

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOREFRONT Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 W. MADISON ST, 2ND FLOOR City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606 F Name and address of principal officer: MONIQUE B. JONES SAME AS C ABOVE	D Employer identification number 23-7376023 E Telephone number 312-578-0090 G Gross receipts \$ 8,901,727. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MYFOREFRONT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1974 M State of legal domicile: IL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO BUILD A VIBRANT SOCIAL IMPACT SECTOR FOR ALL THE PEOPLE OF ILLINOIS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	27
	6	Total number of volunteers (estimate if necessary)	6	65
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	405,389.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,565,391.
9		Program service revenue (Part VIII, line 2g)	1,030,989.	877,983.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,441.	8,373.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,495.	3,046.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,621,316.	8,901,727.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,866,078.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,726,211.	2,450,884.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 424,765.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,015,265.	1,691,555.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,607,554.	10,780,650.
	19	Revenue less expenses. Subtract line 18 from line 12	2,013,762.	-1,878,923.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 6,049,358.	End of Year 3,633,661.
	21	Total liabilities (Part X, line 26)	942,340.	283,132.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,107,018.	3,350,529.

Part II Signature Block

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

Sign Here	Signature of officer DEREK STOVALL-LEONARD, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name J. CALVIN MARKS	Preparer's signature Date
	Firm's name ▶ JOHNSON LAMBERT LLP Firm's address ▶ 4242 SIX FORKS ROAD, SUITE 1500 RALEIGH, NC 27609	Check if self-employed <input type="checkbox"/> PTIN P01226973 Firm's EIN ▶ 52-1446779 Phone no. 919-719-6400

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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning JUL 1, 2020, and ending JUN 30, 2021

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8453EO for the latest information.

Name of exempt organization or person subject to tax <p style="text-align: center;">FOREFRONT</p>	Taxpayer identification number <p style="text-align: center;">23-7376023</p>
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Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>8,901,727.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration of Officer or Person Subject to Tax

8 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization or I am the person subject to tax with respect to (name of organization) _____, (EIN) _____

and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here 5/9/2022 **CHIEF FINANCIAL OFFICER**
Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date <u>5/9/2022</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P01226973</u>
	Firm's name (or yours if self-employed), address, and ZIP code				EIN <u>52-1446779</u>
	<u>JOHNSON LAMBERT LLP</u>				Phone no. <u>919-719-6400</u>
	<u>4242 SIX FORKS ROAD, SUITE 1500</u>				
	<u>RALEIGH, NC 27609</u>				

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

Product: **Exempt**
 Name: **Forefront**
 FEIN: ******6023**
 Bank Info:
 Fiscal Year Begin Date: **7/1/2020**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **6/30/2021**

IRS Center: **Ogden**
 e-Postmark: **5/9/2022 1:18 PM**
 Notification:
 eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/09/2022	20X:23-7376023:V1	Upload Started			Marks,Calvin	
05/09/2022	20X:23-7376023:V1	Released for Transmission - Validation in Progress			Marks,Calvin	
05/09/2022	20X:23-7376023:V1	Ready to transmit - Validation Complete				
05/09/2022	20X:23-7376023:V1	Transmitted to FD	56370820221290370e31			
05/09/2022	20X:23-7376023:V1	Accepted by FD on 5/9/2022				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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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 print	Name of exempt organization or other filer, see instructions. FOREFRONT	Taxpayer identification number (TIN) 23-7376023
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 200 W. MADISON ST, 2ND FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60606	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DEREK STOVALL-LEONARD

- The books are in the care of ▶ **200 W. MADISON ST, 2ND FLOOR - CHICAGO, IL 60606**
Telephone No. ▶ **312-327-8910** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE MOBILIZE OUR MEMBERS TO WORK COLLECTIVELY AROUND ISSUES THAT ARE IMPORTANT TO THEM AND TO THE SECTOR BY ENHANCING THE EFFECTIVENESS OF (A) THE ORGANIZATIONS AND INDIVIDUALS WHO ARE THE MEMBERS OF THE CORPORATION AND (B) ALL NONPROFIT ORGANIZATIONS IN THE STATE OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,832,952. including grants of \$ 6,349,208.) (Revenue \$) FRESH TASTE IS A SPONSORED PROJECT OF FOREFRONT. IT IS A STAFFED FUNDER INITIATIVE FORMED IN 2002 BY A GROUP OF ILLINOIS-BASED FOUNDATIONS AND CHICAGO CITY OFFICIALS INTERESTED IN CHANGING HOW FOOD IS PRODUCED FOR, AND PROCESSED AND CONSUMED IN THE CHICAGO REGION.

