	PUBLIC DISCLOSURE COPY								
	~	~~	Return of Organization Exempt Fro		ncome Tax	OMB No. 1545-0047			
Forr	n y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod) 2010				
•		uary 2020)	Do not enter social security numbers on this form as it	-		Open to Public			
Depa Intern	tment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	latest	information.	Inspection			
AF	or th	e 2019 calend	ar year, or tax year beginning $ m JUL1$, 2019 and endi	ng J	<u>UN 30, 2020</u>				
Bc	heck if oplicat	C Name of	organization		D Employer identifica	ation number			
	-								
X	Addro chan	9	FRONT			2			
	chan] Initia			,	23-737602	3			
]returr Final		and street (or P.O. box if mail is not delivered to street address) W. MADISON ST, 2ND FLOOR	n/suite	E Telephone number 312-578-0	000			
	Ireturr termi	n_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,623,265.			
	ated Amer		AGO, IL 60606		H(a) Is this a group ret				
	_returr]Appli tion		nd address of principal officer: MONIQUE B. JONES		for subordinates?				
L	pend		AS C ABOVE		H(b) Are all subordinates incl	= =			
IT	ax-e>	empt status:		527		st. (see instructions)			
			MYFOREFRONT.ORG		H(c) Group exemption				
ΚF	orm o	f organization:	X Corporation	L Year		State of legal domicile: IL			
	rt I	Summary							
~	1		e the organization's mission or most significant activities: ${\ \ {\rm TO}\ \ {\rm BUII}}$	DA	VIBRANT SOC	IAL IMPACT			
u Ce		SECTOR	FOR ALL THE PEOPLE OF ILLINOIS.						
Activities & Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed o	f more	than 25% of its net asse				
No.	3	Number of vot	24						
ي م	4		ependent voting members of the governing body (Part VI, line 1b)			23			
ies	5		of individuals employed in calendar year 2019 (Part V, line 2a)			38			
ivit	6		of volunteers (estimate if necessary)		_	65			
Act	7 a Total unrela		d business revenue from Part VIII, column (C), line 12			<u>415,876.</u> -23,628.			
	a	Net unrelated	business taxable income from Form 990-T, line 39	<u></u>	Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)		4,750,185.	8,565,391.			
anc	9		ce revenue (Part VIII, line 2g)		955,770.	1,030,989.			
Revenue	10	U U	come (Part VIII, column (A), lines 3, 4, and 7d)		3,862.	2,441.			
R	11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		63,723.	22,495.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,773,540.	9,621,316.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		1,091,979.	2,866,078.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		2,548,556.	2,726,211.			
nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b		ng expenses (Part IX, column (D), line 25)	_					
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,128,546.	2,015,265.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,769,081.	7,607,554.			
	19	Revenue less	expenses. Subtract line 18 from line 12		4,459.	2,013,762.			
Net Assets or -und Balances	00	T-+-! - · /7			ginning of Current Year 3,675,607.	<u>End of Year</u> 6,049,358.			
sse Bala	20	Total assets (F			291,948.	942,340.			
let A und	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		3,383,659.	5,107,018.			
	22 rt II			·	5,505,059.	5,107,010.			
		-	I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of my l	nowledge and belief, it is			
			Declaration of preparer (other than officer) is based on all information of which p						

Sign	Signature of officer			Date						
Here	DEREK STOVALL-LEONARD,	CHIEF FINANCIAL	OFFICER							
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	J. CALVIN MARKS			self-employed P01226973						
Preparer	Firm's name 🕒 JOHNSON LAMBERT			Firm's EIN 52-1446779						
Use Only	Firm's address 4242 SIX FORKS R									
	Phone no.919-719-6400									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
				000						

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

Form 84	53-EO	Exempt Or	ganization Declaration	and Signatu	ire for	OMB No. 1545-0047
		For calendar year 2019 or tax	year beginning JUL 1 , 2019, au	TIIN 3	0	0040
Department of th	Transien			To de la companya de		2019
Internal Revenue	Service		with Forms 990, 990-EZ, 990-PF, 1	120-POL, and 886	8	 Comparison Continues
Name of exe	empt organiz	FOREFRONT				dentification number 7376023
Part I	Type of	Return and Return In	formation (Whole Dollars Only)		25	1310023
Check the b			Form 8453-EO and enter the applical	ala amarut if and		
line 1a, 2a, 3	applicable, I	below and the amount on the	nat line of the return being filed with t u entered -0- on the return, then enter	this form was blank	, then leave line	1b. 2b. 3b. 4b. or 5b
	0 check her		I revenue, if any (Form 990, Part VIII	, column (A), line 1	2) 1b	9,621,316.
2a Form 99 3a Form 11	20-EZ Check	here b Tota	I revenue, if any (Form 990-EZ, line 9)	2b	
4a Form 99			I tax (Form 1120-POL, line 22)	000 05 0	3b	
5a Form 88			based on investment income (Form nce due (Form 8868, line 3c)	1990-PF, Part VI, III	ne 5) 4b 5b	8 <u></u>
Part II	Declarat	tion of Officer				
tax Tre ins an If a exe	es owed on easury Finan- stitutions invo d resolve iss a copy of this ecuted the el	this return, and the financia cial Agent at 1-888-353-453; blved in the processing of th ues related to the payment.	nated Financial Agent to initiate an Au n account indicated in the tax prepar I institution to debit the entry to this is 7 no later than 2 business days prior e electronic payment of taxes to reco state agency(ies) regulating charities contained within this return allowing the selected state agency(ies).	ration software for account. To revoke to the payment (se eive confidential inf	payment of the o a payment, I mu ttlement) date. I a formation necess	rganization's federal st contact the U.S. also authorize the financial ary to answer inquiries
further declar intermediate	re that the ar service provi wledgement	mount in Part I above is the i ider, transmitter, or electron of receipt or reason for rejection	er of the above named organization a tatements, and, to the best of my km amount shown on the copy of the orgic return originator (ERO) to send the transmission, (b) the reas	owledge and belief ganization's electro	, they are true, co onic return. I cons urn to the IRS and processing the r	errect, and complete. I ent to allow my
Part III	Declarat	ion of Electronic Retu	urn Originator (ERO) and Pai	id Preparer (se	e instructions)	
return. The or filed with the for Business I accompanyin	I have review I am only a rganization o IRS, and hav Returns. If I a g schedules	wed the above organization's collector, I am not responsib fficer will have signed this fo ve followed all other requirer am also the Paid Preparer, u	s return and that the entries on Form ole for reviewing the return and only c orm before I submit the return. I will g nents in Pub. 4163, Modernized e-Fil nder penalties of perjury I declare that best of my knowledge and belief th	8453-EO are comp declare that this for live the officer a co e (MeF) Information at L have examined	olete and correct m accurately refle py of all forms an n for Authorized II the above organ	ects the data on the d information to be RS e-file Providers
	ature	marlu	Date 5/14/2021	also paid if	self-	0's SSN or PTIN 01226973
Only your	's name (or s if solf-omployed		IBERT LLP	Latter		-1446779
addr	ess, and ZIP cod		RKS ROAD, SUITE 15	00	Phone no.	
Under penalti	es of perjury	. I declare that I have examin	2 27609 ned the above return and accompany	ving schedules and	atatamente and	719-6400 , to the best of my know-
Paid	ici, arcy are	reparer's name	Preparer's signature	all information of w	hich the preparer Check if self-	has any knowledge. PTIN
Preparer	Firm's name				employed	
Use Only					Firm's EIN 🕨	
	Firm's addre				Phone no.	
923061 11-08-19	LHA For	Privacy Act and Paperwork Rec	luction Act Notice, see back of form.			Form 8453-EO (2019)

Product: Exempt Name: Forefront FEIN: ***** 6023	Category:	IRS Center: Ogden e-Postmark: 5/14/2021 9:42 AM Notification:
Fiscal Year Begin Date: 7/1/2019	Fiscal Year End Date: 6/30/2020	eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
05/14/2021	19X:23- 7376023:V1	Upload Started			Marks,Calvin	
05/14/2021	19X:23- 7376023:V1	Released for Transmission - Validation in Progress			Marks,Calvin	
05/14/2021	19X:23- 7376023:V1	Ready to transmit - Validation Complete				
05/14/2021	19X:23- 7376023:V1	Transmitted to FD	5637082021134034ae41			
05/14/2021	19X:23- 7376023:V1	Accepted by FD on 5/14/2021				

(Rev. January 2020)

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 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.*

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.

