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

Open to Public

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.

and ending JUN 30, 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021

B	Check if	C Name of organization		D Employer identific	cation number
	Addre				
H	chang Name	<u> </u>		36-30609	2.2
	chang Initial	ÿ	Doom/ouito		
	return Final	Number and street (or P.O. box if mail is not delivered to street address) 4413 N. Sheridan	Room/suite	E Telephone number 773 – 769 – 3	
	∟return termir				695,054.
	ated	City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60640		G Gross receipts \$	
	return □ Applio			H(a) Is this a group re	
	tion pendi	same as C above		for subordinates H(b) Are all subordinates in	
_	Toy ov	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1) = 4$	r 527	1	list. See instructions
		te: \triangleright www.uplcchicago.org	1 327	H(c) Group exemptio	
		organization: X Corporation	I Voor		State of legal domicile: IL
	art I	Summary	L TEAT	oriorination. ±575 N	n State of legal doffliche, ± 1
	1	Briefly describe the organization's mission or most significant activities: To es	stabli	sh administ	er &
Se	'	promote programs providing legal aid to in			
Governance	2	Check this box if the organization discontinued its operations or dispose			
Veri	3			3	11
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
≪	1 _	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			18
ı <u>t</u> i	6	Total number of volunteers (estimate if necessary)			35
Activities	⁷ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 ~			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		926,818.	653,993.
	9	Program service revenue (Part VIII, line 2g)		99,139.	36,152.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2,438.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,465.	2,471.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,032,422.	695,054.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
'n	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		817,418.	608,755.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 63,09	9.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		200,117.	216,478.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,017,535.	825,733.
	1	Revenue less expenses. Subtract line 18 from line 12		14,887.	-130,679.
70,				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,493,416.	1,301,261.
ASS	21	Total liabilities (Part X, line 26)		214,510.	152,920.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,278,906.	1,148,341.
Pa	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	re	Alan Mills, Executive Director			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid		Jason L. Gierhahn, CPA Jason L. Gierhah	n, C 0	5/15/23 self-employ	
	parer	Firm's name DESMOND & AHERN, LTD.		Firm's EIN ▶	<u>36-3321958</u>
Use	Only	Firm's address 10827 S. WESTERN AVENUE		. –	
		CHICAGO, IL 60643-3206		Phone no. (7	73)779-4720
May	v the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	_
	To establish, administer & promote programs providing legal ai	
	indigent persons, assisting community residents in obtaining 1	.egal
	services and benefits, and educating & training residents,	
	paraprofessionals, and community attorneys.	
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
Ū	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 to	av avnancas
-	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.	20 622
4a	(Code:) (Expenses \$ 600,912. including grants of \$ 500.) (Revenue \$	30,043.
	Provide comprehensive neighborhood-based legal services for re	sidents
	of Chicago's Uptown area and surrounding communities.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	(6.1	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
Tu)
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 600,912.	
<u>4e</u>	Total program service expenses	Form 990 (2021)
		FUITH 555 (2021)

Uptown People's Law Center

Form 990 (2021) Uptown People's Law Center Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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			l
	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			l
	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	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)? 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			,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_V
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16		4.		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	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,"	4.		v
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	L	X

