILDING MANAGEMENT	DISTRICT OF COLUMBIA	775,908.	23,909,298.	INDEPENDENT SECTOR

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				







Form **990-T**

## Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

# 2021

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section	<b>Print or Type</b>	<b>INDEPENDENT SECTOR</b>	<b>52-1081024</b>
<input checked="" type="checkbox"/> 501(c)(3) )		Number, street, and room or suite no. If a P.O. box, see instructions.	<b>E</b> Group exemption number (see instructions)
408(e) 220(e) 408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... ▶ <b>43,964,741.</b>	

**G** Check organization type ▶  501(c) corporation    501(c) trust    401(a) trust    Other trust

**H** Check if filing only to ▶ Claim credit from Form 8941    Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **2**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **RICK ROBINSON-COO** Telephone number ▶ **(202) 467-6100**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	0.
2 Reserved .....	<b>2</b>	
3 Add lines 1 and 2 .....	<b>3</b>	
4 Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	
6 Deduction for net operating loss. See instructions .....	<b>6</b>	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) .....	<b>2</b>	
3 <b>Proxy tax.</b> See instructions .....	<b>3</b>	
4 Other tax amounts. See instructions .....	<b>4</b>	
5 Alternative minimum tax (trusts only) .....	<b>5</b>	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
2 Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement) .....	<b>3</b>		
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>		0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>		
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>		
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....	<b>11</b>		

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....			Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....		\$ _____	
4 Enter available pre-2018 NOL carryovers here .....		\$ <u>786,714.</u>	
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
810000	\$ 132,460.		
901101	\$ 382,228.		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title		
			<b>CHIEF OPERATING OFFICER</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	ELIZABETH W. HELLER	<i>Elizabeth Heller</i>	07/29/22		P00397829
	Firm's name	Firm's EIN		Firm's address	
RSM US LLP	42-0714325		1250 H STREET, SUITE 700		
	WASHINGTON, DC 20005		Phone no. 202-293-2200		

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>INDEPENDENT SECTOR</b>	Taxpayer identification number (TIN)  <b>52-1081024</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1602 L STREET, NW, 900</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**RICK ROBINSON-COO**

- The books are in the care of ▶ **1602 L STREET, NW, 900 - WASHINGTON, DC 20036**

Telephone No. ▶ **(202) 467-6100** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	46,170.	46,170.	0.	0.
12/31/09	432,331.	53,798.	378,533.	378,533.
12/31/10	163,857.	0.	163,857.	163,857.
12/31/11	60,708.	0.	60,708.	60,708.
12/31/12	50,750.	0.	50,750.	50,750.
12/31/13	39,947.	0.	39,947.	39,947.
12/31/17	92,919.	0.	92,919.	92,919.
NOL CARRYOVER AVAILABLE THIS YEAR			786,714.	786,714.

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

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>INDEPENDENT SECTOR</b>	<b>B</b> Employer identification number <b>52-1081024</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>810000</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **PROVISION OF PARKING**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>	27,190.	78,978.	-51,788.
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	27,190.	78,978.	-51,788.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	
<b>2</b> Salaries and wages		<b>2</b>	
<b>3</b> Repairs and maintenance		<b>3</b>	
<b>4</b> Bad debts		<b>4</b>	
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	
<b>6</b> Taxes and licenses		<b>6</b>	250.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>	
<b>9</b> Depletion		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	
<b>11</b> Employee benefit programs		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b>		<b>14</b>	2,840.
<b>15 Total deductions.</b> Add lines 1 through 14		<b>15</b>	3,090.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	-54,878.
<b>17</b> Deduction for net operating loss. See instructions		<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	-54,878.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	<b>1</b>	
2 Purchases .....	<b>2</b>	
3 Cost of labor .....	<b>3</b>	
4 Additional section 263A costs (attach statement) .....	<b>4</b>	
5 Other costs (attach statement) .....	<b>5</b>	
6 <b>Total.</b> Add lines 1 through 5 .....	<b>6</b>	
7 Inventory at end of year .....	<b>7</b>	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	<b>8</b>	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 <b>Total dividends-received deductions</b> included in line 10				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: <u>PROVISION OF</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	27,190.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	78,978.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	-51,788.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0.





FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		2,840.
TOTAL TO SCHEDULE A, PART II, LINE 14		2,840.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	46,959.	0.	46,959.	46,959.
12/31/19	29,642.	0.	29,642.	29,642.
12/31/20	55,859.	0.	55,859.	55,859.
NOL CARRYOVER AVAILABLE THIS YEAR			132,460.	132,460.

FORM 990-T (A)	PART VIII - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME		STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PARKING EXPENSES		78,978.	
- SUBTOTAL -	1		78,978.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3			78,978.