Type or	Name of exempt organization or other filer, see instructions. T			Taxpayer identification number (TIN)		
print	FOREFRONT					376023
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, so 200 W. MADISON ST, 2ND FLOO	R				
instructions.	City, town or post office, state, and ZIP code. For a for CHICAGO, IL 60606	oreign addi	ress, see instructions.			
Enter the Return Code for the return that this application is for (file a separate application for each return)						
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (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	Form 990-T (trust other than above) 06 Form 8870 DEREK STOVALL-LEONARD					12
 The books are in the care of ▶ 200 W. MADISON ST, 2ND FLOOR - CHICAGO, IL 60606 Telephone No. ▶ 312-578-0090 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. I request an automatic 6-month extension of time untilMAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶ X tax year beginning JUL 1, 2019, and ending JUN 30, 2020 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 						
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, v nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				0		
	imated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	•				0.
	ng EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal			3c 453-EO an	\$ d Form 887	• •
instructio					a i oni oor	e ze iei payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form	1 990 (2019) FOREFRONT	23-7376023 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: WE MOBILIZE OUR MEMBERS TO WORK COLLECTIVELY AROUND IS:	SILES THAT ARE
	IMPORTANT TO THEM AND TO THE SECTOR.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	s? Yes X No
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 o	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3, 471, 744. including grants of \$2, 864, 078.) (R	evenue \$ 570,815.)
	FOREFRONT LEVERAGES THE COLLECTIVE POWER OF PHILANTHRON	PY AND NONPROFITS
	TO IMPROVE LIVES AND STRENGTHEN COMMUNITIES. FOUNDED :	•
	FOREFRONT IS THE ONLY MEMBERSHIP ASSOCIATION IN ILLINO	
	AND NONPROFITS OF ALL KINDS, AS WELL AS THEIR ADVISORS	
	SOME 1,100 INDIVIDUALS AND INSTITUTIONS BELONG TO FORE	-
	THOUSANDS MORE BENEFIT FROM ITS RESOURCES, SOME OF WHICE FOREFRONT IS BASED IN CHICAGO BUT SERVES THE ENTIRE STA	
	FOR CONNECTION AND COLLABORATION AS WELL AS A SOURCE OF	
	PROGRAMS, PUBLICATIONS, AND OTHER TOOLS, INCLUDING A FI	-
	STRENGTHEN THE EFFECTIVENESS OF PHILANTHROPY AND NONPRO	-
	PUBLIC POLICY ADVOCACY AND MEDIA RELATIONS, FOREFRONT A	
	LEADER AND VOICE FOR PHILANTHROPY AND NONPROFITS, PROTI	
4b	(Code:) (Expenses \$1, 177, 180. including grants of \$) (R	evenue \$)
	FRESH TASTE IS A SPONSORED PROJECT OF FOREFRONT. IT IS	
	INITIATIVE FORMED IN 2002 BY A GROUP OF ILLINOIS-BASED	
	CHICAGO CITY OFFICIALS INTERESTED IN CHANGING HOW FOOD	IS PRODUCED FOR,
	AND PROCESSED AND CONSUMED IN THE CHICAGO REGION.	
4c		evenue \$ 415,876.)
	CONVERGE CONSULTING IS A SOCIAL ENTERPRISE OWNED AND M	
	FOREFRONT THAT DELIVERS FINANCIAL, ACCOUNTING, AND ADM	
	SOLUTIONS TO NONPROFITS AND FOUNDATIONS SO THAT THEY CANNESSION. WE WORK WITH ORGANIZATIONS TO ADDRESS THEIR SI	AN FOCUS ON THEIR
	AN INTERIM OR CONTINUING BASIS.	FECIFIC NEEDS ON
	AN INTERIM ON CONTINUING BADID:	
4d	Other program services (Describe on Schedule O.)	44.000
	(Expenses \$ 877,853. including grants of \$ 2,000.) (Revenue \$	44,298. ₎
4e	Total program service expenses ► 5,965,281.	Form 990 (2019)
02000	2 01-20-20 SEE SCHEDULE O FOR CONTINUATION	. ,
332002		

Form	<u>990 (2019)</u> FOREFRONT 23-7376	023	P	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form	990 (2019) FOREFRONT 23-737	5023	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
C		04-		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U		28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 20		23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par			-	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		
b		5		
0	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	1c	х	
		1 10		1

Form 990 (2019)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 38					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
50						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
ou	any contributions that were not tax deductible as charitable contributions?	6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	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?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	'No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O				,	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	<u>11a</u>	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X X	
14 45	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	i by inc	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	Х	
a h	The organization's CEO, Executive Director, or top management official			15a 15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150	- 23	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	oont w	th a			
104	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		L
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IL$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section 501(c)(3):	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			,,		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	I records			
	DEREK STOVALL-LEONARD - 312-327-8910					
	200 W. MADISON ST, 2ND FLOOR, CHICAGO, IL 60606					
				Form	aan	(2010)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	nsated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization's	s tax year.
 List a 	Ill of the organization's current officers, directors, trustees (whether individuals or organizations), regardless	s of amount of compensations	ation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00130)		and related
	below	dual t	n stit utio nal tru stee	-	ƙey employee	st co	Ŀ			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) ERIC WEINHEIMER	40.00									
PRESIDENT, CEO (TO JUNE 20)		х		х				221,726.	Ο.	32,761.
(2) KAREN LEHMAN	40.00									
DIRECTOR, FRESH TASTE						X		140,686.	Ο.	34,673.
(3) DEREK STOVALL-LEONARD	40.00									
CFO				Х				138,127.	Ο.	8,250.
(4) DAWN MELCHIORRE	40.00									
C00				Х				130,608.	0.	24,921.
(5) YUSEF GARCIA	40.00									
VP, DEVELOP & COMMUNICATIONS						Х		117,336.	0.	4,562.
(6) GREG DIDOMENICO	2.00									
CHAIR		Х		Х				0.	0.	0.
(7) MARK ISHAUG	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) LOUISE (WEGI) FERRY STEWART	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) DERONDAL BEVLY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) HEATHER ALDERMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LAWRENCE BENITO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MATT BLAKELY	1.00									
BOARD MEMBER (TO DEC '19)		Х						0.	0.	0.
(13) GILLIAN DARLOW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) CARRIE L. DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JOSH GIBB	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) EVAN HOCHBERG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) JOHN KELKER	1.00									_
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2019) FOREFRONT							23-73	760	023	Page 8		
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (C				(D)	(E)			(F)
Name and title	Average		not c	Posi heck n	nore	than c		Reportable	Reportable			imated
	hours per week				ss person is both an id a director/trustee)			compensation	compensatior	·		ount of
	(list any							_ from the	from related organizations			other
	hours for	direct				_		organization	(W-2/1099-MIS		•	ensation om the
	related	e or	stee			nsated		(W-2/1099-MISC)		[,]		inization
	organizations	trust	al tru		yee	ompe					•	related
	below	Individual trustee or director	Institutional trustee	er	Key employee	iest co loyee	ner				orga	nizations
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former					
(18) ANNA LEE	1.00											
BOARD MEMBER (FROM MAY '20)	1 0 0	Х						0.		0.		0.
(19) DINAZ MANSURI	1.00											0
BOARD MEMBER	1 0 0	Х						0.		0.		0.
(20) KATE MCADAMS	1.00											0
BOARD MEMBER	1 0 0	Х						0.		0.		0.
(21) DORRI MCWHORTER	1.00							0				0
BOARD MEMBER	1 0 0	Х						0.		0.		0.
(22) VICKI MORCOS	1.00									<u> </u>		0
BOARD MEMBER	1 0 0	Х						0.		0.		0.
(23) MARIA PESQUEIRA BOARD MEMBER (FROM DEC '19)	1.00	x						0.		0.		0.
(24) JULIAN POSADA	1.00	~						0.		••		0.
BOARD MEMBER	1.00	x						0.		0.		0.
(25) MARY POUNDER	1.00									` +		
BOARD MEMBER (FROM MAY '20)		х						0.		0.		0.
(26) ANGELIQUE POWER	1.00											
BOARD MEMBER		х						0.		0.		0.
1b Subtotal							•	748,483.		0.	105	5,167.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								748,483.		0.	105	5,167.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable			
compensation from the organization												5
										r		Yes No
3 Did the organization list any former officer,	director, trust	ee, ł	key e	emplo	oyee	e, or	hig	phest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual										3	X
4 For any individual listed on line 1a, is the su	-								-			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	che	edule	Jt	for such individual			4	X
5 Did any person listed on line 1a receive or a	•							•				
rendered to the organization? <i>If "Yes," com</i>	plete Schedule	e J f	or sı	ich p	perso	on .					5	X
Section B. Independent Contractors											. ,	
1 Complete this table for your five highest con	•	•							•	ensat	ion froi	m
the organization. Report compensation for t	ne calendar ye	ear e	enair	ng wi	th c	or wi	nin		ear.		(0)	<u> </u>
(A) Name and business	address							(B) Description of s	ervices	С	(C) ompen	
AFTON PARTNERS LLC							_					
1615 L ST NW, WASHINGTON, DC 20036 CONSULTING								172	2,500.			
	20 200							001100212110				.,
2 Total number of independent contractors (ir	ncluding but p	ot lir	niter	t ot b	hoe	e lie	ted	above) who received m	ore than			
\$100.000 of compensation from the organiz	•				1	-						

Form 990 FOREFRONT								23-7376023					
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)				
(A) Name and title	(B) Average			(C Pos	ition			(D) Reportable	(E) Reportable	(F) Estimated			
	hours per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former (KI	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
(27) CHERI RICHARDSON	1.00	37							0	0			
BOARD MEMBER	1 00	Х						0.	0.	0.			
(28) JOHN SHAW BOARD MEMBER	1.00	x						0.	0.	0.			
(29) ANDREW SOLOMON	1.00	Δ							0.	0.			
BOARD MEMBER (TO SEP '19)		x						0.	0.	0.			
(30) NAREMAN TAHA	1.00												
BOARD MEMBER		x						0.	0.	0.			
		- 											
		-											
		-											
		-											
		-											
		-											
		-											
		 											
Total to Part VII, Section A, line 1c													

	990 () t VII		NEFRONT					23-7376	023 Pag
		Check if Schedule O		onse c	or note to any lin	e in this Part VIII			Г
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	1b 1c 1d ributions) 1e grants, and I above 1f	6,	302,729. 329,046. 580,000. 353,616.				
anc	h	Total. Add lines 1a-1f			►	8,565,391.			
T					Business Code				
	2 a	WORKSHOPS AND	MEETINO	GS	900099	599,321.	94,603.		504,718
e	b	CONSULTING			900099	431,449.	15,573.	415,876.	
evenue	с	LIBRARY REVEN	IUE		900099	219.			21
Revenue	d								
4	е								
	f	All other program service		-		1 020 000			
+	g	Total. Add lines 2a-2f				1,030,989.			
	3	Investment income (includ	-			0 4 4 1			
		other similar amounts)				2,441.			2,44
	4	Income from investment of	•	ond pr	roceeds				
	5	Royalties	(i) Rea		(ii) Personal				
	•	0		ai	(II) Personal				
	6 a	Gross rents	6a						
	a	Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss Gross amount from sales of	i) (i) Secur	ities	(ii) Other				
	ıa	assets other than inventory	(i) Gecui						
	h	Less: cost or other basis							
2		and sales expenses	7b						
	0	Gain or (loss)							
		Net gain or (loss)							
		Gross income from fundraisi			× × ×				
		including \$ 329							
		contributions reported on							
		Part IV, line 18		8a	0.				
	b	Less: direct expenses			1,949.				
	с	Net income or (loss) from	fundraising eve	ents		-1,949.			-1,94
	9 a	Gross income from gamin	ng activities. See	e					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from		es	►				
	10 a	Gross sales of inventory,							
		and allowances							
		Less: cost of goods sold							
+	С	Net income or (loss) from	sales of invento	ory					
					Business Code				
an	11 a								
/en	b								
Revenue	c				900099	24,444.			2/ //
1		All other revenue		-		24,444. 24,444.			24,44
	<u>م</u>	Total. Add lines 11a-11d				44,444•			

