Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Depa	rtment of	the Treasury		curity numbers on this form a form990 for instructions and	-	•	Open to Public
		ue Service				JUN 30, 202	Inspection
		1	f organization	ОП I, 2025 and	rending t	D Employer ident	
B a	heck if pplicable:	: Civaine o	organization			D Employer ident	uncation number
	Address	s I NATT	ONAL ANTI-VIVISECT	TON SOCIETY			
	Name change		usiness as	1011 0001111		36-2229	588
	Initial return		and street (or P.O. box if mail is not del	livered to street address)	Room/suite		
	Final		NORTH WELLS STREET		406	312-427	
	ireturn/ termin- ated		own, state or province, country, and		1200	G Gross receipts \$	31,851,749
	Amende		AGO, IL 60654	Zii di lordigii postal code		H(a) Is this a group	
	Applica tion		nd address of principal officer:KEN	NETH KANDARAS		for subordinat	
	pending		AS C ABOVE				es included? Yes No
TT	ax-exe		X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)	or 527		n a list. See instructions
	Vebsite		NAVS.ORG	(/ (// /		H(c) Group exemp	
K F	orm of o	organization:	X Corporation Trust As	sociation Other	L Year		M State of legal domicile: II
	rt I	Summary			•		
-	1 E	Briefly describ	oe the organization's mission or most	significant activities: NAVS	IS D	EDICATED TO	ENDING THE
Activities & Governance	<u> </u>	JSE OF	ANIMALS IN RESEARC	H, TESTING, AND	EDUC	ATION.	
ern.	2 (Check this bo	x if the organization disco	ntinued its operations or dispo	sed of mor	e than 25% of its net	
Š			ting members of the governing body	, , , , , , , , , , , , , , , , , , , ,			3
<u>«</u>			dependent voting members of the go				4 (
ies			of individuals employed in calendar y				5 14
ixi			of volunteers (estimate if necessary)				6
Act			d business revenue from Part VIII, co				7a 0 .
	bΝ	Net unrelated	business taxable income from Form	990-T, Part I, line 11	·····		7b 0.
						Prior Year	Current Year
ne	l					3,766,870	
Revenue		•			547,912		
Be			come (Part VIII, column (A), lines 3, 4	279,574			
			e (Part VIII, column (A), lines 5, 6d, 8c			4,594,356	
			 - add lines 8 through 11 (must equal milar amounts paid (Part IX, column (459,600	
			to or for members (Part IX, column (A				0.
"	l					1,242,675	
Expenses	16a E	Professional f	r compensation, employee benefits (i undraising fees (Part IX, column (A), l ing expenses (Part IX, column (D), lin	line 11e)		0	
ber	h T	otal fundrais	ing expenses (Part IX, column (D) lin	e 25) 244 . 1	07.	•	
ŭ			es (Part IX. column (A). lines 11a-11d	"	-	1,704,644	1,345,785
	l		es. Add lines 13-17 (must equal Part I	, , , , , , , , , , , , , , , , , , , ,		3,406,919	
	19 F		expenses. Subtract line 18 from line			1,187,437	
Net Assets or Fund Balances						eginning of Current Yea	
sets land	20 T	otal assets (F	Part X, line 16)			13,457,393	25,040,992
d Be	21 T					641,996	
Ret	22 N		fund balances. Subtract line 21 from			12,815,397	24,614,092
Pa	ırt II	Signature					
			I declare that I have examined this return,				f my knowledge and belief, it is
true,	correct	, and complete	. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any knowledge.	
	L	Cianatura of of	#inor			Doto	
Sign	•	Signature of of	licei			Date	
Her		Type or print n	ame and title				
		••		Dranararia aignatura		Date Check	PTIN
Paid		Print/Type prep	garer's name G. MEYER	Preparer's signature		if	
	-	Firm's name	SELDEN FOX, LTD.			self-emp Firm's EIN	36-2985770
	-	Firm's address		A. SUJTE 710		I IIIII S LIIV	30 2303110
	.,	5 addi 030	OAKBROOK TERRACE,	=		Phone no. 6	30-954-1400