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

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>INDEPENDENT SECTOR</b>	<b>B</b> Employer identification number <b>52-1081024</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>901101</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **DEBT FINANCED RENTALS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶			
<b>2</b> Cost of goods sold (Part III, line 8)	<b>1c</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>2</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>3</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4a</b>			
<b>c</b> Capital loss deduction for trusts	<b>4b</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>4c</b>			
<b>6</b> Rent income (Part IV)	<b>5</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>6</b>	283,129.	541,190.	-258,061.
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>7</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>8</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>9</b>			
<b>11</b> Advertising income (Part IX)	<b>10</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>11</b>			
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>12</b>	283,129.	541,190.	-258,061.
	<b>13</b>			

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)				
<b>2</b> Salaries and wages				
<b>3</b> Repairs and maintenance				
<b>4</b> Bad debts				
<b>5</b> Interest (attach statement). See instructions				
<b>6</b> Taxes and licenses				
<b>7</b> Depreciation (attach Form 4562). See instructions		7		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		8a		
<b>9</b> Depletion				
<b>10</b> Contributions to deferred compensation plans				
<b>11</b> Employee benefit programs				
<b>12</b> Excess exempt expenses (Part VIII)				
<b>13</b> Excess readership costs (Part IX)				
<b>14</b> Other deductions (attach statement)				
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14				0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-258,061.
<b>17</b> Deduction for net operating loss. See instructions				0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16				-258,061.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> <b>0.</b>				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span> <b>0.</b>				

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  **OFFICE BUILDING RENTA**

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....	775,908.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) <b>STMT 8</b> 514,656.	514,656.			
b Other deductions (attach statement) <b>STMT 9</b> 968,463.	968,463.			
c Total deductions (add lines 3a and 3b, columns A through D) .....	1,483,119.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT</b> 68,697,553.	68,697,553.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) <b>STMT 7</b> 23,836,822.	23,836,822.			
6 Divide line 4 by line 5 .....	36.49%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ...	283,129.			
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span> <b>283,129.</b>				
9 Allocable deductions. Multiply line 3c by line 6	541,190.			
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> <b>541,190.</b>				
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span> <b>0.</b>				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	21,846.	0.	21,846.	21,846.
12/31/19	187,007.	0.	187,007.	187,007.
12/31/20	173,375.	0.	173,375.	173,375.
NOL CARRYOVER AVAILABLE THIS YEAR			382,228.	382,228.

FORM 990-T (A)

PART V - UNRELATED DEBT-FINANCED INCOME  
AVERAGE ACQUISITION DEBT

STATEMENT 6

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
OFFICE BUILDING RENTAL	2	
BEGINNING FIRST MONTH		8,881,099.
BEGINNING SECOND MONTH		8,847,983.
BEGINNING THIRD MONTH		8,814,791.
BEGINNING FOURTH MONTH		8,781,522.
BEGINNING FIFTH MONTH		8,748,176.
BEGINNING SIXTH MONTH		8,714,753.
BEGINNING SEVENTH MONTH		8,681,254.
BEGINNING EIGHTH MONTH		8,647,677.
BEGINNING NINTH MONTH		8,614,022.
BEGINNING TENTH MONTH		8,580,290.
BEGINNING ELEVENTH MONTH		8,546,480.
BEGINNING TWELFTH MONTH		8,512,592.
TOTAL OF ALL MONTHS		104,370,639.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		8,697,553.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

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FORM 990-T (A)                      PART V - UNRELATED DEBT-FINANCED INCOME                      STATEMENT 7  
AVERAGE ADJUSTED BASIS

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DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
OFFICE BUILDING RENTAL	2	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		24,244,546.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		23,429,097.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		<u>23,836,822.</u>
TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5		

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FORM 990-T (A)                      PART V - DEPRECIATION DEDUCTION                      STATEMENT 8

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		514,656.	
- SUBTOTAL -	2		514,656.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			<u>514,656.</u>

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FORM 990-T (A)                      PART V - OTHER DEDUCTIONS                      STATEMENT 9

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INTEREST		144,618.		
CONSULTANT		59,712.		
TELEPHONE		2,517.		
INSURANCE		33,135.		
REPAIRS & MAINTENANCE		112,548.		
OFFICE EXPENSE		1,997.		
OTHER BUILDING EXPENSES		613,936.		
- SUBTOTAL -	2	968,463.	1.00	968,463.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				<u>968,463.</u>



TAXABLE YEAR  
**2021**

# California Exempt Organization Annual Information Return

128941 12-29-21  
FORM

**199**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **INDEPENDENT SECTOR** California corporation number: **2976195**

Additional information. See instructions. FEIN: **52-1081024**

Street address (suite or room): **1602 L STREET, NW, NO. 900** PMB no. \_\_\_\_\_

City: **WASHINGTON** State: **DC** ZIP code: **20036**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First return ..... Yes  No