	Check if Schedule O contains a response	(•)		(2)	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,863,228.	2,863,228.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,850.	2,850.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		250 015	105 015	
	trustees, and key employees	575,762.	359,817.	125,315.	90,630
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 800 640	1 100 500		
7	Other salaries and wages	1,783,642.	1,103,568.	397,718.	282,356.
8	Pension plan accruals and contributions (include			10 004	
	section 401(k) and 403(b) employer contributions)	89,540.	59,792.	16,204.	13,544
9	Other employee benefits	122,991.	82,177.	22,215.	18,599
10	Payroll taxes	154,276.	103,021.	27,919.	23,336.
11	Fees for services (nonemployees):				
	Management	11 040		2 1 4 1	200
	Legal	11,247.	7,800.	3,147.	300.
С	Accounting	156,174.	108,305.	43,701.	4,168.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		516 086		10 000
	column (A) amount, list line 11g expenses on Sch 0.)	745,329.	516,876.	208,561.	19,892.
12	Advertising and promotion	49,201.	25,474.	5,658.	18,069.
13	Office expenses	79,814.	27,833.	48,581.	3,400.
14	Information technology	217,216.	148,813.	62,763.	5,640.
15	Royalties	282 010	050 005		FA 144
16	Occupancy	373,918.	252,095.	67,679.	54,144.
17	Travel	66,725.	53,693.	13,032.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	110 000	05 000	00.047	
19	Conferences, conventions, and meetings	118,029.	95,982.	22,047.	
20	Interest				
21	Payments to affiliates	20.200	17 400	7 400	4 400
22	Depreciation, depletion, and amortization	29,286.	17,400.	7,486.	4,400.
23		21,037.	9,476.	10,122.	1,439.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND MEMBERSHIPS	59,312.	43,415.	15,897.	0.
a b	BOOK STORE PURCHASES AN	40,161.	40,161.		
c	STAFF DEVELOPMENT	8,584.	5,261.	3,323.	
d					
	All other expenses	39,232.	38,244.	988.	
25	Total functional expenses. Add lines 1 through 24e	7,607,554.	5,965,281.	1,102,356.	539,917
26	Joint costs . Complete this line only if the organization	.,,			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fifthere if following SOP 98-2 (ASC 958-720)				
					Faure 990 (001

Form 990 (2019)

FOREFRONT 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).

Form 990 (2019) Form 990 (2019) Form 990 (2019)

2019) FOREFRONT	
Balance Sheet	
Check if Schedule O contains a response or note to any line in this	s Part X
	(A) Beginning of year
Cash - non-interest-bearing	1,502,211
Savings and temporary cash investments	1,083,900
	000 145

Form	990	(201)	

		Check in Schedule O contains a response or hou			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,502,211.	1	1,730,964.
	2	Savings and temporary cash investments			1,083,900.	2	3,537,466
	3	Pledges and grants receivable, net			802,145.	3	373,765
	4	Accounts receivable, net			82,419.	4	88,580
	5	Loans and other receivables from any current or			0271191	-7	00,000
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	-			6	
	7	Notes and loans receivable, net				7	
sets	8	Inventories for sale or use				8	
Assets	9				64,549.	9	56,444
		Land, buildings, and equipment: cost or other			01,515.	3	50,111
	IUa		100	333,606.			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	246,947.	115,945.	10c	86,659
					24,138.	11	25,290
	11	Investments - publicly traded securities			24,150.	12	25,250
	12	Investments - other securities. See Part IV, line 1				13	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			300.	14	150,190
	15	Other assets. See Part IV, line 11			3,675,607.	15 16	6,049,358
	16 17	Total assets. Add lines 1 through 15 (must equa			165,966.	17	216,580
	18	Accounts payable and accrued expenses			105,500.	18	210,500
	19	Grants payable				19	
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20	
	21	Loans and other payables to any current or form				21	
Liabilities	~~	trustee, key employee, creator or founder, subst					
bilit		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				22	
	23 24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23	613,000
	24 25	Other liabilities (including federal income tax, pay				24	015,000
	25	parties, and other liabilities not included on lines					
			-		125,982.	25	112,760
	26	Total liabilities. Add lines 17 through 25			291,948.	26	942,340
	20	Organizations that follow FASB ASC 958, che				20	,010
es		and complete lines 27, 28, 32, and 33.					
nc	27				1,360,374.	27	4,250,850
3ala	28	Net assets with donor restrictions			2,023,285.	28	856,168
Ыd	20	Organizations that do not follow FASB ASC 9				20	,
Fur		and complete lines 29 through 33.	50, 0110				
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,383,659.	32	5,107,018
z	33	Total liabilities and net assets/fund balances			3,675,607.	33	6,049,358
	00	i otal habilities and het assets/fullu balances			5,5,5,007.	აა	Form 990 (2019

Form	990 (2019) FOREFRONT	23-73	376023	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,621		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,607		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,013		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,383	6,6	<u>59.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-290	,40	<u>03.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,107	,01	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	L

Form **990** (2019)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2019
Open to Public Inspection
 identification number

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			oformation.		Open to Public Inspection
Nan	ne of t	the organizati		de le minieige				lionnation	Employer	identification number
		-		FRONT					2	3-7376023
Pa	rt I	Reason			All organizations must co	omplete th	is part.) Se	e instruction		
The	organ	ization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2					Attach Schedule E (Forn					
3					anization described in s e			ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from t	he general	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		An organizat	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, an	d gross receipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	ıfter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	ion organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizat	ion organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box in
		_lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.	
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b		Type II. As	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	ring
		control or r	management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		_ Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,
			-		b). You must complete I					
d			-		porting organization oper				-	
					zation generally must sat				d an attentiv	/eness
		- ·		,	nplete Part IV, Sections					
е		_	0		written determination fro			Туре I, Туре	II, Type III	
_				·	nally integrated supportion					[
			of supported of	•						
g		vide the follow (i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the org	anization listed	(v) Amount a	f monetary	(vi) Amount of other
	,	organizatior		(1) 2.11	(described on lines 1-10		ing document?	support (see i		support (see instructions)
		5			above (see instructions))	Yes	No		,	
Tota										

Schedule A (Form 990 or 990-EZ) 2019 FOREFRONT 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.)

6 Public support. Subtract line 5 from line 4. 21216 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T 7 Amounts from line 4 B Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 22,746. 11,709. 4,376. 2,571. 2,441. 43 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 10,048. 63,723. 24,444. 98 17 total support. Add lines 7 through 10 12 2,711 12 2,711 12 2,711 12 2,711	907. 907.
membership fees received. (Do not include any "unusual grants.") 2801135. 3170081. 4805115. 4750185. 8565391. 24092 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 2801135. 3170081. 4805115. 4750185. 8565391. 24092 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2801135. 3170081. 4805115. 4750185. 8565391. 24092 4 Total. Add lines 1 through 3 2801135. 3170081. 4805115. 4750185. 8565391. 24092 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) 2801135. 3170081. 4805115. 4750185. 8565391. 24092 6 Public support. Subtract line 5 trom time 4. 2801135. 3170081. 4805115. 4750185. 8565391. 24092 7 Amounts from line 4. 2801135. 3170081. 4805115. 4750185. 8565391. 24092 8 Gross income from interest, oryaties, and income from similar sources 22,746. 11,709. 4,376. 2,571. </td <td>907. 160. 747.</td>	907. 160. 747.
include any "unusual grants.") 2801135. 3170081. 4805115. 4750185. 8565391. 24092 2 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf	907. 160. 747.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	907. 160. 747.
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unelated business activities, whether or not the business is regularly carried on securities loans, rents, royatiles, and income from unelated business activities, whether or not the business is regularly carried on securities loans, rents, royatiles, and income from unelated business activities, whether or not the business is regularly carried on securities loans, rents, royatiles, and income from unelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructons) 12 Cross receipts from related activi	160. 747.
or expended on its behalf	160. 747.
3 The value of services or facilities furnished by a governmental unit to the organization without charge 2801135. 3170081. 4805115. 4750185. 8565391. 24093 4 Total. Add lines 1 through 3 2801135. 3170081. 4805115. 4750185. 8565391. 24093 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2801135. (b) 2016 2017 (d) 2018 (e) 2019 (f) 6 Public support. Subtract line 5 from line 4. 2801135. 3170081. 4805115. 4750185. 8565391. 24093 2875 6 Public support. Subtract line 5 from line 4. 2801135. 3170081. 4805115. 4750185. 8565391. 24093 2801135. 3170081. 4805115. 4750185. 8565391. 24093 7 Amounts from line 4 22,746. 11,709. 4,376. 2,571. 2,441. 433 24093 9 Net income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources 22,746. 11,709. 4,376. 2,571. 2,441. 433 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10,048. 63,723. 24,444. 98 11 Total support. Add lines 7 through 10 24246 2 Gross receipts from related activities, etc. (see instructions) 12 12 2,711. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	160. 747.
furnished by a governmental unit to the organization without charge 2801135.3170081.4805115.4750185.8565391.24093 4 Total. Add lines 1 through 3 2801135.3170081.4805115.4750185.8565391.24093 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2871 6 Public support. Subtractines from line 4 2801135.3170081.4805115.4750185.8565391.24093 7 Amounts from line 4 2801135.3170081.4805115.4750185.8565391.24093 8 Gross income from interest, dividends, payments received on securities loans, ents, royatties, and income from similar sources activities, whether or not the business is regularly carried on in closs from the sale of capital assets (Explain in Part VI) 22,746.11,709.4,376.2,571.2,441.433 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 10,048.63,723.24,444.98 11 Total support. Add lines 7 through 10 24246 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	160. 747.
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4 Total. Add lines 1 through 3 2801135. 3170081. 4805115. 4750185. 8565391. 24093 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2801135. 3170081. 4805115. 4750185. 8565391. 24093 6 Public support. Subtract line 5 from line 4. 21210 Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) 7 7 Amounts from line 4 2801135. 3170081. 4805115. 4750185. 8565391. 24093 22,746. 11,709. 4,376. 2,571. 2,441. 433 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 22,746. 11,709. 4,376. 2,571. 2,441. 433 9 Net income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10,048. 63,723. 24,444. 98 11 Total support. Add lines 7 through 10 24246 12 Gross receipts from related activities, etc. (see instructions) 12 2,711. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	160. 747.
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governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 287! 6 Public support. Subtract line 5 from line 4. 21216 Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 2801135. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 22,746. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 22,746. 11 Total support. Add lines 7 through 10 10,048. 63,723. 24,444. 98 11 Total support. Add lines 7 through 10 12 2,711. 12 2,711. 12 2,711.	747.
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6 Public support. Subtract line 5 from line 4. 21216 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T 7 Amounts from line 4 B Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 22,746. 11,709. 4,376. 2,571. 2,441. 43 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 10,048. 63,723. 24,444. 98 17 total support. Add lines 7 through 10 12 2,711 12 2,711 12 2,711 12 2,711	747.
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12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	104.
	206.
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 87.5	
15 Public support percentage from 2018 Schedule A, Part II, line 14 15 82.5	3 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	_
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2018. 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 stop here. Explain in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FOREFRONT Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
	Amounts from line 6	(d) 2010	(6) 2010		(0) 2010		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First five years. If the Form 990 is for	•			•		
_	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	1 5					18	%
19 a	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						►
K	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
20		I GIG HOL CHECK &	557 011 1110 14, 19				

Schedule A (Form 990 or 990-EZ) 2019

1

2

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructional		
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must cc	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019 FOREFRONT Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

instructions).