X Yes No

May the IRS discuss this return with the preparer shown above? See instructions

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NAVS IS DEDICATED TO ENDING THE EXPLOITATION OF ANIMALS USED IN
	SCIENCE. NAVS WORKS TO IDENTIFY AND PROMOTE SOLUTIONS THAT ADVANCE
	HUMANE SCIENCE IN LABORATORIES AND CLASSROOMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 961,522. including grants of \$) (Revenue \$)
	PUBLIC AWARENESS AND GENERAL EDUCATION - NAVS USES EVERY RESOURCE
	AVAILABLE TO RAISE AWARENESS OF AND EDUCATE PEOPLE ABOUT THE USE OF
	ANIMALS IN EDUCATION, RESEARCH, AND TESTING. NAVS PROMOTES AND FUNDS
	THE IDENTIFICATION, DEVELOPMENT, AND USE OF HUMANE, HUMAN-RELEVANT
	SOLUTIONS THAT CAN REPLACE THE CRUEL AND WASTEFUL USE OF ANIMALS IN
	RESEARCH, TESTING, AND EDUCATION. NAVS DISSEMINATES CREDIBLE AND
	COMPELLING EDUCATIONAL CONTENT VIA ITS WEBSITE, SOCIAL MEDIA CHANNELS,
	PRINTED PUBLICATIONS, AND OTHER MEDIA OUTLETS.
	462 700 02 160
4b	(Code:) (Expenses \$ 463,798. including grants of \$ 93,160.) (Revenue \$)
	LEGISLATIVE AND REGULATORY PROGRAMS - NAVS ADVOCATES FOR LEGISLATION
	AND REGULATORY CHANGES THAT REPLACE OR REDUCE THE USE OF ANIMALS IN
	GOVERNMENT FUNDED RESEARCH. NAVS WORKS AT THE STATE AND NATIONAL LEVEL
	TO MONITOR AND TAKE ACTION ON PROPOSED LAWS THAT AFFECT ANIMALS USED IN
	RESEARCH AND TESTING.
4c	(Code:) (Expenses \$ 579,710 • including grants of \$ 265,000 •) (Revenue \$)
40	(Code:) (Expenses \$ 579,710. including grants of \$ 265,000.) (Revenue \$) SCIENCE PROGRAMS - NAVS WORKS WITH SCIENTISTS AND SCIENCE EDUCATORS TO
	IMPLEMENT HUMANE ALTERNATIVES TO ANIMALS IN LABORATORIES AND
	CLASSROOMS. THROUGH CLASSROOM GRANTS AND SCIENCE FAIR AWARDS, NAVS
	ENCOURAGES YOUNG SCIENTISTS AND THEIR TEACHERS TO USE HUMANE SOLUTIONS
	RATHER THAN ANIMALS. NAVS ALSO SPONSORS RELEVANT SCIENCE CONFERENCES.
	THE THE THE THE PROPERTY OF TH
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 450, 767 • including grants of \$ 92, 200 •) (Revenue \$)
4e	Total program service expenses 2,455,797.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۰		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	۱		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	and the first of the control of the	144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
0.4	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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	<u></u> .		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	Х	
	(gambling) winnings to prize winners?	1c	$^{\Delta}$	

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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 14									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other										
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X						
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	any contributions that were not tax deductible as charitable contributions?		6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	to file Form 8282?		7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7 f 7g		Х						
g											
h	3										
8	, ,										
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?										
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a									
a 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:	100									
	Gross income from members or shareholders	11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110									
~	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		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				Х						
excess parachute payment(s) during the year?											
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sec	tion 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?	10a		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?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?		77	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
46	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
17 10		e only	\ availe	able
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) for public inspection, Indicate how you made those available. Check all that apply	s only) availa	abie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)			
10	·······································	d fina	ncial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iiilal	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KEN KANDARAS - 312-427-6065			
	444 NORTH WELLS STREET SUITE 406, CHICAGO, IL 60654			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	Position (do not check more than one box, unless person is both ar officer and a director/trustee)				h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		compensated se		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KENNETH CUNNIFF PROGRAM CONSULTANT/ATTORNE	40.00				х			199,232.	0.	15,890.
(2) KENNETH KANDARAS	40.00							133,232.	•	13,050.
EXECUTIVE DIRECTOR		1		Х				166,156.	0.	9,484.
(3) JULIANE TRAPP PEARSON	40.00							4-4-4-		
DEPUTY DIRECTOR	40.00					Х		158,517.	0.	15,021.
(4) ANDRE DAVIS DIRECTOR OF DIGITAL STRATEGY AND DEL						х		112,369.	0.	19,232.
(5) MARY CUNNIFF EXECUTIVE DIRECTOR EMERITA	15.00						Х	32,967.	0.	8,818.
(6) JOSEPH MCHUGH	1.00							0=700.0		0,020
SECRETARY/TREASURER		Х						0.	0.	0.
(7) PETER O'DONOVAN DIRECTOR	1.00	х						0.	0.	0.
(8) MICHAEL B. MANN	1.00									
PRESIDENT/DIRECTOR		Х						0.	0.	0.
(9) MARY ANN LIGON VICE-PRESIDENT/DIRECTOR	1.00	x						0.	0.	0.
(10) MARIA ENRIGHT	1.00	^						0.	0.	0.
DIRECTOR	1100	Х						0.	0.	0.
(11) TOM MAHONEY	1.00									
DIRECTOR		Х			_			0.	0.	0.
		_								
		-								

