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

▶ 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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u>A r</u>	Or the	e 2020 calendar year, or tax year beginning 001 1, 2020 and	ending U	UN 30, 2021				
B (Check if applicable	C Name of organization		D Employer identific	cation number			
	Addre							
	Name chang	e Doing business as		36-30609	33			
	□Initial □return □Final	1/13 N SHEBIDAN BOAD	Room/suite	E Telephone number 773-769-3				
	⊥return termir ated	<u>. </u>			1,032,422.			
	ated			G Gross receipts \$				
	return □Applio			H(a) Is this a group re				
	tion pendi	F Name and address of principal officer: ALAN MILLIS		for subordinates				
	<u> </u>	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
		te: WWW.UPLCCHICAGO.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 1979 $ m N$	∕ State of legal domicile: IL			
Pa	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: TO E	STABLI	SH, ADMINIST	rer &			
Activities & Governance		PROMOTE PROGRAMS PROVIDING LEGAL AID TO I	NDIGEN	IT PERSONS,	ASSISTING			
na.	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	sets.			
Ve	3			3	14			
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			13			
∞ ∞	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			17			
ţį.	6	Total number of volunteers (estimate if necessary)			30			
ξį	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ac	l 'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	B	Net unrelated business taxable income from Form 990-1, Part 1, line 11						
		Contributions and sweets (Dout VIII line 41s)		Prior Year 384,365.	Current Year 926,818.			
ne	1	Contributions and grants (Part VIII, line 1h)						
ē	1	Program service revenue (Part VIII, line 2g)		643,969.	99,139.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,976.	6,465.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,034,310.	1,032,422.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		683,932.	817,418.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		9,263.	0.			
g	b	Total fundraising expenses (Part IX, column (D), line 25) 85,1	<u>47.</u>					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		200,651.	200,117.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		893,846.	1,017,535.			
	19	Revenue less expenses. Subtract line 18 from line 12		140,464.	14,887.			
Net Assets or				ginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		1,341,972.	1,493,416.			
ASS	21	Total liabilities (Part X, line 26)		226,147.	214,510.			
Net I	22	Net assets or fund balances. Subtract line 21 from line 20		1,115,825.	1,278,906.			
Pa	art II	Signature Block			, , , , , , , , , , , , , , , , , , ,			
Und	er pena	ulties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,			
	, 000	L	non proparor	l l				
Sig	n	Signature of officer		Date				
Her		ALAN MILLS, EXECUTIVE DIRECTOR						
Hei	•	Type or print name and title						
			Τſ	Date Check	PTIN			
Data		Print/Type preparer's name Preparer's signature Preparer's signature		= 100 100 iii	 -			
Paid		ROSE DOHERTY ROSE DOHERTY	<u> </u>	5/09/22 self-employ				
-	arer	Firm's name LEGACY PROFESSIONALS LLP		Firm's EIN	32-0043599			
Use Only Firm's address ▶ 4 WESTBROOK CORPORATE CTR #700								
		WESTCHESTER, IL 60154		Phone no. 31	2-368-0500			
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			
0320	01 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2020)			

Page 2

Pa	art III 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 LEG	BAL AID TO
	INDIGENT PERSONS, ASSISTING COMMUNITY RESIDENTS IN OBTAIN	NING LEGAL
	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.	163 [22] 140
2	·	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes A 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 more described the organization of the services accomplishments for each of its three largest program services.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a		
	PROVIDE COMREHENSIVE NEIGHBORHOOD-BASED LEGAL SERVICES FO	OR RESIDENTS OF
	CHICAGO'S UPTOWN AREA AND SURROUNDING COMMUNITIES.	
4b	O (Code:) (Expenses \$ including grants of \$) (Revenue	ne \$
	/ (Codd:	
	·	
	-	
4c	Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	704.000	
		Form 990 (2020)

Form 990 (2020) UPTOWN PEOPLE'S LAW CENTER Part IV Checklist of Required Schedules