4b (Code:) (Expenses \$ 1,654,107. including grants of \$ 289,003.) (Revenue \$ 406,514.) FOREFRONT LEVERAGES THE COLLECTIVE POWER OF PHILANTHROPY AND NONPROFITS TO IMPROVE LIVES AND STRENGTHEN COMMUNITIES. FOUNDED IN 1974, FOREFRONT IS THE ONLY MEMBERSHIP ASSOCIATION IN ILLINOIS FOR FUNDERS AND NONPROFITS OF ALL KINDS, AS WELL AS THEIR ADVISORS AND CONSULTANTS. SOME 1,100 INDIVIDUALS AND INSTITUTIONS BELONG TO FOREFRONT, AND THOUSANDS MORE BENEFIT FROM ITS RESOURCES, SOME OF WHICH ARE FREE. FOREFRONT IS BASED IN CHICAGO BUT SERVES THE ENTIRE STATE. IT IS A HUB FOR CONNECTION AND COLLABORATION AS WELL AS A SOURCE OF RESEARCH, PROGRAMS, PUBLICATIONS, AND OTHER TOOLS, INCLUDING A FREE LIBRARY, THAT STRENGTHEN THE EFFECTIVENESS OF PHILANTHROPY AND NONPROFITS. THROUGH PUBLIC POLICY ADVOCACY AND MEDIA RELATIONS, FOREFRONT ALSO SERVES AS A LEADER AND VOICE FOR PHILANTHROPY AND NONPROFITS, PROTECTING AND

4c (Code:) (Expenses \$ 343,342. including grants of \$) (Revenue \$ 405,389.) CONVERGE CONSULTING IS A SOCIAL ENTERPRISE OWNED AND MANAGED BY FOREFRONT THAT DELIVERS FINANCIAL, ACCOUNTING, AND ADMINISTRATIVE SOLUTIONS TO NONPROFITS AND FOUNDATIONS SO THAT THEY CAN FOCUS ON THEIR MISSION. WE WORK WITH ORGANIZATIONS TO ADDRESS THEIR SPECIFIC NEEDS ON AN INTERIM OR CONTINUING BASIS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 677,580. including grants of \$) (Revenue \$ 66,080.)

4e Total program service expenses 9,507,981.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
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		27
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 22		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DEREK STOVALL-LEONARD - 312-578-0090**
200 W. MADISON ST, 2ND FLOOR, CHICAGO, IL 60606