(A) (B) Average hours per week (list any position of the compensation from the compensation from the organization below) below	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																
Name and title Average Pour per Pour													(F)				
hours per week (list any pure per list and to list any pure per li	• •	Average	١						1 ' '	` '		Es		ed			
Complete the compensation from the organization and the compensation from the organization is tank former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person 1. Did any person lited on line 1 a tecelor or accruce compensation from any unrelated organization from the organization. Report compensation of the calendary year ending with or within the organization at x year. (A) Name and business address 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. Report compensation from the organization and the compensation from the organization. Report compensation of the calendary year ending with or within the organization at xx year. (A) Name and business address Description of services Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report compensation from the organization of the calendary year ending with or within the organization at xx year. (A) Name and business address Description of services Description of services Description of services Des		hours per							· ·	•							
Compensation Comp		week							· ·	•							
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	***************************************												0,4				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No													0 4				
compensation from the organization Yes No	<u> </u>								-			68,445.					
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 6 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 Complete Schedule J for such individual (B) (C) Compensation ESQUIRE 150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 1111,546.	2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportabl	e						
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address ESQUIRE 150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 111,546.	compensation from the organization													$\frac{4}{}$			
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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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address ESQUIRE 150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 111,546.	line 1a? If "Yes," complete Schedule J for s	such individual										3	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? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation ESQUIRE 150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 111,546.	4 For any individual listed on line 1a, is the su	um of reportab															
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 ESQUIRE 150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 1111,546.	and related organizations greater than \$15	0.000? If "Yes.	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х				
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C																	
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) (B) (C) Compensation ESQUIRE 150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 111,546.	• •	•				-		oluc	od organization or many	101 001 1100		5		x			
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) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		iproto Corrodar	00.	0, 00	2011	<i>p</i> 0, c											
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(A) Name and business address ESQUIRE 150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 111,546.											iperisa	alioni	10111				
Name and business address ESQUIRE 150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 111,546. 2 Total number of independent contractors (including but not limited to those listed above) who received more than		trie caleridar y	ear	enai	ng v	vitri	Or W	101111		year.							
ESQUIRE 150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 111,546. 2 Total number of independent contractors (including but not limited to those listed above) who received more than		addross								onvices	C			'n			
150 NORTH MICHIGAN AVE., CHICAGO, IL 60601 LEGAL 111,546. 2 Total number of independent contractors (including but not limited to those listed above) who received more than		address							Description of s	lei vices		ompe	iisalic				
2 Total number of independent contractors (including but not limited to those listed above) who received more than	· -	~~~~	_		. ,	- 0	- ^ 1	Ļ				4.4	4 -				
	150 NORTH MICHIGAN AVE.,	150 NORTH MICHIGAN AVE., CHICAGO, IL 60601										<u> </u>	⊥,5	46.			
								丁									
								寸									
	2 Total number of independent contractors (including but a	ot II	mito	d +0	the	دم اند	etec	d above) who received m	ore than							
	·	-	.J. 11		u 10			,,,,,	a above, who received it	ioro triari							