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Pai	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curr	ent			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J		23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a		24a		х
b	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?	I	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	·····	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	·····	270		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
h			ZJa		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
			054		х
00	Schedule L, Part I	······ }	25b		
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%				37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% con	I			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part	<i>III</i>	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		<u>X</u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
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 non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	·····			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	I	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.				
	If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	·····			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	·····	<u> </u>		
55			38	Х	
Pai			30	44	
	Check if Schodule O contains a reappage or note to any line in this Part V				
	Check if Schedule O contains a response of note to any line in this Part V		<u></u>	Voc	Na
	Forting the mumber reported in her 2 of Form 1006. Forting 0 if and annulately	1 [Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	— →			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_	v	
	(gambling) winnings to prize winners?		1c	X QQA	(000 1)
132004	4 12-09-21		Form	330	(2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance 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 18 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2021) Uptown People's Law Center 36-3060933 Page 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	1a		L1 📉						
	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		L1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship									
_	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the			· -						
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?									
4										
5										
6	5.11			5		<u>X</u>				
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			. •						
1 a	more members of the governing body?			7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			· /a						
D				76		Х				
o	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			. 7b						
8		-	-	0-	Х					
a	The governing body?			. <u>8a</u> 8b	X					
D	Each committee with authority to act on behalf of the governing body?			80	Λ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		х				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			Э						
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		Vaa	Na				
10-	Did the expenientian have lead shorters branches are effiliated?			10a	Yes	No X				
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters.			. <u>10a</u>						
D		•		10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body		a filing the form?	11a	Х					
_		beloi	e illing the form?	Ha	21					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	, , , , , , , , , , , , , , , , , , ,									
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12b		_X_				
C		,		12c		Х				
10	on Schedule O how this was done Did the organization have a written whistleblower policy?				Х					
13	• • • • • • • • • • • • • • • • • • • •			14	X					
14 15	Did the organization have a written document retention and destruction policy?			14						
15	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by ind	reheriaeur							
_				45.		Х				
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization					X				
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	th a							
104				16a		Х				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			ioa						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-							
				16b						
Sec	exempt status with respect to such arrangements?			. 100						
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, ar	nd aan	T (section 501(c)	(3)s only)	availak	nle				
	for public inspection. Indicate how you made these available. Check all that apply.	550	. (55511011 501(6)	(S)S Offig)	avanak	510				
	Own website Another's website X Upon request Other (explain	on 0-	hodulo (1)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	and finan	rial					
13	statements available to the public during the tax year.	i iiiiOt O	, witchest policy,	unu iiilaili	oiai					
20	State the name, address, and telephone number of the person who possesses the organization's boo	iks and	I records							
_0	Alan Mills - 773-250-0357	no and								
	4413 N. Sheridan Road, Chicago, IL 60640									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organi		Ji ya	ııı∠a			ipei	Jali			(E)
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average hours per		(do not check more than one box, unless person is both an			than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste			pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	io nal t		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Alan Mills	55.00	=	=	-	×	Τ ω	ш.			
Executive Director		1		х				80,000.	0.	1,800.
(2) Gregory McConnell	1.00									-
President		Х						0.	0.	0.
(3) Arthur Ellis	2.00									
Treasurer		Х						0.	0.	0.
(4) Malorie Medellin	2.00	1							_	_
Secretary		Х						0.	0.	0.
(5) Kristine Argentine	1.00	ļ								
Director	1 00	Х						0.	0.	0.
(6) Locke Bowman	1.00	٠,,								
Director	1 00	Х						0.	0.	0.
(7) Matthew DalSanto Director	1.00	х						0.	0.	0.
(8) Ryan Dunigan	1.00	^						0.	0.	· ·
Director	1.00	Х						0.	0.	0.
(9) Sarah Grady	1.00	25						•	•	•
Director	200	х						0.	0.	0.
(10) Leslie Kuhn-Thayer	1.00	<u></u>								
Director		Х						0.	0.	0.
(11) Levi Stahl	1.00									
Director		Х						0.	0.	0.
(12) Sean Suber	1.00									
Director		Х						0.	0.	0.
(13) Herbert L. Zarov	1.00]								
Director		Х						0.	0.	0.
		1								
		<u> </u>								
		4								
		-				-				
		1								
					\vdash	\vdash				
		1								
		1	L	<u> </u>	L			1		5 990 (222