**B** Amended return ..... Yes  No

**C** IRC Section 4947(a)(1) trust ..... Yes  No

**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1) Cash (2)  Accrual (3) Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions ..... Yes  No

**H** Is this organization in a group exemption ..... Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. .... Yes  No

**K** Is the organization exempt under R&TC Section 23701g? ..... Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** Is the organization a limited liability company? ..... Yes  No

**M** Did the organization file Form 100 or Form 109 to report taxable income? ..... Yes  No

**N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... Yes  No

**O** Is federal Form 1023/1024 pending? ..... Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,457,354	00
	2	Gross dues and assessments from members and affiliates	2	1,424,485	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	6,412,510	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed. If the result is less than \$50,000, see General Information B</b>	4	9,294,349	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	9,294,349	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	10,669,107	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1,374,758	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00
<b>Sign Here</b>	Signature of officer		Title <b>CHIEF OPERATIN</b>	Date	Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Elizabeta Allen</i>		Date <b>07/29/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00397829</b>
	Firm's name (or yours, if self-employed) and address <b>RSM US LLP 1250 H STREET, SUITE 700 WASHINGTON, DC 20005</b>				Firm's FEIN <b>42-0714325</b>
					Telephone <b>202-293-2200</b>
May the FTB discuss this return with the preparer shown above? See instructions ..... <input checked="" type="checkbox"/> Yes No					



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CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT 2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
INVESTMENT			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	270,657.
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TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	270,657.

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CA 199	OTHER INCOME	STATEMENT 3
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DESCRIPTION	AMOUNT
SUBLEASE INCOME	83,790.
PARKING SERVICES	27,190.
CONFERENCE FEES	42,916.
PUBLICATION SALES	87,632.
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TOTAL TO FORM 199, PART II, LINE 7	241,528.

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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 4
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DANIEL J. CARDINALI 1602 L STREET, NW, 900 WASHINGTON, DC 20036	PRESIDENT & CEO 38.00	654,895.
RICK ROBINSON 1602 L STREET, NW, 900 WASHINGTON, DC 20036	CHIEF OPERATING OFFICER 38.00	312,421.
JEFF MOORE 1602 L STREET, NW, 900 WASHINGTON, DC 20036	CHIEF STRATEGY OFFICER 38.00	277,717.
KRISTINA CAMPBELL 1602 L STREET, NW, 900 WASHINGTON, DC 20036	CHIEF COMMUNICATION OFFICE 38.00	248,023.

INDEPENDENT SECTOR

52-1081024

JEFFREY L BRADACH 1602 L STREET, NW, 900 WASHINGTON, DC 20036	CHAIR OF THE BOARD 38.00	0.
FRED BLACKWELL 1602 L STREET, NW, 900 WASHINGTON, DC 20036	VICE CHAIR OF THE BOARD 1.00	0.
SONYA CAMPION 1602 L STREET, NW, 900 WASHINGTON, DC 20036	SECRETARY OF THE BOARD 1.00	0.
JENNIFER FORD REEDY 1602 L STREET, NW, 900 WASHINGTON, DC 20036	TREASURER OF BOARD 1.00	0.
NICOLE ANDERSON 1602 L STREET, NW, 900 WASHINGTON, DC 20036	BOARD OF DIRECTOR 1.00	0.
ANTONY CHIANG 1602 L STREET, NW, 900 WASHINGTON, DC 20036	BOARD OF DIRECTOR 1.00	0.
JIM CLARK 1602 L STREET, NW, 900 WASHINGTON, DC 20036	BOARD OF DIRECTOR 1.00	0.
SUZANNE MCCORMICK 1602 L STREET, NW, 900 WASHINGTON, DC 20036	BOARD OF DIRECTOR 1.00	0.
SARAH KASTELIC 1602 L STREET, NW, 900 WASHINGTON, DC 20036	BOARD OF DIRECTOR 1.00	0.
LARRY KRAMER 1602 L STREET, NW, 900 WASHINGTON, DC 20036	BOARD OF DIRECTOR 1.00	0.
JANINE LEE 1602 L STREET, NW, 900 WASHINGTON, DC 20036	BOARD OF DIRECTOR 1.00	0.
TERRY MAZANY 1602 L STREET, NW, 900 WASHINGTON, DC 20036	BOARD OF DIRECTOR 1.00	0.

INDEPENDENT SECTOR

52-1081024

MICHAEL MCAFEE  
1602 L STREET, NW, 900  
WASHINGTON, DC 20036

BOARD OF DIRECTOR  
1.00

0.

DIANE MELLEY  
1602 L STREET, NW, 900  
WASHINGTON, DC 20036

BOARD OF DIRECTOR  
1.00

0.

HENRY TIMMS  
1602 L STREET, NW, 900  
WASHINGTON, DC 20036

BOARD OF DIRECTOR  
1.00

0.