7

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FOREFRONT	chedule A	(Form 990	or 990-EZ)	2019	FOREFRONT
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	\$	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 FOREFRONT

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Filors of

Name of the organization

Schedule of Contributors

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

2019

Employer identification number

Ş	
FOREFRONT	23-7376023
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

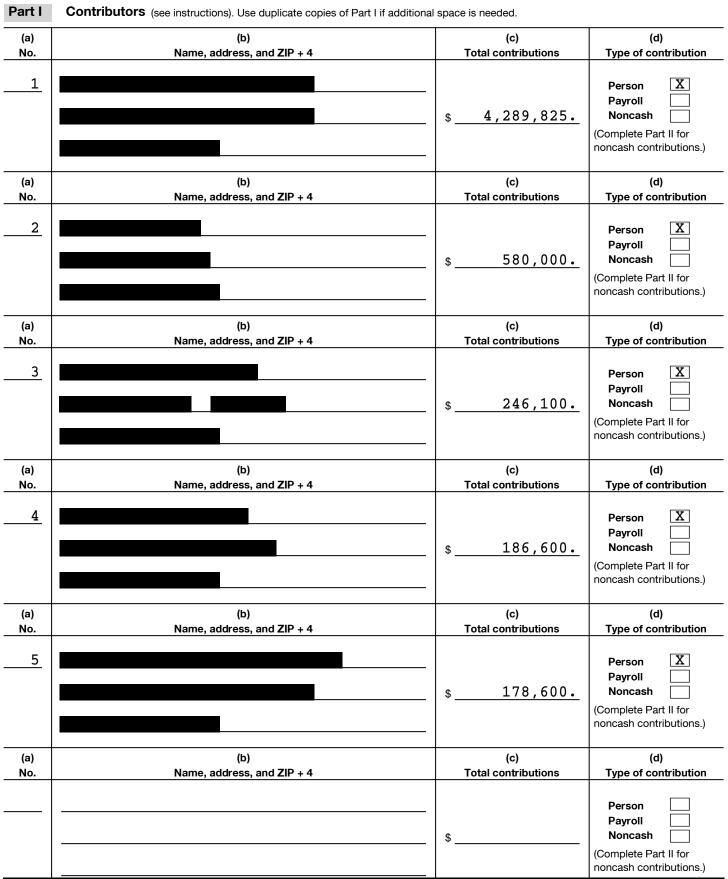
Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

FOREFRONT

Employer identification number

23-7376023



923452 11-06-19

Page 2

Name of organization

Employer identification number

<u>23-7376023</u>

FOREFRONT

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page **4**

Name of or	ganization		Employer identification number
FOREFF	RONT		23-7376023
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes	," on Form 990, Part IV, line 3,	or Form 990-EZ, Part V, line 40	6 (Political Campaign Activ	ities), 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	

Nan	ne of organization				Employ	yer identification	on number	
	FOREFRO					23-7376	023	
Pa	rt I-A Complete if the or	ganization is exempt under	section 501(c) or	r is a section 52	?7 orga	anization.		
2 3	Political campaign activity expend Volunteer hours for political campa	aign activities						
Pa	rt I-B Complete if the or	ganization is exempt under						
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 secti	on 4955 tax, did it file Form 4720 fo	r this year?			Yes	No No	
4a	Was a correction made?					Yes	No	
	If "Yes," describe in Part IV.					<u></u>		
Pa	rt I-C Complete if the or	ganization is exempt under	section 501(c), e	except section 5		-		
1	Enter the amount directly expende	ed by the filing organization for section	on 527 exempt functio	n activities	. ► 💲 _			
2	Enter the amount of the filing orga	nization's funds contributed to othe	r organizations for sec	tion 527				
					▶\$_			
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here and	on Form 1120-POL,					
4	Did the filing organization file Forr	n 1120-POL for this year?				Yes	No	
5	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.							
	political action committee (PAC). I	additional space is needed, provide	e information in Part IV	'. I				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f		(e) Amount o		
				filing organization funds. If none, enter		contributions re promptly and		
					UI -U	delivered to a		
	political organization.							

If none, enter -0-.

Schedule C (Form 990 or 990-EZ) 2019	23-7	376023 Page 2					
section 501(h)).							
		ffiliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,		
expenses, and shar		. ,					
B Check ▶ if the filing organiza	tion checked box A	and "limited control" pro	ivisions apply.		(b) Affiliated aroun		
	ts on Lobbying Exp ditures" means am	enditures ounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ		(grassroots lobbying)					
 b Total lobbying expenditures to influ 				1,516.			
c Total lobbying expenditures (add lin				1,516.			
d Other exempt purpose expenditure				7,166,534.			
e Total exempt purpose expenditure				7,168,050.			
f Lobbying nontaxable amount. Ente	·			508,403.			
If the amount on line 1e, column (a) o		obbying nontaxable am					
Not over \$500,000		of the amount on line 1e.					
Over \$500,000 but not over \$1,000),000 \$100,	000 plus 15% of the exc	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	00,000 \$175	000 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17,	000,000 \$225,	0,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$1,000,000.						
g Grassroots nontaxable amount (en	,			127,101.			
h Subtract line 1g from line 1a. If zero				0.			
i Subtract line 1f from line 1c. If zero				0.			
j If there is an amount other than zer				Г	─		
reporting section 4911 tax for this				L	Yes No		
(Some organizations the	nat made a section	veraging Period Under 501(h) election do not l arate instructions for lir	have to complete all o	of the five columns be	low.		
		penditures During 4-Yea					
	LODDying LA						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount	314,481	. 360,409.	418,769.	508,403.	1,602,062.		
b Lobbying ceiling amount							
(150% of line 2a, column(e))					2,403,093.		
c Total lobbying expenditures	12,492	•	38,595.	1,516.	52,603.		
d Grassroots nontaxable amount	78,620	. 90,102.	104,692.	127,101.	400,515.		
e Grassroots ceiling amount (150% of line 2d, column (e))					600,773.		
f Grassroots lobbying expenditures	4,213				4,213.		
				Schedule C (Form	990 or 990-EZ) 2019		

Schedule C (Form 990 or 990-EZ) 2019 FOREFRONT 23-73760 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
of the	lobbying activity.	Yes	Νο	Amo	unt
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: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Other activities? Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(C)(5)), or sec	Yes	No
				Tes	NO
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3	tion	
. u.	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		. 2a		
	Carryover from last year				
с	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provi	de 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 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D

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.



Department of the Treasury Internal Revenue Service

Name of the organization

FOREFRONT

Employer identification number 23-7376023

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education)	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
с	Number of conservation easements on a certified historic structure	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax			
	year ►					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year			
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year			
	►\$					
8	Does each conservation easement reported on line 2(d) abov					
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	•				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the			
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Otl	hor Similar Assots			
Га	Complete if the organization answered "Yes" on Form		nel Similal Assets.			
1a	If the organization elected, as permitted under FASB ASC 95					
	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.					
a	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance 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 tre		gain, provide			
_	the following amounts required to be reported under FASB A	-				
a L	Revenue included on Form 990, Part VIII, line 1					
D	Assets included in Form 990, Part X		🕨 💲			