1 Is the organization described in section 50 (c)(s) or 4947(s)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors? 3 Jid the organization engage in direct or indirect political campalign activities, or heart of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I and the organization engage in lobbying activities, or have a section 501(i) election in effect during the tax year? If "Yes," complete Schedule C, Part II and the organization activities on behalf of or in opposition to candidate for similar amounts as defined in Revenue Procedule et 98-19 If "Yes," complete Schedule C, Part III and the organization as defined in Revenue Procedule et 98-19 If "Yes," complete Schedule C, Part III and the organization and internal activities on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice in the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice in the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice in the distribution of the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III and 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 regolation services? If "Yes," complete Schedule D, Part IV III and the organization report an amount for investments in "Yes," then complete Schedule D, Part X III III the organization report an amount for investments of the "Yes," the complete Schedule D, Part X III III X III the sorganization report an amount for investments of the sound assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X III III X	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices (**) "Yes,** complete Schedule C, Part I" 5 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(fit) election in effect oduring the tax year" If "Yes,** complete Schedule C, Part II II. 5 Is the organization a section 501(ii)(6), 501(ii)(6), 501 (iii)(6), 501 (i					
section 50(kgl) organization. Did the organization engage in lobbying activities, or have a section 50(kgl) election in effect during the tax year? # 'Yes," complete Schedule C, Part # # X	_		2	<u> </u>	
Section SO1(s)(3) organizations. Did the organization engage in lobbying activities, or have a section SO1(s)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization a section SO1(s)(4), SO1(s)(5), SO1(s)(5), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96:197 If "Yes," complete Schedule C, Part II II X X SO1 Did the organization maintain any donor advised under oar sy institution 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 II II Did the organization receive not dia conservation assement, including assements to preserve open species. Schedule D, Part II II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II Did the organization proof an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X for provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV II	3				37
during the tax year? If Yes, "complete Schedule C, Part II or bright or bright or provide activation a section 501(4), 501(5), 50 r510(6) or 910(6) or 910(6	_		3		<u> </u>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 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 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 II 7 Did the organization maintain collections of works of art, historical researces, or the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II 9 Did the organization 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 V III (Yes, complete Schedule D, Part V	4				₹.
similar amounts as defined in Revenue Procedure 88.19? (**Yes,** complete Schedule C, Part III to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (**I*Yes,** complete Schedule D, Part II to the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historics structures? (**I*Yes,** complete Schedule D, Part III to the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? (**I*Yes,** complete Schedule D, Part IV to the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (**I*Yes,** complete Schedule D, Part IV to right the organization assets or any of the following questions is "Yes,* then complete Schedule D, Part SV. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? (**I*Yes,** complete Schedule D, Part V to Did the organization report an amount for investments - other securities in Part X, line 10? (**I*Yes,** complete Schedule D, Part V to Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? (**I*Yes,** complete Schedule D, Part V to Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? (**I*Yes,** complete Schedule D, Part X to Did the organization subject of the part is a special part X, line 16? (**I*Yes,** complete Schedule D, Part X to Did the organization subject of the organization and an amount for other liabilities in Part X, line 25? (**I*Yes,** complet	_		4		
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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. In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 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 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16% If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16% If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 15% If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if 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 XIII is optional Ital Did the organization maintain an office, employees, or agents outside the United States? Ital Did the organization maintain an office, employees, or agents outside the United States? Did the organization report on Pa	10		40		v
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 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. 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 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II. 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		· · ·			
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
			21		X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
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 lines 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Form 990 (2020) UPTOWN PEOPLE'S LAW CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)							
0-	Fater the growth and familiar and an area was a familiar for the fater and Tay Obstance the	l I		Yes	No			
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 17						
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х				
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions		20					
За		"	За		х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		- 55					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х			
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 Ad	counts (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 transaction		5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
6a	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 contribution	ons 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			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required						
	to file Form 8282?	 I I	7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X			
f	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
g								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8					
9	Sponsoring organizations maintaining donor advised funds.		0					
а	5111		9a					
b			9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
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	1 I						
	organization is licensed to issue qualified health plans	13b						
C	Enter the amount of reserves on hand	13c	4 -		v			
14a			14a		X			
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		Х			
	excess parachute payment(s) during the year?		15		_^			
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	16		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Λ			
	If "Yes," complete Form 4720, Schedule O.		Form	990	(2020)			