Form 990 (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)	(C)					(D)	(E)		(F)			
Name and title	Average hours per		not cl	heck	more	than o		Reportable	Reportable	- 1		timate	
	week		, unles cer an					compensation from	compensatio from related	- 1		nount o other	DΪ
	(list any	ctor	ector					the	organizations	- 1		pensa	tion
	hours for	or dire	9			ted		organization	(W-2/1099-MIS			om the	
	related organizations	ustee	truste		9	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati d relate	
	below	Individual trustee or director	Institutional trustee	_	Key employee	st con	e. e	1099-NEC)				nizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
										\dashv			
										\neg			
										\dashv			
										\dashv			
1b Subtotal								80,000.		0.		1,80	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								80,000.		0.		1,80	0.
2 Total number of individuals (including but n							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable		•	_, _ (
compensation from the organization						,							0
										Г		Yes	No
3 Did the organization list any former officer			кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								ner compensation from t		····	3		
and related organizations greater than \$150	•							-	•	- 1	4		Х
5 Did any person listed on line 1a receive or a											-		
rendered to the organization? If "Yes," con	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .				<u></u>	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpopostod inc	lono	ndor	at 00	ntro	a ot o	ro th	nat rappiyad mare than \$	100 000 of comp		ion fro		
the organization. Report compensation for	•	•								rei isati	ion ire	,,,,	
(A)				_				(B) Description of s		0	(C		
Name and business	auuress	NC	ONE	5			_	Description of s	ervices		ompei	nsatior	1
2. Total number of independent control of	- المناج والمرام	a# 15	nit	J + 1	th	I! ~	ر۔ مد	abovo) who were in a firm	ave then				
 Total number of independent contractors (i \$100,000 of compensation from the organi 		JT IIN	HITEC	ı (O	tnos (ced	above) who received mo	ore than				
	<u> </u>									ı	Form	990 (2	2021)

OHOUR II OUHEUUE O UUHLAHI	s a response	or note to anv lin	e in this Part VIII			
		,	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
				function revenue	business revenue	sections 512 - 514
្នា 1 a Federated campaigns	1a					
b Membership dues c Fundraising events						
c Fundraising events						
Ø. ◀						
d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, similar amounts not included above g Noncash contributions included in lines 1a-1 h Total. Add lines 1a-1f						
e Government grants (contributions						
f All other contributions, gifts, grants, a		653 003				
similar amounts not included above		653,993.				
g Noncash contributions included in lines 1a-1			652 002			
On h lotal. Add lines 1a-1f	h Total. Add lines 1a-1f		653,993.			
Drogram garriga	=	Business Code	26 152	26 152		
2 a Program service f	ees	541100	36,152.	36,152.		
b						
งับ c						
<u>Sev</u> p						
b c EBBO d e e f All other program service revenue						_
1 7 iii oti loi program convicto reventa		•	26.450			
g Total. Add lines 2a-2f			36,152.			
3 Investment income (including div						
other similar amounts)			2,438.			2,438.
4 Income from investment of tax-ex	kempt bond p	roceeds				
5 Royalties						
_	(i) Real	(ii) Personal				
6 a Gross rents 6a						
b Less: rental expenses 6b						
c Rental income or (loss) 6c						
d Net rental income or (loss)		<u></u>				
7 a Gross amount from sales of	(i) Securities	(ii) Other				
assets other than inventory 7a						
b Less: cost or other basis						
and sales expenses						
and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising event	I .					
including \$	of					
contributions reported on line 1c). See					
Part IV, line 18	· I					
b Less: direct expenses	I .					
c Net income or (loss) from fundrai		>				
9 a Gross income from gaming activi						
Part IV, line 19	I .					
b Less: direct expenses	I .					
c Net income or (loss) from gaming		•				
10 a Gross sales of inventory, less reti						
and allowances	I .					
b Less: cost of goods sold	I .					
c Net income or (loss) from sales o						
C 1300 moorne or (1035) from sales o	voiltory	Business Code				
ກຸ່າາ a Miscellaneous		900099	2,471.	2,471.		
o and b		700077	2,3,1,1	2,3,10		
Miscellaneous b c d All other revenue						
d All other revenue						
e Total. Add lines 11a-11d			2,471.			
12 Total revenue. See instructions			695,054.	38,623.	0.	2,438.