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) collection items (check all that apply): all path is explained to accurate the explain how they further the organization's exempt purpose in Part XIII. b Schelarly reaserch ell Con or exchange program collection items (check all that apply): ell Con or exchange program c Preview a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. c Dense description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. c Dense description of the organization societ or notive donations of art, historical treasures, or other similar assets to be sold to arguing the organization an agent, trustee, custodial or other intermediary for contributions or other asset not included on form 890, Part X, line 21. Test of the organization an agent, trustee, custodial accuration to collection? d b drives, "explain the arrangement in Part XIII and complete the following table: Amount Test d b drives, "explain the arrangement in Part XIII check here if the explanation answered "Yes" on Form 890, Part X, line 21. No b if "Yes," explain the arrangement in Part XIII check here if the explanation include an amount on form 990, Part X, line 21. No d Cattors organization include an amount on f		Schedule D (Form 990) 2019 FOREFRONT 23-7376023 Page 2											
collection items (check all that apply): a Delto: exchange program b Scholarly research c Other c Provide a costpotion of the organization solections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization solections and explain how they further the organization solection? Yes No 7 Provide a despition of the organization solection? Yes No 8 Drovide a despition of the organization solection? Yes No 9 Provide despition of the organization solection? Yes No 9 Trespeted an amount on form 990, Part X, line 21. Scholar and the organization and the second solar despition of part X? Yes No 9 If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided account liability? Yes No 9 If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided an Part XIII. Provide the estimated and the organization and explanation has been provided on Part XIII. 10 Didt the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 11 Tespe explain the arrangement in Part XIII. Check here if the explanation h	Par	t III Organizations Maintaining C	ollections of Art	t, Historica	Tre	asures, o	r Othe	r Si	mila	r Asset	s (contin	ued)	
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations Other Yes d Provide a description of the organization scinic cluctons and explain how they further the organization's exempt purpose in Part XIII. Science of the second or resolved charts of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 0, or reported an amount on Form 990, Part X, line 21. Yes No Testive Testication an agent, tustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes X No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Yes X No c Beginning balance 10 14 Anotonit Yes X No D if 'Yes,' explain the arrangement in Part XIII and complete the torganization answered 'Yes' on Form 990, Part X, line 21. Yes X No b If Yes,' explain the arrangement in Part XIII and complete the organization answered 'Yes' on Form 990, Part X, line 21. Yes X No d Additions during the year	3	Using the organization's acquisition, accession	on, and other records	s, check any of	f the f	ollowing tha	t make s	ignif	icant ι	use of its			
b Scholary research e Other c Preview attom for future generations'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 solid the organization solection's exempt purpose in Part XIII. 7 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid the organization answered 'Yes' on Form 980, Part X, line 9, or reported an anount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Yes X no b If 'Yes' explain the arrangement in Part XIII and complete the following table:		collection items (check all that apply):											
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of at, 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 Particity Excrement 42 CostOrial Arrangements. Comparization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Tais the organization and the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tais the organization and exclusion of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tais the organization and exclusion of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tais the organization include an amount on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. Tais the organization include an amount on Form 990, Part X, line 21. Tais the organization include an amount on Form 990, Part X, line 21. 2 Define organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. Tais the organization include an amount on Form 990, Part X, line 10. 2 Define organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 10. The organization solice The organization solice The organization that seesplanetion has been provided on Part XIII.	а	Public exhibition	d	Loan c	r exc	hange progra	am						
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of at, 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 Particity Excrement 42 CostOrial Arrangements. Comparization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Tais the organization and the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tais the organization and exclusion of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tais the organization and exclusion of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tais the organization include an amount on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. Tais the organization include an amount on Form 990, Part X, line 21. Tais the organization include an amount on Form 990, Part X, line 21. 2 Define organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. Tais the organization include an amount on Form 990, Part X, line 10. 2 Define organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 10. The organization solice The organization solice The organization that seesplanetion has been provided on Part XIII.	b	b Scholarly research e Other											
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to alse funds rather than to be maintained as part of the organization's collection? Part M Escrow and Oustodial 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. Is the organization an agent, instake, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves X No If "Yes," explain the arrangement in Part XIII and complete the following table:	с	Preservation for future generations		-									
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to alse funds rather than to be maintained as part of the organization's collection? Part M Escrow and Oustodial 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. Is the organization an agent, instake, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves X No If "Yes," explain the arrangement in Part XIII and complete the following table:	4	Provide a description of the organization's co	ollections and explair	how they furt	her th	ne organizatio	on's exe	mpt	purpo	se in Parl	XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 980, Part X? Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount Id Id Id Id Id Id Id Id Id Amount Id Part V Endowment Form 980, Part X, line 21, for escrow or custodial account liability? Ves X No In Provide the asynandem hara 200. S00. S00. S00. S00. S00. S00. S00. S00. S00. S00. Ia Beginning of year balance S00. S00. S00. S00. S00. S00.<th>5</th><th colspan="5">5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets</th>	5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
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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 b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Part V Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IV, line 10. c Additions during the sear (a) Current year (b) Prior year (c) Prior year (c) The year shack (d) Three years back (a) Beginning of year balance (a) Current year (b) Prior year (c) Twy years back (c) Additions during the second transitive expresses 500. (c) Additions during the second transitive expresses 500. (c) Additions during the second transitive expresses 500. (c) Hore year halance 500. (d) Additive expresses 500. (e) Additive expresses 500. (f) Addita set and prog	Par												
on Form 990, Part X?				C C									
on Form 990, Part X?	1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contrib	utions	s or other as	sets not	inclu	uded				
b If "Yes," explain the arrangement in Part XIII and complete the following table:											Yes	X	No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X No b If 'res,' explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 10. Image: State organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: State organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance 500, 500, 500, 500, 500, 500, 500, 500,	b												
d Additions during the year 1d e Distributions during the year 1te f Ending balance 1te 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves X No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (o) Four years back is sold. (o) Four years back (o) Four years back (o) Four years back (o) Four years back is sold. 1a Beginning of year balance 500. 500. 500. 500. 500. C Ontributions (a) Current year (b) Prior year (c) Two years back (o) Four years back is sold. (o) Four years back is				-							Amount		
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(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 500.	b]
1a Beginning of year balance 500.	Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes"	on Fo	rm 990, Part	t IV, line	10.					
Image: Second statute Image: Second statute Image: Second statute Image: Second statute <th></th> <th></th> <th>(a) Current year</th> <th>(b) Prior ye</th> <th>ar</th> <th>(c) Two yea</th> <th>rs back</th> <th>(d)</th> <th>Three y</th> <th>/ears back</th> <th>(e) Four</th> <th>years l</th> <th>back</th>			(a) Current year	(b) Prior ye	ar	(c) Two yea	rs back	(d)	Three y	/ears back	(e) Four	years l	back
c Net investment earnings, gains, and losses Image: Constraint of the set of the	1a	Beginning of year balance	500.		500.		500.			500.		!	500.
d Grants or scholarships	b	Contributions											
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses											
e Other expenditures for facilities and programs	d	Grants or scholarships											
f Administrative expenses 500. <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>													
g End of year balance 500. <		and programs											
g End of year balance 500. <	f												
a Board designated or quasi-endowment ▶% 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organization successful 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) basis (other) (d) Book value basis (other) (e) Cost or other basis (other) (f) Accumulated depreciation (f) Book value basis (investment) (f) Accumulated depreciation (f) Book value basis (other) (g) Cost or other basis (other) (g) Cost or 00, 083, 47, 228, 2, 855, 83, 804, 1, 1, 144, 1, 1, 14			500.		500.		500.			500.		ļ	500.
b Permanent endowment ▶ 100.00 % 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii) X 3a(ii) X 3a(ii) X 3b 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 (other) (c) Accumulated depreciation b Buildings	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colur	nn (a)) held as:							
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations	а	Board designated or quasi-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: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Equipment (f) 0.083. (f) 228. (g) 0.083. (g) 0.083. (g) 0.083. (g) 0.083. (g) 0.083. (g) 0.083.	b	Permanent endowment	%										
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 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII 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. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 1,144. 1,144. 0. c Leasehold improvements 1,144. 1,144. 0. d Equipment 50,083. 47,228. 2,855. e Other 282,379. 198,575. 83,804.	с	Term endowment	%										
by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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. 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 b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other Description of property (b) Cost or other (c) Accumulated (c) Book value (c) Accumulated (c) Accu		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b 3b 3c Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 3b Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings 1,144. 1,144. 0. c Leasehold improvements 1,144. 1,144. 0. d Equipment 50,083. 47,228. 2,855. e Other 282,379. 198,575. 83,804.	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are h	eld ar	nd administer	red for th	ne or	ganiza	ation	_		
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 1,144. 1,144. c Leasehold improvements 1,144. 1,144. d Equipment 50,083. 47,228. 2,855. e Other 282,379. 198,575. 83,804.		by:										Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 7 3b 3b Part VI Land, Buildings, and Equipment. 50 0.000, Part X, line 10. 6 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 6 6 Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,144. 1,144. 0. b Buildings 1,144. 1,144. 0. c Leasehold improvements 50,083. 47,228. 2,855. e Other 282,379. 198,575. 83,804.		(i) Unrelated organizations									3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 1a Land 1,144. 1,144. 0. c Leasehold improvements 1,144. 1,144. 0. d Equipment 500,083. 47,228. 2,855. e Other 282,379. 198,575. 83,804.											3a(ii)		Х
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 1a Land	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedul	e R?						. 3b		
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				wment funds.									
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI Land, Buildings, and Equipm	ent.										
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 1	1a. S	ee Form 990), Part X,	, line	10.				
b Buildings 1,144. 1,144. 0. c Leasehold improvements 1,144. 1,144. 0. d Equipment 50,083. 47,228. 2,855. e Other 282,379. 198,575. 83,804.		Description of property	1	• • •						ed	(d) Book	value)
b Buildings 1,144. 1,144. 0. c Leasehold improvements 1,144. 1,144. 0. d Equipment 50,083. 47,228. 2,855. e Other 282,379. 198,575. 83,804.	1a	Land											
c Leasehold improvements 1,144. 0. d Equipment 50,083. 47,228. 2,855. e Other 282,379. 198,575. 83,804.													
d Equipment 50,083. 47,228. 2,855. e Other 282,379. 198,575. 83,804.													
e Other													
					28	2,379.		19	8,5	75.			
	Total	. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part J	X <u>, column (B),</u>	line 10	0c.)					86	6,65	59.

Schedule D (Form 990) 2019

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" 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 RENT	112,760.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

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

►

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

112,760.

(9)

Sche	dule D (Form 990) 2019 FOREFRONT		23-7376023 Page 4						
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.							
1	Total revenue, gains, and other support per audited financial statements								
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a							
b	Donated services and use of facilities	2b							
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d							
е	Add lines 2a through 2d		2e						
3	Subtract line 2e from line 1								
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
с	Add lines 4a and 4b								
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,								
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.									
	Complete if the organization answered "Yes" on Form 990, Part IV, lir								
1	Total expenses and losses per audited financial statements		1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
С	Other losses	2c							
d	Other (Describe in Part XIII.)								
е	Add lines 2a through 2d								
3	Subtract line 2e from line 1								
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b								
b	Other (Describe in Part XIII.)	4b							
С	Add lines 4a and 4b								
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)							
Pa	t XIII Supplemental Information.								