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC WEINHEIMER PRESIDENT, CEO (TO JUN '20)	0.00						X	156,296.	0.	26,571.
(2) KAREN LEHMAN DIRECTOR, FRESH TASTE	40.00					X		151,636.	0.	23,721.
(3) DEREK STOVALL-LEONARD CFO	40.00			X				153,135.	0.	19,380.
(4) DAWN MELCHIORRE COO	40.00			X				146,706.	0.	19,479.
(5) YUSEF GARCIA VP, DEVELOP & COMMUNICATIONS	40.00					X		131,937.	0.	18,238.
(6) ROBIN KROUSE CONTROLLER	40.00					X		100,432.	0.	2,077.
(7) MONIQUE B. JONES PRESIDENT, CEO (FROM JAN '21)	40.00	X		X				0.	0.	0.
(8) HEATHER HIGGINS ALDERMAN CHAIR	1.00	X		X				0.	0.	0.
(9) MARIA PESQUEIRA VICE CHAIR	1.00	X		X				0.	0.	0.
(10) MARK ISHAUG VICE CHAIR (TO DEC '20)	2.00	X		X				0.	0.	0.
(11) DORRI MCWHORTER TREASURER	2.00	X		X				0.	0.	0.
(12) LOUISE (WEGI) FERRY STEWART TREASURER (TO DEC '20)	2.00	X		X				0.	0.	0.
(13) JOHN KELKER SECRETARY	2.00	X		X				0.	0.	0.
(14) DERONDAL BEVLY SECRETARY (TO DEC '20)	2.00	X		X				0.	0.	0.
(15) LAWRENCE BENITO BOARD MEMBER	1.00	X						0.	0.	0.
(16) GILLIAN DARLOW BOARD MEMBER	1.00	X						0.	0.	0.
(17) CARRIE L. DAVIS BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREG DIDOMENICO BOARD MEMBER	1.00	X						0.	0.	0.
(19) JOSH GIBB BOARD MEMBER	1.00	X						0.	0.	0.
(20) EVAN HOCHBERG BOARD MEMBER	1.00	X						0.	0.	0.
(21) ANNA LEE BOARD MEMBER	1.00	X						0.	0.	0.
(22) KRISTEN MACK BOARD MEMBER (FROM DEC '20)	1.00	X						0.	0.	0.
(23) DINAZ MANSURI BOARD MEMBER	1.00	X						0.	0.	0.
(24) KATE MCADAMS BOARD MEMBER	1.00	X						0.	0.	0.
(25) VICKI MORCOS BOARD MEMBER	1.00	X						0.	0.	0.
(26) JULIAN POSADA BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								840,142.	0.	109,466.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								840,142.	0.	109,466.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GCR CONSULTING, LLC 5190 MOUNT ZION RD, WACO, GA 30182	CONSULTING	131,480.
WILBURN STRATEGIC SOLUTIONS, INC PO BOX 802831, CHICAGO, IL 60680	CONSULTING	101,357.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes entries for MARY POUNDER, ANGELIQUE POWER, JOHN SHAW, NAREMAN TAHA, and KAREN L. TAMLEY.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	1,312,549.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	538,100.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,161,676.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				8,012,325.			
Program Service Revenue	2 a			Business Code				
	CONSULTING			900099	512,839.	107,450.	405,389.	
	b WORKSHOPS AND MEETINGS			900099	364,894.	86,927.	277,967.	
	c LIBRARY REVENUE			900099	250.		250.	
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f				877,983.				
Other Revenue	3				8,373.		8,373.	
	4							
	5							
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d Net rental income or (loss)							
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d Net gain or (loss)								
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c Net income or (loss) from fundraising events								
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a			Business Code				
	ADMINISTRATIVE FEES			900099	3,046.		3,046.	
	b							
	c							
	d All other revenue			900099				
e Total. Add lines 11a-11d				3,046.				
12 Total revenue. See instructions				8,901,727.	194,377.	405,389.	289,636.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,638,211.	6,638,211.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	477,812.	317,131.	93,727.	66,954.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,572,293.	1,037,066.	311,045.	224,182.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,107.	75,093.	19,854.	13,160.
9 Other employee benefits	146,162.	101,526.	26,844.	17,792.
10 Payroll taxes	146,510.	101,768.	26,907.	17,835.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,552.	2,492.	996.	64.
c Accounting	61,278.	42,983.	17,187.	1,108.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	623,555.	447,397.	165,494.	10,664.
12 Advertising and promotion	29,904.	12,879.	2,500.	14,525.
13 Office expenses	33,029.	26,453.	4,676.	1,900.
14 Information technology	153,435.	109,267.	41,494.	2,674.
15 Royalties				
16 Occupancy	322,184.	225,151.	55,447.	41,586.
17 Travel	8,094.	8,094.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	159,556.	159,556.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,808.	18,725.	5,762.	4,321.
23 Insurance	33,787.	1,950.	30,837.	1,000.
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 O.)				
a DUES AND MEMBERSHIPS	71,004.	47,255.	18,749.	5,000.
b STAFF DEVELOPMENT	34,034.	9,132.	22,902.	2,000.
c BOOK STORE PURCHASES AN	30,014.	30,014.		
d _____				
e All other expenses _____	99,321.	95,838.	3,483.	
25 Total functional expenses. Add lines 1 through 24e	10,780,650.	9,507,981.	847,904.	424,765.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,730,964.	1	1,504,917.
	2 Savings and temporary cash investments	3,537,466.	2	619,864.
	3 Pledges and grants receivable, net	373,765.	3	1,128,957.
	4 Accounts receivable, net	88,580.	4	47,367.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	56,444.	9	92,836.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 333,605.		
	b Less: accumulated depreciation	10b 275,754.	86,659.	10c 57,851.
	11 Investments - publicly traded securities	25,290.	11	31,869.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	150,190.	15	150,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,049,358.	16	3,633,661.	
Liabilities	17 Accounts payable and accrued expenses	216,580.	17	133,232.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	613,000.	24	149,900.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	112,760.	25	0.
	26 Total liabilities. Add lines 17 through 25	942,340.	26	283,132.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,250,850.	27	2,169,741.
	28 Net assets with donor restrictions	856,168.	28	1,180,788.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,107,018.	32	3,350,529.
33 Total liabilities and net assets/fund balances	6,049,358.	33	3,633,661.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,901,727.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,780,650.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,878,923.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,107,018.
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	203,500.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-81,066.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,350,529.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: FOREFRONT
Employer identification number: 23-7376023