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 respons not include amounts reported on lines 6b,		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	F00	F 0.0		
	and domestic governments. See Part IV, line 21	500.	500.		
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,	01 000	74 266	10 (10	C 00F
	trustees, and key employees	91,800.	74,266.	10,649.	6,885
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	420 205	240.000	F0 1F0	20 420
7	Other salaries and wages	432,397.	349,809.	50,158.	32,430
8	Pension plan accruals and contributions (include	10 000	0 000	1 160	E - ^
	section 401(k) and 403(b) employer contributions)	10,002.	8,092. 22,879. 37,436.	1,160. 3,281. 5,368.	750 2,121 3,471
9	Other employee benefits	28,281.	22,879.	3,281.	2,121
10	Payroll taxes	46,275.	37,436.	5,368.	3,471
11	Fees for services (nonemployees):				
а	Management				
b	<u> </u>	10.550		10.550	
С	9	12,750.		12,750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	19,212.		19,212.	
12	Advertising and promotion				
13	Office expenses	66,221.	18,553.	37,322.	10,346
14	Information technology	16,260.		10,283.	5,977
15	Royalties				
16	Occupancy	60,790.	60,790.		
17	Travel	2,514.	2,514.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,621.		4,621.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,918.		6,918.	
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	Client expenses	26,073.	26,073.		
b	Miscellaneous	1,119.			1,119
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	825,733.	600,912.	161,722.	63,099
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)				

Form **990** (2021)

Part	^	Dalance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			330,713.	1	244,055.
	2	Savings and temporary cash investments			950,451.	2	855,262.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	183,853.	4	60,277.		
	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 the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			12,262.	9	5,982.
1	I0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		88,805.			
	b	Less: accumulated depreciation	. 10b	72,100.	16,137.	10c	16,705.
1	11	Investments - publicly traded securities			11		
1	12	Investments - other securities. See Part IV, line		12			
1	13	Investments - program-related. See Part IV, lin		13			
1	14	Intangible assets		14	112 22		
1	15	Other assets. See Part IV, line 11		0.	15	118,980.	
1	16	Total assets. Add lines 1 through 15 (must ed	1,493,416.	16	1,301,261.		
1	17	Accounts payable and accrued expenses			214,510.	17	26,191.
1	18	Grants payable		18			
1	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
ဖွ 2	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ia b		controlled entity or family member of any of the				22	
_ 2	23	Secured mortgages and notes payable to unr				23	
ı	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	0		106 700
		of Schedule D			0.		126,729.
- 2	26	Total liabilities. Add lines 17 through 25			214,510.	26	152,920.
σ l		Organizations that follow FASB ASC 958, c	heck her				
ے ا	_	and complete lines 27, 28, 32, and 33.			1 150 047		1 000 400
	27			·····	1,159,047.	27	1,028,482.
8 2	28	Net assets with donor restrictions			119,859.	28	119,859.
<u>.</u>		Organizations that do not follow FASB ASC	958, cne	eck nere			
۾ ا _ي		and complete lines 29 through 33.					
ş 2	29	Capital stock or trust principal, or current fund			29		
388	30	Paid-in or capital surplus, or land, building, or			30		
ا ب	31	Retained earnings, endowment, accumulated			1,278,906.	31	1,148,341.
	32	Total net assets or fund balances			1,493,416.	32	1,301,261.
3	33	Total liabilities and net assets/fund balances			1,433,410.	33	1,301,201.

Pai	T 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		5,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,73			
3	Revenue less expenses. Subtract line 2 from line 1	3	-13				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,27	8,90	06.		
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		1:	14.		
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	1,14	8,34	41.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?	-	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (2021)		

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Name of the organization **Employer identification number** Uptown People's Law Center 36-3060933 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	280,857.	314,211.	532,559.	926,818.	653,993.	2708438.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					4-4	
4	Total. Add lines 1 through 3	280,857.	314,211.	532,559.	926,818.	653,993.	2708438.
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)						0700430
	Public support. Subtract line 5 from line 4.						2708438.
	• • • • • • • • • • • • • • • • • • • •	() 22/-	# N 22.42	() 22/2	()) 2222	() 222 (
	ndar year (or fiscal year beginning in)	(a) 2017 280, 857.	(b) 2018 314, 211.	(c) 2019 532,559.	(d) 2020 926,818.	(e) 2021 653,993.	(f) Total 2708438.
	Amounts from line 4	200,057.	314,411.	554,559.	940,010.	055,995.	2/00430.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					2,438.	2,438.
^	and income from similar sources					2,430.	2,430.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	5,473.	4,055.	4,535.	6,465.	2,471.	22,999.
11	Total support. Add lines 7 through 10	3/2/30	270000	27000	0,1001	2/1/20	2733875.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	36,152.
	First 5 years. If the Form 990 is for th	•	,				
	organization, check this box and stop			•			
Sed	ction C. Computation of Publi						
	Public support percentage for 2021 (li			olumn (f))		14	99.07 %
	Public support percentage from 2020					15	96.36 %
	33 1/3% support test - 2021. If the c					ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >

Schedule A (Form 990) 2021

(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.)