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

PART X, LINE 2:

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FOREFRONT, AND HAS

CONCLUDED THAT AS OF JUNE 30, 2020, THERE ARE NO UNCERTAIN TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABLITY

OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047				
Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2019					
Department of the Treasury								Open to Public				
	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection				
Name of the organization	FOREFRO	NTT					23-7376	ntification number				
Part I Fundrais		Complete if the organization answe	arad "V		Earm 000 Dart IV I	ina 1						
	complete this part		eleu i	65 01	Troini 990, Fait IV, I		7. FOITH 990-EZ	niers are not				
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. 												
a 📃 Mail solicitati												
b Internet and	b Internet and email solicitations f Solicitation of government grants											
—												
·	 d lin-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 											
•		• •	•	•		tees,		No				
	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be											
compensated at lea	•			ugroo		ie iu						
			(;;;)	Did		(v)	Amount paid					
(i) Name and address		(ii) Activity	(iii) fundi have c	ustodv	(iv) Gross receipts	to (or retained by	or retained by)	(vi) Amount paid to (or retained by)				
or entity (fund	Iraiser)		or control of contributions?		from activity	fundraiser listed in col. (i)		organization				
			Yes	No								
				•								
Total												
3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from reg	gistration				

Schedule G (Form 990 or 990-EZ) 2019 FOREFRONT

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1 VIRTUAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			FUNDRAISER			col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	329,046.			329,046.
	2	Less: Contributions	329,046.			329,046.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment	1,250.			1,250.
	9	Other direct expenses	1,250.			<u>1,250.</u> 699.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)	•	▶	1,949.
	11					-1,949.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вe	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct		Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
			, (w)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ı Is t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b) If "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
D D	, 11	Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2019 FOREFRONT 23-	73760	23	Page 3
	Does the organization conduct gaming activities with nonmembers?	Y	'es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es	No No
13	Indicate the percentage of gaming activity conducted in:			
â	a The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Y	es	No No
	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state distributions are proceeded as a spent of distribution of distributions required under state law to be distributed to other exempt organizations or spent in the state distributions are proceeded as a spent of distribution of distributions required under state law to be distributed to other exempt organizations or spent in the state distributions are proceeded as a spent of distribution of distribution of distributions are proceeded as a spent of distribution of distribution of distributions are proceeded as a spent of distributed to other exempt organizations or spent in the spent of distributions are proceeded as a spent of distribution of distribution of distributions are proceeded as a spent of distribution of distribution of distributions are proceeded as a spent of distribution of distribution of distribution of distributions are proceeded as a spent of distribution of distribution	🗆 Y	'es	🗌 No
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III line	<u> </u>	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			5, 105,

Part IV	Supplemental Information	(continued)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury		j	Attach to For				Open to Public	
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection	
Name of the organization FOREFRONT							Employer identification number $23 - 7376023$	
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		
criteria used to award the grants or assis	tance?						X Yes 🗌 No	
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$					(f) Method of		1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
URBAN GROWERS COLLECTIVE, INC								
1200 W 35TH ST STE 118							CAPACITY BUILDING/GENERAL	
CHICAGO, IL 60609	82-3336616	501(C)(3)	200,000.	٥.			SUPPORT	
CHICAGOS GREEN CITY MARKET PROGRAM 2613 W LAWRENCE AVE							CAPACITY BUILDING/GENERAL	
CHICAGO, IL 60625	36-4289022	501(C)(3)	125,000.	0.			SUPPORT	
UNIVERSIDAD POPULAR 2801 S HAMLIN AVE CHICAGO, IL 60623	36-3028729	501(C)(3)	120,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT	
BLACK OAKS CENTER FOR SUSTAINABLE LIVING - 6735 SOUTH CHICAGO AVE - CHICAGO, IL 60637	20-4280294	501(C)(3)	100,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT	
ILLINOIS STEWARDSHIP ALLLIANCE 230 BROADWAY STE 200 SPRINGFIELD, IL 62701	37-6160476	501(C)(3)	100,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT	
CHINESE AMERICAN SERVICE LEAGUE, INC - 2141 S TAN CT - CHICAGO, IL 60616	36-2984043	501(C)(3)	80,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table					
3 Enter total number of other organizations	s listed in the line 1	I table					▶ 1 .	

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

Schedule I (Form 990) (2019)

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Part II Continuation of Grants and Other A	Assistance to Go	Vernments and Organ	lizations in the Un	ited States (Sche	edule I (Form 990), Pa	гт II.) Т	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS COALITION FOR IMMIGRANT &							
REFUGEE RIGHTS - 228 S WABASH AVE							CAPACITY BUILDING/GENERAL
STE 800 - CHICAGO, IL 60604	36-3783551	501(C)(3)	76,667.	0.			SUPPORT
CHICAGO FOOD POLICY ACTION COUNCIL							
1 N ST STE 1500							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60602	30-0626664	501(C)(3)	75,000.	0.			SUPPORT
ILLINOIS ACTION FOR CHILDREN							
4753 N BROADWAY ST STE 1200							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60640	36-2712912	501(C)(3)	75,000.	0.			SUPPORT
ASIAN AMERICANS ADVANCING JUSTICE							
- CHICAGO - 4753 N BROADWAY ST STE							CAPACITY BUILDING/GENERAL
502 - CHICAGO, IL 60640	36-3844385	501(C)(3)	66,667.	0.			SUPPORT
CHICAGO URBAN LEAGUE							
4510 S MICHIGAN AVE							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60653	36-2225483	501(C)(3)	66,667.	0.			SUPPORT
SINAI HEALTH SYSTEMS							
CALIFORNIA AVE 15TH ST							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60608	36-3166895	501(C)(3)	58,333.	0.			SUPPORT
COMMON CAUSE EDUCATION FUND							
805 15TH ST NW STE 800							CAPACITY BUILDING/GENERAL
WASHINGTON, DC 20005	31-1705370	501(C)(3)	50,000.	0.			SUPPORT
GLOBAL PHILANTHROPY PARTNERSHIP							
2440 N LAKEVIEW AVE							CAPACITY BUILDING/GENERAI
CHICAGO, IL 60614	56-2342600	501(C)(3)	50,000.	0.			SUPPORT
TEAMWORK ENGLEWOOD							
815 W 63RD ST STE 2							CAPACITY BUILDING/GENERAI
CHICAGO, IL 60621	74-3102944	501(C)(3)	50,000.	0.			SUPPORT

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Dort II	Continuation	f Cranta and Other A

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERA NEEDODOL TEAN OUT CAGO							
YWCA METROPOLITAN CHICAGO 1 N LASALLE ST STE 1700							CAPACITY BUILDING/GENERAI
CHICAGO, IL 60602	36-2179765	501(C)(3)	50,000.	0.			SUPPORT
WORKERS CENTER FOR RACIAL JUSTICE,							
NFP - 2243 E 71ST ST - CHICAGO, IL							CAPACITY BUILDING/GENERAL
60649	45-4461270	501(C)(3)	48,333.	0.			SUPPORT
PUBLIC NARRATIVE							
COLUMBIA COLLEGE 600 S MICHIGAN AVE							CAPACITY BUILDING/GENERAI
CHICAGO, IL 60605	36-3759714	501(C)(3)	41,667.	0.			SUPPORT
WESTSIDE HEALTH AUTHORITY							
5417 W DIVISION							CAPACITY BUILDING/GENERAI
CHICAGO, IL 60651	36-3789879	501(C)(3)	41,667.	0.			SUPPORT
			,				
ASPIRE							
1815 SOUTH WOLF RD							CAPACITY BUILDING/GENERAI
HILLSIDE, IL 60162	36-2654558	501(C)(3)	35,500.	0.			SUPPORT
CHANGE ILLINOIS							ADDACTORY DUIL DING (GENEDAL
233 N MICHIGAN AVE STE 1800 CHICAGO, IL 60601	46-1197953	501(C)(3)	33,333.	0.			CAPACITY BUILDING/GENERAI SUPPORT
	40-1197955	501(0)(3)	55,555.	0.			SUFFORT
LATINO POLICY FORUM							
180 N MICHIGAN AVE STE 1250							CAPACITY BUILDING/GENERAI
CHICAGO, IL 60601	36-3676873	501(C)(3)	33,333.	0.			SUPPORT
SOUTHERN ILLINOIS COMMUNITY							
FOUNDATION - 1800 WEST BLVD PO BOX							CAPACITY BUILDING/GENERAL
1772 - MARION, IL 62959	37-1373067	501(C)(3)	33,333.	0.			SUPPORT
OF ADEMIAN, AGOOTANDS							
CLARETIAN ASSOCIATES 9108 S BRANDON AVE							CAPACITY BUILDING/GENERAI
2100 2 DIVENDON AAE		1	1		1	1	CULUCITI DOIDDING/GENERAL

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST DEFENSE LEGAL AID 5100 WEST HARRISON ST CHICAGO, IL 60644	01-0729555	501(C)(3)	30,000.	0.			CAPACITY BUILDING/GENERA SUPPORT
SOUTHWEST ORGANIZING PROJECT 2558 W 63RD ST CHICAGO, IL 60629	36-4090773	501(C)(3)	30,000.	0.			CAPACITY BUILDING/GENERA SUPPORT
CHANGING WORLDS 329 W 18TH ST CHICAGO, IL 60616	36-4340874	501(C)(3)	28,250.	0.			CAPACITY BUILDING/GENERA) SUPPORT
CHINESE MUTUAL AID ASSOCIATION 1016 W ARGYLE ST CHICAGO, IL 60640	36-3139799	501(C)(3)	28,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT
GAIL BORDEN PUBLIC LIBRARY FOUNDATION - 270 NORTH GROVE AVE - ELGIN, IL 60120	36-4205216	501(C)(3)	26,667.	0.			CAPACITY BUILDING/GENERAI SUPPORT
UNITED WAY OF THE FOX VALLEY 44 EAST GALENA BLVD AURORA, IL 60505	36-2195467	501(C)(3)	26,667.	0.			CAPACITY BUILDING/GENERAI SUPPORT
APNA GHAR INC OUR HOME 4350 N BROADWAY 2ND FL CHICAGO, IL 60613	36-3698770	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CHICAGO VETERANS 5031 W MONTROSE CHICAGO, IL 60641	46-4960662	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT
COMMUNITY ORGANIZING AND FAMILY ISSUES - 2245 S MICHIGAN AVE STE 200 - CHICAGO, IL 60613	36-4044632	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH IN PLACE							
70 E LAKE ST STE 920							CAPACITY BUILDING/GENERA
CHICAGO, IL 60601	36-4540756	501(C)(3)	25,000.	0.			SUPPORT
I AM ABLE CENTER FOR FAMILY							
DEVELOPMENT, INC - 3410 W							CAPACITY BUILDING/GENERAL
ROOSEVELT RD - CHICAGO, IL 60624	36-3861251	501(C)(3)	25,000.	0.			SUPPORT
TNOMINUME BOD DOGIMINE I TUINO							
INSTITUTE FOR POSITIVE LIVING							
435 EAST 35 ST	26 4206680	F01 (a) (2)	05.000	•			CAPACITY BUILDING/GENERAL
CHICAGO, IL 60616	36-4386670	501(C)(3)	25,000.	0.			SUPPORT
KOREAN AMERICAN SENIOR CENTER							
D.B.A. HANUL FAMILY ALLIANCE -							
5008 N KEDZIE AVE - CHICAGO, IL	26.2510400	F01 (a) (a)	05.000	0			CAPACITY BUILDING/GENERA
60625	36-3519498	501(C)(3)	25,000.	0.			SUPPORT
LATIN UNITED COMMUNITY HOUSING							
ASSOCIATION - 3541 W NORTH AVE -							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60647	36-3213453	501(C)(3)	25,000.	0.			SUPPORT
				••			
LEAVE NO VETERAN BEHIND (LNVB)							
19 S LASALLE ST							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60603	35-2302320	501(C)(3)	25,000.	0.			SUPPORT
/			,				
METROPOLITAN TENANTS ORGANIZATION							
1727 S INDIANA AVE NO G3							CAPACITY BUILDING/GENERA
CHICAGO, IL 60616	36-3351193	501(C)(3)	25,000.	0.			SUPPORT
MIDWEST ASIAN HEALTH ASSOCIATION							
230 W CERMAK RD							CAPACITY BUILDING/GENERA
CHICAGO, IL 60616	36-4526722	501(C)(3)	25,000.	0.			SUPPORT
MUSLIM COMMUNITY INC							
14630 S JOHN HUMPHRY DR							CAPACITY BUILDING/GENERAL
ORLAND PARK, IL 60462	81-1067242	501(C)(3)	25,000.	0.			SUPPORT