	1 99 rt \					AMIT	-VIVISEC	TION SOCIE	11	30-2229	300 Page 9
Га	1 L V	Ш									
			Check if Schedule O	conta	ains a re	sponse	or note to any lin	ne in this Part VIII			<u>L</u>
								Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
								Total levellue	function revenue		from tax under
											sections 512 - 514
nts nts	1	а	Federated campaigns			а					
ir our			Membership dues			b					
δ, G			Fundraising events			С					
ař.			Related organizations			d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr		····	e					
Sign			All other contributions, gifts,								
bel he			similar amounts not included			f	12,583,707.				
를		a	Noncash contributions included in			g \$					
Sor		_	Total. Add lines 1a-1f		_			12,583,707.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-11				Business Code	22,000,707.			
Φ.	_	_					Business Code				
Vi Cé	2	a									
ser iue		b									
m S		С									
gra Re		d									
Program Service Revenue		е									
ъ.			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (include	ding	dividen	ls, inter	est, and				
								635,392.			635,392.
	4		Income from investment of	of tax	k-exemp	t bond p	oroceeds				
	5		Royalties					177,898.			177,898.
					(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)							
			Gross amount from sales of			urities	(ii) Other				
			assets other than inventory	7a	18,45	4,752.					
		b	Less: cost or other basis								
ne			and sales expenses	7b	18,40	0,726					
Revenue		С	Gain or (loss)			4,026					
Re		d	Net gain or (loss)					54,026.			54,026.
ē	8		Gross income from fundraisi					·			
Other			including \$		-	of					
			contributions reported on								
			Part IV, line 18		•						
		h	Less: direct expenses								
			Net income or (loss) from								
	۵		Gross income from gamin				·····				
	9	а	-	-							
		L	Part IV, line 19								
			Less: direct expenses				·				
			Net income or (loss) from			nties					
	10	а	Gross sales of inventory,			40					
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	s of inve	ntory					
ns							Business Code				
Miscellaneous Revenue	11										
llar ⁄en		b									
Re		С									
Ĕ			All other revenue								
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns				13,451,023.	0.	0.	867,316.

12 332009 12-21-23

Form **990** (2023)

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).

Do:	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	450 360	450 360		
	and domestic governments. See Part IV, line 21	450,360.	450,360.		
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,	C2C 274	420 427	102 406	10 261
	trustees, and key employees	636,274.	430,427.	193,486.	12,361
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F01 F44	454 004	CF 000	FA 754
7	Other salaries and wages	591,744.	474,994.	65,999.	50,751
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	94,671.	69,494.	19,912.	5,265
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	137,803.	104,567.	26,583.	6,653
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	27,574.	23,071.	3,629.	874
14	Information technology	145,047.	144,583.	164.	300
15	Royalties				
16	Occupancy	77,452.	64,164.	10,264.	3,024
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	96,279.	94,630.	440.	1,209
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,120.		12,120.	
23	Insurance	154,726.	104,394.	39,219.	11,113
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.)				
а	PRINTING AND PUBLICATIO	286,641.	210,072.		76,569
b	PROFESSIONAL SERVICES	273,773.	203,696.	22,098.	47,979
C	POSTAGE	95,228.	67,654.	65.	27,509
d	MISCELLANEOUS	25,381.	2,439.	22,800.	142
	All other expenses	13,761.	11,252.	2,151.	358
25	Total functional expenses. Add lines 1 through 24e	3,118,834.	2,455,797.	418,930.	244,107
	Joint costs. Complete this line only if the organization	0,220,0040	_,,	-10,550.	
	wome ovaca. Complete this line only if the organization				
26	reported in column (R) joint costs from a combined		1	I I	
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

332010 12-21-23

Part X | Balance Sheet

<u>P</u> ar	TΧ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			492,428.	1	185,219
	2	Savings and temporary cash investments				2	71,881
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			49,016.	4	63,764
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
<u>ı</u> z	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			68,650.	9	63,850
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		283,655.			
	b	Less: accumulated depreciation	10b	225,974.	33,306.	10c	57,681
	11	Investments - publicly traded securities			12,481,776.	11	24,326,506
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets		222 245	14	272 224	
	15	Other assets. See Part IV, line 11			332,217.	15	272,091
	16	Total assets. Add lines 1 through 15 (must ed	ual line 3	3)	13,457,393.	16	25,040,992
	17	Accounts payable and accrued expenses			276,134.	17	124,168
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
les	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X	365,862.	25	302,732
	06	of Schedule D			641,996.	26	426,900
\dashv	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			041,000	20	420,500
es		and complete lines 27, 28, 32, and 33.	ieck iiei				
auc	27				12,487,888.	27	24,428,783
3al	28	Net assets with donor restrictions			327,509.	28	185,309
<u> </u>	20	Organizations that do not follow FASB ASC			32,73030	20	200,000
ב		and complete lines 29 through 33.	300, 011				
, Š	29	Capital stock or trust principal, or current fund			29		
jets 	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,815,397.	32	24,614,092
_	33	Total liabilities and net assets/fund balances			13,457,393.	33	25,040,992

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,11		
3	Revenue less expenses. Subtract line 2 from line 1	3				89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				97.
5	Net unrealized gains (losses) on investments	5	1	,54	2,3	46.
6	Donated services and use of facilities	6				
7	Investment expenses	7		-7	5,8	40.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	24	,61	4,0	92.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	ı			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		