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3170081.	4805115.	4750185.	8565391.	8012325.	29303097.
2 Tax revenues levied for the organization'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	3170081.	4805115.	4750185.	8565391.	8012325.	29303097.
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)						3742242.
6 Public support. Subtract line 5 from line 4.						25560855.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3170081.	4805115.	4750185.	8565391.	8012325.	29303097.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,709.	4,376.	2,571.	2,441.	8,373.	29,470.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			12,139.			12,139.
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.	3,046.	101,261.
11 Total support. Add lines 7 through 10						29445967.
12 Gross receipts from related activities, etc. (see instructions)					12	2,812,585.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	86.81 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.51 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2020

Name of the organization

FOREFRONT

Employer identification number

23-7376023

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

Name of organization FOREFRONT	Employer identification number 23-7376023
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>1,112,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>1,009,194.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>973,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>790,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>463,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOREFRONT	Employer identification number 23-7376023
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 170px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 170px; height: 15px;"></div>	\$ <u>419,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color: black; width: 230px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 270px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px;"></div>	\$ <u>278,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="background-color: black; width: 330px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 190px; height: 15px;"></div>	\$ <u>170,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<div style="background-color: black; width: 340px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 190px; height: 15px;"></div>	\$ <u>158,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOREFRONT	Employer identification number 23-7376023
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization FOREFRONT	Employer identification number 23-7376023
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization FOREFRONT	Employer identification number 23-7376023
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	10,284,958.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,284,958.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	664,248.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	166,062.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	360,409.	418,769.	508,403.	664,248.	1,951,829.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,927,744.
c Total lobbying expenditures		38,595.	1,516.		40,111.
d Grassroots nontaxable amount	90,102.	104,692.	127,101.	166,062.	487,957.
e Grassroots ceiling amount (150% of line 2d, column (e))					731,936.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization FOREFRONT Employer identification number 23-7376023