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Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST SIDE HOUSING CENTER 5233 W DIVERSEY							CAPACITY BUILDING/GENERAI
CHICAGO, IL 60639	20-1413891	501(C)(3)	25,000.	0.			SUPPORT
PLANT CHICAGO 1400 W 46TH ST CHICAGO, IL 60609	45-2439418	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
PUERTO RICAN CULTURAL CENTER 2739 W DIVISION ST CHICAGO, IL 60622	23-7347778		25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ST. PAUL CHURCH 2127 W 22ND PL CHICAGO, IL 60608	36-2258528	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT
UNITED AFRICAN ORGANIZATION 4910 S KING DR CHICAGO, IL 60615	01-0897461	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ARAB AMERICAN FAMILY SERVICES 7000 W 111TH ST STE 300 WORTH, IL 60482	60-0002593	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAI SUPPORT
BRIGHT LEADERSHIP INSTITUTE 5820 W CHICAGO AVE CHICAGO, IL 60651	51-0605614	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAL SUPPORT
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S ARCHER CHICAGO, IL 60632	36-4229387	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAI SUPPORT
COMMUNITIES UNITED 4749 N KEDZIE CHICAGO, IL 60625	36-4394374	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD BROWN HEALTH 4025 NORTH SHERIDAN RD CHICAGO, IL 60613	36-2894128	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERA SUPPORT
IL PARTNERS FOR HUMAN SERVICE 33 WEST GRAND AVE STE 300 CHICAGO, IL 60654	45-4408108	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERA SUPPORT
ILLINOIS MIGRANT COUNCIL 118 S CLINTON AVE CHICAGO, IL 60661	36-2597070	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERA) SUPPORT
LOGAN SQUARE NEIGHBORHOOD ASSOCIATION - 2840 N MILWAUKEE AVE - CHICAGO, IL 60618	36-2638491	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAI SUPPORT
MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN ST ROUND LAKE PARK, IL 60073	36-4418084	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAI SUPPORT
SIRAT CHICAGO 4572 S LAKE PARK AVE CHICAGO, IL 60653	47-4847984	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAI SUPPORT
SPANISH COMMUNITY CENTER 309 N EASTERN AVE JOLIET, IL 60432	36-2679658	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAL SUPPORT
WORLD RELIEF (MOLINE) 7 EAST BALTIMORE ST BALTIMORE, MD 21202	23-6393344	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAI SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION OF THE UNIV OF ILLINOIS - 1001 S WRIGHT ST - CHAMPAIGN, IL 61820	37-0661257	501(C)(3)	23,333.	0.			CAPACITY BUILDING/GENERAL SUPPORT

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACE AND EDUCATION COALITION							
1823 WEST 47TH ST							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60609	26-0044362	501(C)(3)	20,000.	0.			SUPPORT
CAROLE ROBERTSON CENTER FOR							
LEARNING - 1111 SOUTH WESTERN AVE							CAPACITY BUILDING/GENERAL
NO B - CHICAGO, IL 60608	36-2882124	501(C)(3)	17,500.	0.			SUPPORT
ENLACE CHICAGO							
2756 S HARDING							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60623	36-3727669	501(C)(3)	16,667.	0.			SUPPORT
ETDOM LADTED VEALMUL ALLTANCE NED							
FIRST LADIES HEALTH ALLIANCE NFP 8 SOUTH MICHIGAN AVE STE 1600							CAPACITY BUILDING/GENERA
CHICAGO, IL 60603	45-4425973	501(C)(3)	16,667.	0.			SUPPORT
	10 11200,0	501(0)(0)	10,007.				
ONE NORTHSIDE							
4648 N RACINE							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60640	51-0137583	501(C)(3)	16,667.	0.			SUPPORT
RESURRECTION PROJECT							
1805 SOUTH PAULINA							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60608	36-3576073	501(C)(3)	16,667.	0.			SUPPORT
WAUKEGAN PUBLIC LIBRARY FOUNDATION							
128 N COUNTY ST							CAPACITY BUILDING/GENERAL
WAUKEGAN, IL 60085	36-3446040	501(C)(3)	16,667.	0.			SUPPORT
· ·							
CENTER ON HALSTED							
3656 NORTH HALSTED							CAPACITY BUILDING/GENERAI
CHICAGO, IL 60613	51-0178807	501(C)(3)	15,000.	0.			SUPPORT
FATHERS WHO CARE							
4540 WEST WASHINGTON BLVD							CAPACITY BUILDING/GENERAL
CHICAGO, IL 60624	75-3003911	501(C)(3)	15,000.	0.			SUPPORT

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Schedule I (Form 990)	FOREFRONT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER-AUBURN-GRESHAM DEVELOPMENT CORP - 1159 WEST 79TH ST - CHICAGO, IL 60620	36-4377387	501(C)(3)	15,000.	0.			CAPACITY BUILDING/GENERA SUPPORT
METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN STE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	15,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT
SAMUEL DEWITT PROCTOR CONFERENCE, INC - 4533 S LAKE PARK AVE - CHICAGO, IL 60653	06-1707903	501(C)(3)	15,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT
SPANISH COALITION FOR HOUSING 1922 NORTH PULASKI RD CHICAGO, IL 60639	23-7230578	501(C)(3)	15,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT
RIGHT ANGLE STUDIO, INC 1736 1ST ST HIGHLAND PARK, IL 60035	27-3447014		13,128.	0.			CAPACITY BUILDING/GENERAI SUPPORT
GARDENEERS 3414 W ROOSEVELT RD CHICAGO, IL 60624	46-4651665	501(C)(3)	12,600.	0.			CAPACITY BUILDING/GENERAN SUPPORT
CENTER FOR CHANGING LIVES 1955 N SAINT LOUIS AVE STE 101 CHICAGO, IL 60647	36-3731388	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT
JAPANESE AMERICAN SERVICE COMMITTEE – 4427 N CLARK ST – CHICAGO, IL 60640	36-2181974	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT
RED CLAY DANCE COMPANY 1507 E 53RD ST CHICAGO, IL 60615	20-8974539	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAI SUPPORT

Schedule I (Form 990)) FOREFRONT
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(a) Nome and address of				(a) A maximati a f			(h) Dumpers of super-
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO COALITION FOR THE HOMELESS 70 EAST LAKE ST							CAPACITY BUILDING/GENERAI
CHICAGO, IL 60601	36-3292607	501(C)(3)	7,500.	0.			SUPPORT
FAITH COALITION FOR THE COMMON GOOD - 2208 E KANSAS ST -							CAPACITY BUILDING/GENERAI
SPRINGFIELD, IL 62703	26-4180327	501(C)(3)	7,500.	0.			SUPPORT
PASO WEST SUBURBAN ACTION PROJECT 3415 W NORTH AVE MELROSE PARK, IL 60160	46-2330521	501(C)(3)	7,500.	0.			CAPACITY BUILDING/GENERAL SUPPORT
	40 2330321	501(0)(5)	7,500.				
ST. AGATHA CATHOLIC PARISH 3147 W DOUGLAS BLVD	26 2170022	E01 (0) (2)	7.500				CAPACITY BUILDING/GENERAI
CHICAGO, IL 60623	36-2170923	501(C)(3)	7,500.	0.			SUPPORT
UNITED CONGREGATIONS OF METRO-EAST 113 CHURCH ST	26 4400776	E01 (0) (2)	7 500				CAPACITY BUILDING/GENERAI
CAHOKIA, IL 62206	36-4409776	501(C)(3)	7,500.	0.			SUPPORT
YBLC, INC 2303 KEMBLE AVE NORTH CHICAGO, IL 60064	20-0549865	501(C)(3)	7,500.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Schedule I (Form 990) (2019)

FOREFRONT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOREFRONT APPLICANTS SUBMIT A WRITTEN PROPOSAL DESCRIBING THE SCOPE AND

GOALS OF THEIR STRATEGIC PARTNERSHIP PROJECT, AND OUTLINING THE ONE-TIME

COSTS ASSOCIATED WITH THE PROJECT. THE PROPOSAL MUST INCLUDE APPLICABLE

FINANCIAL INFORMATION FOR THE APPLICANTS AND POTENTIAL PARTNERS. FOREFRONT

MONITORS THESE GRANTS AS APPROPRIATE, TAKING INTO ACCOUNT THE CIRCUMSTANCES

OF EACH INDIVIDUAL GRANT.