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 13						
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		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
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		Х			
b							
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
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	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c		X			
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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?						
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	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						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶IL						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	ALAN MILLS - (773) 769-1411						
	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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	(do		Pos	itior	າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation from related organizations	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from		other
	(list any	recto						the		compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	m pen		(***-2/1099-101130)		and related
	below	dualt	utiona	_	Key employee	st co	Je.			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ALAN MILLS	40.00									
EXECUTIVE DIRECTOR		Х		Х				80,000.	0.	0.
(2) GREGORY MCCONNELL	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) ARTHUR ELLIS	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) MALORIE MEDELLIN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JAMES P. CHAPMAN	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(6) RYAN DUNIGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JESSICA FROGGE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SARAH GRADY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DANIEL GREENFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LEVI STAHL	1.00									
DIRECTOR	1 22	Х						0.	0.	0.
(11) RACHEL STEINBACK	1.00								•	
DIRECTOR	1 00	Х	_					0.	0.	0.
(12) JOSEPH SNAPPER	1.00	.,							0	
DIRECTOR	1 00	Х						0.	0.	0.
(13) SEAN SUBER	1.00	3,7							0	
DIRECTOR (14) KRIGHINE ARGENTINE	1 00	Х						0.	0.	0.
(14) KRISTINE ARGENTINE	1.00	37							0	
DIRECTOR - PAST	1 00	Х						0.	0.	0.
(15) LESLIE KUHN-THAYER DIRECTOR - PAST	1.00	Х						0.	0.	
(16) HERBERT ZAROV	1.00	^	\vdash			\vdash		0.	U •	0.
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR		^		<u> </u>		\vdash		0.	0.	ļ .
]	1	l	1	1	l	1		

Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average			(C) Position do not check more than one				(D) Reportable	(E) Reportable		(F) Estimated		
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation			ount o	
	week (list any		cer an	id a d	irecto	or/trus	tee)	from	from related			other	
	hours for	directo				_		the organization	organizations (W-2/1099-MISC			ensat om the	
	related	ee or (stee			nsatec		(W-2/1099-MISC)	(VV 2/ 1000 WIIOC	"		ınizati	
	organizations	al trust	nal tru		oyee	om pe					and	relate	∍d
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
	11110)	=	드	JO.	₹ e	토등	요			-+			
		1											
										\perp			
		-											
										\dashv			
		-											
										\dashv			
		1											
										\dashv			
		_											
										+			
		1											
1b Subtotal							•	80,000.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	80,000.		0.			0.
Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	d ar	oove	e) wn	o re	eceived more than \$100,	JUU of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for	such individual									L	3		Х
4 For any individual listed on line 1a, is the s	•		•					•	J				
and related organizations greater than \$15	•		,								4		X
5 Did any person listed on line 1a receive or											_		Х
rendered to the organization? If "Yes," co. Section B. Independent Contractors	<u>mplete Schedul</u>	e J to	or su	ich į	oers	on .					5		
Complete this table for your five highest c	ompensated inc	depe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	 ensatio	on fro	m	
the organization. Report compensation for													
(A)								(B)			(C)	
Name and busines	s address	NC	ONE	<u> </u>			_	Description of s	ervices	Co	mpen	satior	1
							\dashv		+				
2 Total number of independent contractors	including but n	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ					(
										F	orm §	90 (2	2020)