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	500.	500.	500.	500.	500.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	500.	500.	500.	500.	500.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,144.	1,144.	0.
d Equipment		50,082.	48,306.	1,776.
e Other		282,379.	226,304.	56,075.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				57,851.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FOREFRONT, AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **FOREFRONT** Employer identification number **23-7376023**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
CHICAGO FOOD POLICY ACTION COUNCIL 1 N STATE ST STE 1500 CHICAGO, IL 60602	30-0626664	501(C)(3)	315,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 61801	37-6006007	501(C)(3)	272,800.	0.			CAPACITY BUILDING/GENERAL SUPPORT
FAITH IN PLACE 70 E LAKE ST STE 920 CHICAGO, IL 60601	36-4540756	501(C)(3)	250,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
LITTLE VILLAGE ENVIRONMENTAL JUSTICE ORGANIZATION - 2445 S SPAULDING AVE - CHICAGO, IL 60623	36-4259477	501(C)(3)	241,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ELAWA FARM FOUNDATION 1401 MIDDLEFORK DR LAKE FOREST, IL 60045	71-0875472	501(C)(3)	225,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CHICAGO WORKERS' COLLABORATIVE 1914 S ASHLAND AVE CHICAGO, IL 60608	26-1470308	501(C)(3)	200,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **108.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
WAREHOUSE WORKERS JUSTICE CENTER, INC. - 37 S ASHLAND AVE - CHICAGO, IL 60607	80-0792786	501(C)(3)	190,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
THE EXPERIMENTAL STATION 6100 S BLACKSTONE AVE CHICAGO, IL 60637	32-0017985	501(C)(3)	175,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CENTER ON HALSTED 3656 NORTH HALSTED ST CHICAGO, IL 60613	51-0178807	501(C)(3)	150,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
MOVEMENT STRATEGY CENTER 436 14TH ST STE 500 OAKLAND, CA 94612	20-1037643	501(C)(3)	150,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
THE TROTTER LEGACY 902 S RANDALL RD STE C #334 ST CHARLES, IL 60174	47-1315007	501(C)(3)	150,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ADVOCATES FOR URBAN AGRICULTURE PO BOX 168083 CHICAGO, IL 60616	81-0980528	501(C)(3)	149,650.	0.			CAPACITY BUILDING/GENERAL SUPPORT
HENRY WILLIAMS FOUNDATION OF LOVE PO BOX 703 HAZEL CREST, IL 60429	82-1556431	501(C)(3)	145,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
BLACK OAKS CENTER FOR SUSTAINABLE LIVING - 10249 S HALSTED ST - CHICAGO, IL 60628	20-4280294	501(C)(3)	135,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63 ST CHICAGO, IL 60623	36-4167433	501(C)(3)	125,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FIRST NATIONS DEVELOPMENT INSTITUTE - 2432 MAIN ST 2ND FLR - LONGMONG, CO 80501	54-1254491	501(C)(3)	120,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
EIGHTEENTH STREET DEVELOPMENT CORP 1843 S CARPENTER ST CHICAGO, IL 60806	36-2899333	501(C)(3)	110,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
STAR FARM CHICAGO 934 W 50TH PL CHICAGO, IL 60609	82-4504342	501(C)(3)	103,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
FARMWORKER AND LANDSCAPER ADVOCACY PROJECT - 33 N LASALLE ST STE 900 - CHICAGO, IL 60602	36-4306362	501(C)(3)	100,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
PUERTO RICAN CULTURAL CENTER 2739 W DIV CHICAGO, IL 60622	23-7347778	501(C)(3)	100,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
THE LITTLE VILLAGE COMMUNITY FOUNDATION - 3610 W 26TH ST 2ND FL - CHICAGO, IL 60623	83-1667740	501(C)(3)	96,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
MIDWEST CENTER FOR INVESTIGATIVE REPORTING - 701 DEVONSHIRE DR C-33 - CHAMPAIGN, IL 61820	27-1652830	501(C)(3)	91,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
GARY COMER YOUTH CENTER 7200 S INGLESIDE AVE CHICAGO, IL 60619	45-5399472	501(C)(3)	78,600.	0.			CAPACITY BUILDING/GENERAL SUPPORT
DEKALB COUNTY COMMUNITY GARDENS 2280 BETHANY RD DEKALB, IL 60115	46-3681206	501(C)(3)	76,250.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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APNA GHAR INC OUR HOME 4350 N BROADWAY 2ND FL CHICAGO, IL 60613	36-3698770	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CATHOLIC BISHOP OF CHICAGO/ ST. SABINA CHURCH - 1210 WEST 78TH PL - CHICAGO, IL 60620	36-2171123	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CHICAGO COOPERATIVE 997 TICONDEROGA TR EAGAN, MN 55123	39-1540529	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CHINESE AMERICAN SERVICE LEAGUE, INC - 2141 SOUTH TAN CT - CHICAGO, IL 60616	36-2984043	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
GARFIELD PARK COMMUNITY COUNCIL 300 N CENTRAL PARK CHICAGO, IL 60624	45-4055306	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ILLINOIS STEWARDSHIP ALLIANCE 230 BROADWAY STE 200 SPRINGFIELD, IL 62701	37-6160476	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
MICHIGAN INTEGRATED FOOD & FARMING SYSTEMS (MIFFS) - 480 WILSON RD ROOM 172 - EAST LANSING, MI 48824	38-3399769	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
NEIGHBORSPLACE 445 N SACRAMENTO BLVD CHICAGO, IL 60612	36-4105593	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
NWI FOOD COUNCIL, INC PO BOX 530 CROWN POINT, IN 46307	81-1584283	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PROVISO PARTNERS FOR HEALTH 602 N 3RD AVE MAYWOOD, IL 60153	36-3762412	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
SEVEN GENERATIONS AHEAD PO BOX 3125 OAK PARK, IL 60303	36-4437661	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
SISTERS WORKING IT OUT 21114 VIVIENNE DR MATTESON, IL 60443	26-2862273	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
STONE TEMPLE BAPTIST CHURCH 3622 W DOUGLAS BLVD CHICAGO, IL 60623	36-4158998	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