SCHED	DULE J Compensation Information		OMB No. 154	5-0047
Form 9	,	d Highest	201	10
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Par	t IV line 23	20	IJ
epartment (of the Treasury Attach to Form 990.		Open to F	
	enue Service Go to www.irs.gov/Form990 for instructions and the latest i		Inspect	
Jame of t	the organization		identification 7376023	number
Part I	FOREFRONT Questions Regarding Compensation	23-	1310023	
				es No
1a Cheo	eck the appropriate box(es) if the organization provided any of the following to or for a person li	sted on Form 990		
	t VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these it			
	First-class or charter travel			
	Travel for companions Payments for business use	•		
	Tax indemnification and gross-up payments Health or social club dues of the so	•		
	Discretionary spending account			
	Discretionary spending account	naid, chauneur, chei)		
b If an	w of the bayes on line to are checked, did the organization follow a written policy regarding p	when the or		
	ny of the boxes on line 1a are checked, did the organization follow a written policy regarding pa nbursement or provision of all of the expenses described above? If "No," complete Part III to ex	•	1b	
	the organization require substantiation prior to reimbursing or allowing expenses incurred by a			
trust	tees, and officers, including the CEO/Executive Director, regarding the items checked on line	ia?	2	
3 Indic	acts which if any of the following the organization used to establish the compensation of the	organization's		
	cate which, if any, of the following the organization used to establish the compensation of the D/Executive Director. Check all that apply. Do not check any boxes for methods used by a rela	•		
		led organization to		
	ablish compensation of the CEO/Executive Director, but explain in Part III.	- 4		
	Independent compensation consultant	•		
	Form 990 of other organizations	ompensation committee		
		Cline as		
	ing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the	tiling		
-	anization or a related organization:			X
	eive a severance payment or change-of-control payment?			X
	ticipate in, or receive payment from, a supplemental nonqualified retirement plan?			X
	ticipate in, or receive payment from, an equity-based compensation arrangement?		4c	
IT "YO	'es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in F	art III.		
Omb	(1, 2, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,			
-	y section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-		/ compensation		
	tingent on the revenues of:		5-	X
	organization?			X
	related organization?		<u>5</u> b	
	/es" on line 5a or 5b, describe in Part III.			
-	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensation		
	tingent on the net earnings of:			X
	organization?			X
	related organization?		<u>6b</u>	A
	/es" on line 6a or 6b, describe in Part III.			
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfi		_	v
	described on lines 5 and 6? If "Yes," describe in Part III		7	X
	re any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that wa			v
	al contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Pa		8	<u> </u>
	'es" on line 8, did the organization also follow the rebuttable presumption procedure described			
	ulations section 53.4958-6(c)?		9	

23-7376023

Page **2**

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base (ii) Bonus & compensation incentive compensation		(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ERIC WEINHEIMER	(i)	216,642.	0.	5,084.	16,547.	16,214.	254,487.	0.
PRESIDENT, CEO (TO JUNE 20)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN LEHMAN	(i)	138,400.	0.	2,286.	14,970.	19,703.	175,359.	0.
DIRECTOR, FRESH TASTE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN MELCHIORRE	(i)	129,950.	0.	658.	11,796.	13,125.	155,529.	0.
<u>coo</u>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



FOREFRONT

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

PROMOTING THEIR CRITICAL MISSIONS AND WORK.

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

PUBLIC POLICY, OPEN CENTER FOR THE ARTS, CAAIP, OTHER FISCAL

SPONSORSHIPS.

EXPENSES \$ 877,853. INCLUDING GRANTS OF \$ 2,000. REVENUE \$ 44,298.

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

THE BYLAWS WERE UPDATED SUCH THAT MEMBER MEETINGS FOR TRANSACTING BUSINESS ARE NO LONGER REQUIRED, AND THE MEMBERS MAY ELECTRONICALLY VOTE TO CONFIRM NEW DIRECTORS. THE PROCESS OF ELECTING DIRECTORS ELECTRONICALLY AS A SLATE THE PERCENTAGE OF MEMBERS CONSTITUTING A QUORUM WAS WAS INSTITUTED. CHANGED FROM 25% TO 5%. THE NUMBER OF REQUIRED DIRECTORS WAS CHANGED FROM A RANGE OF 25 TO 30 TO A RANGE OF 20 TO 25. THE TERMS OF DIRECTORS WAS UPDATED. THE COMPENSATION AND BENEFITS COMMITTEE WAS DISSOLVED, AND THEIR DUTIES WERE ABSORBED INTO THOSE OF THE EXISTING AUDIT/FINANCE COMMITTEE. THE PERCENTAGE CONSTITUTING A QUORUM OF DIRECTORS WAS RAISED FROM ONE THIRD TO ONE HALF OF THE DIRECTORS. ADVISORY COMMITTEES TO THE BOARD WERE OFFICIALLY RECOGNIZED AS THE POLICY COMMITTEE, PROGRAM COMMITTEE AND THE REVENUE DEVELOPMENT & COMMUNICATIONS COMMITTEE. THE BOARD RESOLVED THAT ACTION TAKEN OR AUTHORIZED BY THE BOARD OF DIRECTORS THAT WOULD BE INCONSISTENT WITH THE BY-LAWS OF THE CORPORATION THEN IN EFFECT BUT IS TAKEN OR AUTHORIZED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF ALL DIRECTORS IN OFFICE SHALL BE GIVEN THE SAME EFFECT AS THOUGH THE BY-LAWS HAD BEEN TEMPORARILY AMENDED OR SUSPENDED SO FAR, BUT ONLY SO FAR, AS IS NECESSARY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

Name	e of the organ	IZATION	Employer identification number						
TO	PERMIT	THE	SPECIFIC	ACTION	so	TAKEN	OR	AUTHORIZED.	

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

ANY ORGANIZATION OR INDIVIDUAL WHICH SUBSCRIBES TO THE PURPOSES AND BASIC

POLICIES AND CONTRIBUTES ANNUAL FINANCIAL SUPPORT TO THE CONTINUING

OPERATION OF THIS CORPORATION IN THE AMOUNT DETERMINED FROM TIME TO TIME BY

THE BOARD OF DIRECTORS, MAY BECOME A MEMBER OF THIS CORPORATION.

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

EACH MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A

VOTE OF THE MEMBERS.

Schedule (C) (Form 990 or 990-E7) (2019)

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

WITH THE ASSISTANCE OF THE CHIEF FINANCIAL OFFICER, OUTSIDE ACCOUNTANTS PREPARE THE 990. THE CHIEF FINANCIAL OFFICER REVIEWS A DRAFT OF THE 990 AND COMPARES NUMBERS TO AUDITED FINANCIAL STATEMENTS. THE FOREFRONT PRESIDENT & CEO AND THE CHIEF FINANCIAL OFFICER REVIEW THE DRAFT WITH THE AUDIT/FINANCE COMMITTEE MEMBERS AT A SCHEDULED MEETING. THE DRAFT IS PROVIDED TO THE ENTIRE BOARD FOR REVIEW. THE BOARD IS INVITED TO A CONFERENCE CALL TO ASK QUESTIONS AND OFFER COMMENTS TO THE PRESIDENT AND CEO AND THE CHIEF FINANCIAL OFFICER.

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

THE ORGANIZATION IDENTIFIES EACH BOARD MEMBER AND EMPLOYEE WITH A STATED

CONFLICT OF INTEREST OR POTENTIAL AND MAINTAINS A LIST OF THE STATED

CONFLICTS / POTENTIAL CONFLICTS.

Page 2

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FOREFRONT	Employer identification number 23-7376023
CEO: PRESIDENT'S PERFORMANCE REVIEW COMMITTEE: CONSISTS OF	THE FOLLOWING
BOARD MEMBERS - BOARD CHAIR, AUDIT/FINANCE COMMITTEE CHAIR	, AND TREASURER.
COMPARABILITY DATA OBTAINED FROM OTHER REGIONAL ASSOCIATIO	NS OF GRANTMAKERS
AND FROM OTHER NONPROFIT ORGANIZATIONS. ANNUAL DECISION PRO	OCESS IS
SUBSTANTIATED IN WRITING. COMMITTEE MAKES RECOMMENDATION T	O BOARD.
TOP MANAGEMENT AND ALL OTHER EMPLOYEES: CEO AND CHIEF FINA	NCIAL OFFICER
PRESENT SALARY POOL RECOMMENDATION TO AUDIT/FINANCE COMMIT	TEE BASED ON
CHANGE IN CPI, ORGANIZATION'S FINANCIAL SITUATION, AND OTH	ER RELEVANT
INFORMATION.	

FORM 990, PART VI, SECTION C, LINE 18:

PUBLIC DISCLOSURE OF 1023 - THE ORGANIZATION IS NOT REQUIRED TO MAKE ITS

1023 APPLICATION AVAILABLE TO THE GENERAL PUBLIC AS IT WAS FORMED PRIOR TO 07/15/1987.

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

RECENT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ILLINOIS ATTORNEY GENERAL'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE GENERAL PUBLIC.

FORM	990,	PART	XI,	LINE	9,	CHANGES	IN	NET	ASSETS:		
RETUR	N GRA	NTS 1	O PI	REVIOU	JSLY	SPONSOR	RED	PRO	JECTS		-290,403.

SCH	EDULE	R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOREFRONT

Employer identification number 23 - 7376023

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
CONVERGE CONSULTING LLC - 37-1863249					
200 W. MADISON ST, 2ND FLOOR					
CHICAGO, IL 60606	CONSULTING	ILLINOIS	415,876.	283,115.	FOREFRONT
	-				

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	(f) Direct controlling entity	cont	(g) n 512(b)(13) ntrolled ntity?	
				501(c)(3))		Yes	No	

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

Schedule R (Form 990) 2019 FOREFRONT

		o			
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the ordanization answered	"Yes" on Form 990. P	'art IV. line 34. because it na	ad one or more related
Part III	organizations treated as a partnership during the tax year.	J	,	, , , , , , , , , , , , , , , , , , , ,	
	Uluanizations treated as a partificiship during the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ^{ng} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yesl	lo
	1										
	-										
	-										
	-										
	-										
	-										
	1										
	4										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2019 FOREFRONT

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
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
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 FOREFRONT

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)		16	2	(f)	(g)	0	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(€ Are partner 501(c org:	all	Share of	Share of		opor-	Code V-UBI	U General o	
of entity	T findary doctivity	(state or foreign	(related, unrelated,	501(0	c)(3)	total	end-of-year	tion	opor- nate tions?	amount in box 20	managin	ownership
,		country)		Yes		income			No		Yes No	1 .
				res	NO			res	NO	(1011111000)	Tes NC	·

Schedule R (Form 990) 2019 FORE
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.