Secti	ion A. Public Support	now, picase comp	note i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose						
а	Fross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
fu	he value of services or facilities urnished by a governmental unit to ne organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that kceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	dd lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	mounts from line 6 Gross income from interest, ividends, payments received on ecurities loans, rents, royalties, and income from similar sources	(4) 2011	12/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	nrelated business taxable income ess section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10blet income from unrelated business ctivities not included on line 10b, whether or not the business is equilarly carried on						
12 C	other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)		1	1			<u> </u>
	irst 5 years. If the Form 990 is for the	•			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	blic support percentage for 2021 (line to blic support percentage for 2021)		•	.,,		15	<u>%</u>
	ublic support percentage from 2020	·	•			16	%
	ion D. Computation of Invest			ino 10! (^)		17	
	nvestment income percentage for 20					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	rivate foundation. If the organization	a did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Т..

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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	7		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
_		- 000	

ı uı	Continued)			
	<u> </u>		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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.	J		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u>:</u>		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	J		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	<u>:</u>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	a l		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		l Type III supporting orga	nization (see
-	instructions).	,	,, por g or go	· \

Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)			
	ion D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
_3	Administrative expenses paid to accomplish exempt purpose	3					
_4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.			6			
_7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
_9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-			T			
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i_	Carryover from 2016 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
<u> </u>	Excess from 2021						

Schedule A (Form 990) 2021

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 Inspection

Name of the organization

Uptown People's Law Center

Employer identification number 36-3060933

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(b) Fun	ds and other accounts
1	Total number at end of year					-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	nandling of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	▶ \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?	•		· ·			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

Schedule D (Form 990) 2021

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

4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

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

Complete if the organization answered test 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		23,500.	23,500.	0.		
d Equipment		65,305.	48,600.	16,705.		
e Other						
Total. Add lines 1a through 1e. (Column (d) must equa	16,705.					

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	e's Law Cent		-3060933 _{Page} 3
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of year market value
	(b) Book value	(c) Niction of Valuation. Cost of Cita	or year market value
(0) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(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" o	n 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" o		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Client trust account - res	tricted		118,980.
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	15.)		118,980.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	······	110,500.
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability		110 01 1111 000 1 01111 000,1 0111,1 1110 201	(b) Book value
(1) Federal income taxes			(-)
(2) Client trust account			118,980.
(3) Other liabilities			7,749.
(4)			.,,
(5)			
(6)			
(3)			

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

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

Schedule D (Form 990) 2021

126,729.

(8)

	rt XI Reconciliation of Revenue per Audited Financia			
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. I rt XII Reconciliation of Expenses per Audited Financi	ne 12.)	es per Peturn	
ı aı		•	es per neturn.	
	Complete if the organization answered "Yes" on Form 990, Par			
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:	ا م		
a	Donated services and use of facilities			
b	Prior year adjustments			
c d	Other losses Other (Describe in Part XIII.)	I I		
e	,		2e	
3	Add lines 2a through 2d Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I			
Par	rt XIII Supplemental Information.		•	
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line 2; Part X	l,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional information.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Uptown People's Law Center

Employer identification number 36-3060933

Form 990, Part I, Line 1, Description of Organization Mission:
community residents in obtaining legal services and benefits, and
educating & training residents, paraprofessionals, and community
attorneys.
Form 990, Part VI, Section B, line 11b:
The 990 is first sent to the Board's audit committee, and then circulated
to the entrie Board with an indication that we will convene a meeting of
the Board if anyone asks for one.
Form 990, Part VI, Section C, Line 19:
Governing documents, conflict of interest policy, and financial statements
are available upon request.