DAVID WILLIAMS  
1602 L STREET, NW, 900  
WASHINGTON, DC 20036

BOARD OF DIRECTOR  
1.00

0.

STACEY STEWART  
1602 L STREET, NW, 900  
WASHINGTON, DC 20036

BOARD OF DIRECTOR  
1.00

0.

MARCO DAVIS  
1602 L STREET, NW, 900  
WASHINGTON, DC 20036

BOARD OF DIRECTOR  
1.00

0.

PHOEBE BOYER  
1602 L STREET, NW, 900  
WASHINGTON, DC 20036

BOARD OF DIRECTOR  
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

1,493,056.

CA 199

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION REPORTED ELSEWHERE	-815,450.
DUES & SUBSCRIPTIONS	195,054.
IN-KIND EXPENSES	515.
ALLOCATED OVERHEAD	0.
DEPRECIATION	187,798.
INTEREST	52,771.
CONSULTANT	21,789.
TELEPHONE	918.
INSURANCE	12,091.
REPAIRS & MAINTENANCE	41,069.
OFFICE	729.
OTHER BLDG EXPENSES	224,025.
	0.
DEPRECIATION	326,858.
INTEREST	91,847.
CONSULTANT	37,923.
TELEPHONE	1,598.
INSURANCE	21,044.
REPAIRS & MAINTENANCE	71,479.
OFFICE	1,268.
OTHER BLDG EXPENSES	389,912.
	0.
PENSION PLAN CONTRIBUTIONS	176,581.
OTHER EMPLOYEE BENEFITS	159,944.
LEGAL FEES	37,142.
ACCOUNTING FEES	42,263.
INVESTMENT MANAGEMENT FEES	38,873.
OTHER PROFESSIONAL FEES	2,273,357.
ADVERTISING AND PROMOTION	43,214.
OFFICE EXPENSES	106,234.
INFORMATION TECHNOLOGY	34,646.
TRAVEL	-53,929.
CONFERENCES AND CONVENTIONS	96,021.
INSURANCE	93,147.
TOTAL TO FORM 199, PART II, LINE 17	3,910,731.

CA 199

OTHER INVESTMENTS

STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	10,365,773.	11,236,221.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	10,365,773.	11,236,221.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,778,961.	802,000.
PREPAID EXPENSES AND DEFERRED CHARGES	81,370.	126,076.
DEFERRED RENT RECEIVABLE	215,960.	245,492.
DEFERRED LEASE INCENTIVES	130,365.	107,394.
DEPOSITS	20,130.	20,130.
LEASING COMMISSION COSTS, NET	89,254.	64,162.
DEFERRED COMPENSATION	134,763.	173,210.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,450,803.	1,538,464.

CA 199	BONDS AND NOTES PAYABLE	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
TAX-EXEMPT BONDS LIABILITIES	8,845,174.	8,460,561.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	8,845,174.	8,460,561.

CA 199	OTHER LIABILITIES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED COMPENSATION PLAN LIABILITY	134,763.	173,210.
DEFERRED RENT	3,520.	2,315.
DEPOSITS HELD IN ESCROW	91,234.	74,718.
PAYROLL PAYCHECK	841,995.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,071,512.	250,243.

CA 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT 10
DESCRIPTION	AMOUNT	
UNREALIZED GAIN ON INVESTMENT	484,930.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8	484,930.	

CA 199

FUND BALANCES

STATEMENT 11

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
NET ASSETS WITHOUT DONOR RESTRICTIONS	32,296,212.	30,127,524.
NET ASSETS WITH DONOR RESTRICTIONS	3,109,261.	4,388,121.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	35,405,473.	34,515,645.



**Corporation Depreciation  
and Amortization**

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 52-1081024**

Corporation name

California corporation number

**INDEPENDENT SECTOR**

**2976195**

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service .....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost) .....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from prior taxable years .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
<b>SEE STATEMENT</b>	<b>12</b>	<b>37,349,724.</b>	<b>12,875,580.</b>				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....					15	<b>925,630</b>

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	<b>925,630</b>
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	<b>925,630</b>
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	<b>0</b>

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g) .....					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....					22	

CA 3885

## DEPRECIATION

STATEMENT 12

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LAND	VARIOUS	5,391,820.		L		0.	
2 BUILDING	VARIOUS	26,729,411.	8631140.	SL	40.00	668,217.	
3 BUILDING IMPROVEMENTS	VARIOUS	2,466,540.	1709737.	SL	40.00	149,357.	
4 FURNITURE, EQUIPMENT, AND SOFTWARE	VARIOUS	2,761,953.	2534703.	SL	10.00	108,056.	
TOTAL TO FORM 3885		<u>37,349,724.</u>	<u>12875580.</u>			<u>925,630.</u>	