032008 12-23-20

Form 990 (2020) UPTOWN Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
	_						000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts	1 8	Federated campaigns 1a					
Sra Iou		Membership dues 1b					
s, (Am	(Fundraising events 1c					
a ii		Related organizations 1d					
s, C		Government grants (contributions)	188,600.				
Sign	1	All other contributions, gifts, grants, and					
uti her			738,218.				
SE		Noncash contributions included in lines 1a-1f 1g \$, , , , , , , , , , , , , , , , , , , ,				
ou				026 010			
OB		Total. Add lines 1a-1f		926,818.			
			Business Code	00 100	00 100		
e	2 8	PROGRAM SERVICE FEES	541100	99,139.	99,139.		
ěŠ	ı)					
Se		·					
E S		1					
gr. Re							
Program Service Revenue		All other program service revenue					
_		-	•	99,139.			
		Total. Add lines 2a-2f		JJ, 13J.			
	3	Investment income (including dividends, interes	•				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties	<u></u>				
		(i) Real	(ii) Personal				
	6 8	Gross rents 6a					
	- 1	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		` '	(ii) Other				
	/ ;	(7	(ii) Other				
		assets other than inventory 7a					
	ı	Less: cost or other basis					
ne		and sales expenses					
Ven	(Gain or (loss) 7c					
ther Revenue		Net gain or (loss)	>				
ē	8 8	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Net income or (loss) from fundraising events	·····				
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ı	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
_			Business Code				
S		OTHER	900099	4,711.			4,711.
e eo	11 6	DONATED	900099	1,754.			1,754.
lan en			300033	1,/34.			1,/34.
Miscellaneous Revenue	•	•					
Mis	•	All other revenue					
		Total. Add lines 11a-11d		6,465.			
	12	Total revenue. See instructions	>	1,032,422.	99,139.	0.	6,465.

Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	(A)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	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				
4					
5	Compensation of current officers, directors,	87,599.	70,864.	10,162.	6,573
6	trustees, and key employees	01,333.	70,004.	10,102.	0,313
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		610,455.	493,826.	70,812.	45,817
7	Other salaries and wages Pension plan accruals and contributions (include	010,433.	473,020.	70,012.	45,017
8					
9	section 401(k) and 403(b) employer contributions) Other employee benefits	68,130.	55,114.	7 902	5 11 <i>I</i>
		51,234.	41,446.	7,902. 5,943.	5,114 3,845
10	Payroll taxes	31,234.	41,440.	3,943.	3,043
11	Fees for services (nonemployees):				
a	Management				
b	Legal	12,546.		12,546.	
C	Accounting	12,540.		12,540.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	9 625		9 625	
	column (A) amount, list line 11g expenses on Sch O.)	8,625. 15,531.		8,625.	15 521
12	Advertising and promotion	58,302.	39,135.	12,987.	15,531 6,180
13	Office expenses	30,302.	39,133.	12,307.	0,100
14	Information technology				
15	Royalties	61,261.	57,463.	1,899.	1,899
16	Occupancy	121.	115.	3.	3
17	Travel	121.	113.	<u></u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	5,893.	5,522.	186.	185
22	Depreciation, depletion, and amortization	6,430.	5,544.	6,430.	103
23	Insurance	0,430.		0,430.	
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 AND RES	31,408.	31,408.		
b		·	-		
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,017,535.	794,893.	137,495.	85,147
<u> </u>	Joint costs. Complete this line only if the organization	, , , , , , , , ,	,	,	, - - -
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	educational cambaidh and filindraising solicitation			· ·	

Form 990 (2020)
Part X Balance Sheet

1 2 3 4 5	Cash - non-interest-bearing	ote to any	line in this Part X	(A) Beginning of year		(B)
2 3 4						
2 3 4				Beginning or year		End of year
3 4				910,572.	1	330,713
4	Savings and temporary cash investments			353,033.	2	950,451
	Pledges and grants receivable, net			3		
	Accounts receivable, net		53,750.	4	183,853	
	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqua					
	under section 4958(f)(1)), and persons describe		6			
7	Notes and loans receivable, net		7			
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			9,252.	9	12,262
10a						
			88,237.			
b				15,365.	10c	16,137
11				11		
12			12			
13			13			
14				14		
15			1 011 070		1 100 110	
16						1,493,416
17		226,147.		214,510		
18						
19						
20						
21					21	
22						
			• • • • • • • • • • • • • • • • • • • •			
					24	
25		•				
		es 17-24)	Complete Part X		٠.	
				226 147		214,510
26			► ▼	220,147.	26	214,310
		eck nere				
7				1 044 825	07	1,159,047
				119,859		
20				71,000.	20	110,000
	_	956, CHE	ck fiere			
20	•	•			20	
				1 115 825		1,278,906
						1,493,416
10 11:11:11:11:12:12:12:12:12:12:12:12:12:1	0a b 1 2 3 4 5 6 7 8 9 0 11	 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must eq Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Secured mortgages and notes payable to unrelate Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current fund: Paid-in or capital surplus, or land, building, or example and complete lines and complete in paid in current fund: Paid-in or capital surplus, or land, building, or example and complete lines and complete in paid in	Da Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 1 Investments - publicly traded securities 2 Investments - other securities. See Part IV, line 11 3 Investments - program-related. See Part IV, line 11 4 Intangible assets 5 Other assets. See Part IV, line 11 6 Total assets. Add lines 1 through 15 (must equal line 33) 7 Accounts payable and accrued expenses 8 Grants payable 9 Deferred revenue 0 Tax-exempt bond liabilities 1 Escrow or custodial account liability. Complete Part IV of trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persones. Secured mortgages and notes payable to unrelated third pursecured notes and loans payable pursecured notes and loans pay	Da Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	Date Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 172,100. 15,365. 10b 172,100. 15,365. 10b 172,100. 15,365. 10b 172,100. 15,365. 10c 10c 10c 10c 10c 10c 10c 10	Da Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 88 , 237 .