UNIVERSIDAD POPULAR 2801 S HAMLIN AVE CHICAGO, IL 60623	36-3028729	501(C)(3)	75,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
PUBLIC NARRATIVE 600 S MICHIGAN AVE CHICAGO, IL 60605	36-3759714	501(C)(3)	70,500.	0.			CAPACITY BUILDING/GENERAL SUPPORT
COOPERATION OPERATION 11303 S CHAMPLAIN AVE CHICAGO, IL 60628	41-2494820	501(C)(3)	70,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CHICAGO HORTICULTURAL SOCIETY 1000 LAKE COOK RD GLENCOE, IL 60022	36-2225482	501(C)(3)	64,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
YWCA METROPOLITAN CHICAGO 1030 W VAN BUREN ST CHICAGO, IL 60607	36-2179782	501(C)(3)	56,870.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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JUST ROOTS CHICAGO 2936 S WABASH AVE CHICAGO, IL 60616	82-4241543	501(C)(3)	56,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
THE FIRST PRESBYTERIAN CHURCH OF CHICAGO - 6400 SOUTH KIMBARK AVE - CHICAGO, IL 60637	23-6393377	501(C)(3)	55,900.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CLARETIAN ASSOCIATES 9234 S BRANDON AVE CHICAGO, IL 60617	36-4087259	501(C)(3)	50,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH ST HARVEY, IL 60426	36-4346917	501(C)(3)	50,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
FAMILY FOCUS 310 S PEORIA ST STE 301 CHICAGO, IL 60607	36-2884042	501(C)(3)	50,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
FEDERACION DE CLUBESMICHIOACANOS EN ILLINOIS - 1638 S BLUE ISLAND AVE - CHICAGO, IL 60608	41-2061019	501(C)(3)	50,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
NEW ECLIPSE COMMUNITY ALLIANCE 715 WEST 51ST ST CHICAGO, IL 60609	46-3151464	501(C)(3)	50,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
GRACE HOUSING COMPLEX 8628 S UNIVERSITY AVE CHICAGO, IL 60619	46-3810092	501(C)(3)	45,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ADELANTE CENTER FOR ENTREPRENEURSHIP - 420 WEST CLAYTON ST - WAUKEGAN, IL 60085	83-3751315	501(C)(3)	43,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GREATER CHATHAM INITIATIVE PO BOX 19217 CHICAGO, IL 60619	81-3276803	501(C)(3)	40,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
UN NUEVO DESPERTAR-A NEW AWAKENING 2300 S MILLARD AVE CHICAGO, IL 60623	47-4335665	501(C)(3)	40,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
PLANT CHICAGO 4459 S MARSHFIELD AVE CHICAGO, IL 60609	45-2439418	501(C)(3)	39,500.	0.			CAPACITY BUILDING/GENERAL SUPPORT
A JUST HARVEST 7649 N PAULINA ST CHICAGO, IL 60626	36-4381962	501(C)(3)	35,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ICNA RELIEF USA PROGRAMS 8791 144TH ST JAMAICA, NY 11435	04-3810161	501(C)(3)	35,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
GUN VIOLENCE PREVENTION EDUCATION CENTER - 180 N LASALLE ST - CHICAGO, IL 60601	82-3786602	501(C)(3)	34,495.	0.			CAPACITY BUILDING/GENERAL SUPPORT
AMERICAN INDIAN CENTER 3401 W AINSLIE ST CHICAGO, IL 60625	36-2382840	501(C)(3)	30,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
GLOBAL PHILANTHROPY PARTNERSHIP 2440 N LAKEVIEW AVE STE 15A CHICAGO, IL 60614	56-2342600	501(C)(3)	30,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
RESTAURANT OPPORTUNITIES CENTERS UNITED - 275 7TH AVE STE 1703 - NEW YORK, NY 10001	01-0939141	501(C)(3)	30,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ALL FAMILY ACTIVE ALFA 2508 S 9TH AVE N. RIVERSIDE, IL 60546	82-2501662	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ANDERSON ANIMAL SHELTER 1000 S LAFOX RD SOUTH ELGIN, IL 60177	36-6164626	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
BIG, NFP 6011 S ST LAWRENCE AVE CHICAGO, IL 60637	45-2453557	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CAROLE ROBERTSON CENTER FOR LEARNING - 1111 S WESTERN AVE STE B - CHICAGO, IL 60612	36-2882124	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ENVISIONS UNLIMITED 8 SOUTH MICHIGAN AVE STE 1700 CHICAGO, IL 60603	36-2544178	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
FAR SOUTH CDC 9923 SOUTH HALSTED ST CHICAGO, IL 60628	36-2946248	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
FOOD NOT BOMBS FREE SKOOL PO BOX 422 SANTA CRUZ, CA 95061	45-4549583	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
HOPE CHARITIES, INC 20300 GOVERNORS HWY OLYMPIA FIELDS, IL 60461	27-5104762	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
THE ROBERTI COMMUNITY HOUSE 769 BEVERLY PL LAKE FOREST, IL 60045	47-2348102	501(C)(3)	25,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WESTCARE ILLINOIS 1100 W CERMAK RD CHICAGO, IL 60608	27-3984627	501(C)(3)	23,750.	0.			CAPACITY BUILDING/GENERAL SUPPORT
JAMES B. MORAN CENTER FOR YOUTH ADVOCACY - 1900A DEMPSTER ST - EVANSTON, IL 60202	36-3180725	501(C)(3)	23,200.	0.			CAPACITY BUILDING/GENERAL SUPPORT
EVANSTON REBUILDING WAREHOUSE 2101 DEMPSTER ST EVANSTON, IL 60201	27-3797852	501(C)(3)	21,320.	0.			CAPACITY BUILDING/GENERAL SUPPORT
TELPOCHCALLI COMMUNITY EDUCATION PROJECT - 2832 W 24TH BLVD - CHICAGO, IL 60623	71-0961074	501(C)(3)	21,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ALREADY ALWAYS AMAZING 45 N MAPLE ST FRANKFORT, IL 60423	82-0807552	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
BLUE ISLAND CITIZENS FOR PERSONS WITH INTELLECTUAL DISABILIT - 2155 BROADWAY ST - BLUE ISLAND, IL 60406	36-2603932	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CAROLYN AND KAREN SPIRITUAL HEALING HOUSE - 7641 SOUTH EGGLESTON AVE - CHICAGO, IL 60620	45-4520115	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CHICAGO DREAM CENTER 1663 N MOZART ST CHICAGO, IL 60647	20-3107540	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CHICAGO LAWN UNITED METHODIST CHURCH - 3500 W 63RD PL - CHICAGO, IL 60629	31-1813333	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Schedule I (Form 990)