Pa	t 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	1,032	2,4	<u>22.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,01	7,5	<u>35.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
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	148	8,1	94.		
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	1,278	8,9	06.		
Pa	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 in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		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:						
	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 the	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 Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		Х		
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		İ		
			Form	990	(2020)		

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

UPTOWN PEOPLE'S LAW CENTER

Employer identification number 36-3060933

				S DAW CHILLIN			3	0 3000333
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, ch	neck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 99	90-EZ).)		
3		A hospital or a cooperative					i).	
4		A medical research organization					•	the hospital's name,
		city, and state:	•				CAAAA	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C		g ,		, 3-		
6		A federal, state, or local gov		nental unit described in	section 17	70/h\/1\/A\	(v)	
	X	An organization that norma	•				• •	oublic described in
'		section 170(b)(1)(A)(vi). (C	•	itiai part of its support if	om a gove	minentar	unit of from the general p	dublic described in
8				1VAVvi) (Complete Part	ш			
9	H	A community trust describe			-	ad in aanii	unation with a land arout	aallaaa
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
40		university:	U	H 00 4 /00/ - 5 H				d annual and a financial and a
10		An organization that norma						
		activities related to its exem		•	` '		• •	· ·
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	mer June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	\mathbb{H}	An organization organized a	· ·	•	•			_
12		An organization organized a	•	•	•			•
		more publicly supported org	-					Check the box in
		lines 12a through 12d that	* *					
а			· · · · · · · · · · · · · · · · · · ·	•	•	_		
		the supported organization		• • • •	majority o	of the direc	tors or trustees of the su	ipporting
		organization. You must o	- ·					
b			•				• • • • • • • • • • • • • • • • • • • •	· ·
		control or management o	f the supporting orga	anization vested in the sa	me perso	ns that co	ntrol or manage the supp	ported
	_	organization(s). You mus	•					
С			-				• •	ed with,
	_	its supported organization		·				
d			/ integrated. A supp	orting organization opera	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	-		-		•	/eness
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е							Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated supportir	ng organiz	ation.		
f		er the number of supported of	-					
<u>g</u>		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		I
Tota	41						I	l

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.)

Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	223,890.	280,857.	314,211.	532,559.	926,818.	2278335.
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	Total. Add lines 1 through 3	223,890.	280,857.	314,211.	532,559.	926,818.	2278335.
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)						59,032.
6	Public support. Subtract line 5 from line 4.						2219303.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	223,890.	280,857.	314,211.	532,559.	926,818.	2278335.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,320.	5,473.	4,055.	4,535.	6,465.	24,848.
11	Total support. Add lines 7 through 10						2303183.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.36 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	98.42 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. 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	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
_					Sche	edule A (Form 990	or 990-EZ) 2020