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EQUITY AND TRANSFORMATION (EAT) 10 W 35TH ST CHICAGO, IL 60616	83-4701430	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
INSPIRATION CORPORATION 4554 N BROADWAY STE 207 CHICAGO, IL 60640	36-3673980	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
MAPLE MORGAN PARK COMMUNITY FOOD PANTRY INCORPORATED - 11030 S LONGWOOD DR - CHICAGO, IL 60643	72-1586752	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
MIDWEST FOOD BANK, NFP 2031 WAREHOUSE RD NORMAL, IL 61761	41-2120170	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO - 1279 N MILWAUKEE AVE - CHICAGO, IL 60622	23-7443009	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
PS ITS SOCIAL 2922 CENTRAL ST EVANSTON, IL 60201	45-3934105	501(C)(3)	20,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
THE GARDENWORKS PROJECT PO BOX 615 WEST CHICAGO, IL 60186	46-3697674	501(C)(3)	15,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
JAPANESE AMERICAN SERVICE COMMITTEE - 4427 N CLARK ST - CHICAGO, IL 60640	36-2181974	501(C)(3)	15,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
OUTREACH HOUSE 24 WEST ASH ST LOMBARD, IL 60148	20-0545709	501(C)(3)	15,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

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GLOBAL GARDEN REFUGEE TRAINING FARM - 103 CIRCLE DR WEST - MONTGOMERY, IL 60538	46-3258261	501(C)(3)	12,500.	0.			CAPACITY BUILDING/GENERAL SUPPORT
NEW MACEDONIA MISSIONARY BAPTIST CHURCH - 4244 WEST MADISON ST - CHICAGO, IL 60624	36-1525760	501(C)(3)	12,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
HEALTHY SCHOOLS CAMPAIGN 2545 W DIVERSEY AVE STE 214 CHICAGO, IL 60647	36-4308068	501(C)(3)	11,376.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ANNIES TABLE NFP 3011 WEST 183RD ST STE 192 HOMEWOOD, IL 60430	84-2600285	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
APOSTOLIC FAITH CHURCH 3823 SOUTH INDIANA AVE CHICAGO, IL 60653	36-2202881	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ARTHUR LOCKHART RESOURCE INSTITUTE 4941 W CHICAGO AVE CHICAGO, IL 60651	36-3602246	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
BIG GREEN PO BOX 386 BROOMFIELD, CO 80038	27-5083595	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
BLACKROOTS ALLIANCE 5061 S PRAIRIE AVE CHICAGO, IL 60615	82-3487898	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
EDEN RESTORATION PROJECT, NFP 812 ARGONNE DR NORTH CHICAGO, IL 60064	83-4167805	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

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EDWARD G. IRVIN FOUNDATION 6735 S CONSTANCE AVE CHICAGO, IL 60649	36-4473846	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
FULLER PARK COMMUNITY DEVELOPMENT CORPORATION - 4417 S STEWART AVE - CHICAGO, IL 60609	36-3890176	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
GREATER-AUBURN-GRESHAM DEVELOPMENT CORP - 7901 S RACINE AVE - CHICAGO, IL 60620	36-4377387	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
JUST FOOD INITIATIVE OF THE FOX VALLEY - 1921 W WILSON ST STE A PMB 299 - BATAVIA, IL 60510	85-2148283	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
THE KINDNESS CAMPAIGN 9207 S PERRY AVE CHICAGO, IL 60620	82-1694708	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
NEW LIFE BAPTIST CHURCH OF BLOOM TOWNSHIP - 1633 WILSON AVE - CHICAGO HEIGHTS, IL 60411	36-3595299	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
ST. MARK MISSIONARY BAPTIST CHURCH 14618 LINCOLN AVE HARVEY, IL 60426	36-2858936	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
TOGETHER CHICAGO INC 102 ELM ST PROSPECT HEIGHTS, IL 60070	82-3256928	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
VICTORY HOUSE OF PRAYER 514 W 71ST ST CHICAGO, IL 60621	46-4696420	501(C)(3)	10,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
OPPORTUNITY KNOCKS 8020 MADISON ST RIVER FOREST, IL 60305	26-4758403	501(C)(3)	8,500.	0.			CAPACITY BUILDING/GENERAL SUPPORT
LADIES OF VIRTUE 1245 S MICHIGAN AVE STE 149 CHICAGO, IL 60605	80-0530610	501(C)(3)	7,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT
CHINESE MUTUAL AID ASSOCIATION 1016 W ARGYLE ST CHICAGO, IL 60660	36-3139799	501(C)(3)	6,000.	0.			CAPACITY BUILDING/GENERAL SUPPORT

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FOREFRONT

Employer identification number

23-7376023

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC WEINHEIMER PRESIDENT, CEO (TO JUN '20)	(i)	155,050.	0.	1,246.	10,642.	15,929.	182,867.	182,867.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN LEHMAN DIRECTOR, FRESH TASTE	(i)	149,498.	0.	2,138.	11,927.	11,794.	175,357.	175,357.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEREK STOVALL-LEONARD CFO	(i)	152,486.	0.	649.	11,400.	7,980.	172,515.	172,515.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAWN MELCHIORRE COO	(i)	145,993.	0.	713.	11,400.	8,079.	166,185.	166,185.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) YUSEF GARCIA VP, DEVELOP & COMMUNICATIONS	(i)	131,603.	0.	334.	10,336.	7,902.	150,175.	150,175.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

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.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

FOREFRONT

Employer identification number

23-7376023

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

ILLINOIS THROUGH DEVELOPMENT OF EDUCATIONAL PROGRAMS AND INFORMATIONAL

RESOURCES AND THROUGH THE PROVISION OF TECHNICAL ASSISTANCE;

IDENTIFYING AND PROMOTING THE ROLE OF PHILANTHROPY IN THE STATE OF

ILLINOIS; PROVIDING OPPORTUNITIES FOR INTERACTION AND COMMUNICATION

AMONG THE MEMBERS OF THE CORPORATION AND ALL NONPROFIT CHARITABLE,

RELIGIOUS, LITERARY, SCIENTIFIC AND EDUCATIONAL ORGANIZATIONS IN THE

STATE OF ILLINOIS; FOSTERING INNOVATION AND ENTREPRENEURSHIP IN THE

NONPROFIT SECTOR, AND PROVIDING SUPPORT, TRAINING AND FISCAL

SPONSORSHIP TO ADVANCE THE GROWTH, MANAGEMENT AND IMPACT OF MISSION

DRIVEN ORGANIZATIONS TO MORE EFFECTIVELY ADDRESS SOCIAL CHALLENGES WITH

SUSTAINABLE SOLUTIONS.

FORM 990, PART III, LINE 4B, 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 \$ 677,580. INCLUDING GRANTS OF \$ 0. REVENUE \$ 66,080.

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.

Name of the organization

FOREFRONT

Employer identification number

23-7376023

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.

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.

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

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 ASSOCIATIONS OF GRANTMAKERS AND FROM OTHER NONPROFIT ORGANIZATIONS. ANNUAL DECISION PROCESS IS SUBSTANTIATED IN WRITING. COMMITTEE MAKES RECOMMENDATION TO BOARD. TOP MANAGEMENT AND ALL OTHER EMPLOYEES: CEO AND CHIEF FINANCIAL OFFICER PRESENT SALARY POOL RECOMMENDATION TO AUDIT/FINANCE COMMITTEE BASED ON

Name of the organization FOREFRONT	Employer identification number 23-7376023
--	---

CHANGE IN CPI, ORGANIZATION'S FINANCIAL SITUATION, AND OTHER 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:

RETURNED GRANTS	-64,000.
BAD DEBT	-17,066.
TOTAL TO FORM 990, PART XI, LINE 9	-81,066.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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	405,389.	434,639.	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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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 country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

032164 10-28-20