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

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

Section	A. Public Support						
Calendar y	ear (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts	, grants, contributions, and						
mem	bership fees received. (Do not						
inclu	de any "unusual grants.")						
merc forme any a	s receipts from admissions, chandise sold or services pered, or facilities furnished in activity that is related to the nization's tax-exempt purpose						
3 Gros	s receipts from activities that						
	ot an unrelated trade or bus- s under section 513						
4 Tax r	evenues levied for the organ-						
izatio	on's benefit and either paid to						
or ex	pended on its behalf						
5 The \	value of services or facilities						
furnis	shed by a governmental unit to						
the o	rganization without charge						
6 Tota	I. Add lines 1 through 5						
7a Amo	unts included on lines 1, 2, and						
3 rec	eived from disqualified persons						
from of exceed	nts included on lines 2 and 3 received ther than disqualified persons that d the greater of \$5,000 or 1% of the at on line 13 for the year						
	lines 7a and 7b						
	ic support. (Subtract line 7c from line 6.)						
Section	B. Total Support						
Calendar v	ear (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	unts from line 6		, ,	, ,		, ,	
10a Gros divide secu	s income from interest, ends, payments received on rities loans, rents, royalties, ncome from similar sources						
b Unrela	ated business taxable income						
,	section 511 taxes) from businesses red after June 30, 1975						
	lines 10a and 10b						
11 Net in activity whet	ncome from unrelated business ities not included in line 10b, her or not the business is larly carried on						
12 Othe or los	r income. Do not include gain ss from the sale of capital ts (Explain in Part VI.)						
	support. (Add lines 9, 10c, 11, and 12.)						
14 First	5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	k this box and stop here						
Section	C. Computation of Public	c Support Per	rcentage				
15 Publi	ic support percentage for 2020 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	•
	ic support percentage from 2019					16	
	D. Computation of Inves						
	stment income percentage for 20					17	
	stment income percentage from 2					18	
	/3% support tests - 2020. If the						7 is not
	than 33 1/3%, check this box an						▶∟
	/3% support tests - 2019. If the	· ·			•	•	
	8 is not more than 33 1/3%, chec						
20 Priva	ate foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶∟

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
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2		
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4b		
4c		
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5a		
5b		
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9a		
Ja		
9b		
9с		
10a		
iva		
10b		L

Pa	Supporting Organizations (continued)			
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		NI-
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			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
Ŋ	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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
b		Ja		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	The supported of garineanors. If the testing in the true played by the organization in this regard.			

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing 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>	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	ally integrated	Type III supporting orga	anization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (contin	nued)	
Sect	on 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	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Г		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i_</u>	Carryover from 2015 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

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 Open to Public Inspection

Name of the organization

UPTOWN PEOPLE'S LAW CENTER

Employer identification number 36-3060933

Par			unds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		1 /	AN Franchisch and address and
		(a) Donor advised funds	-	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	•		
•	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	, , ,	•	
Par		enization answered "Vos" on Form		
1	Purpose(s) of conservation easements held by the organization		1990, Part IV,	ille 7.
'	Preservation of land for public use (for example, recreation)		tion of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space	Fieseiva	lion of a certi	ned filstoric structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a co	nservation easement on the last
2	day of the tax year.	ed conservation contribution in the	ionin or a co	Held at the End of the Tax Year
a	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			· · ·
	year >	, ,	, ,	· ·
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handli	ng of	
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing	g conservatio	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing cor	nservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	'		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial s	tatements that	at describes the
Dor	organization's accounting for conservation easements.	Art Historical Transcures	or Othor C	imilar Assats
Pai	t III Organizations Maintaining Collections of		or Other S	illilar Assets.
	Complete if the organization answered "Yes" on Form 9			
та	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	,		ice of public
	service, provide in Part XIII the text of the footnote to its finance			alaastadaa af
D	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research i	n turtnerance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			k 1
2		curse, or other similar assets for fir		
2	If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS		iai iciai yaii i, į	JOVIGE
9	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020

032051 12-01-20

Par	t III 🔾	Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, or	Other	Simila	ar Assets	s (continu	ed)	_
3	Using th	e organization's acquisition, accessi	on, and other records	s, check	any of the f	following that	make si	gnificant	use of its	•	,	
	collectio	n items (check all that apply):										
а	☐ Pu	ublic exhibition	d	ı 🔲 L	oan or exc	hange progra	ım					
b	Sc	cholarly research	е		Other							
С	Pr	eservation for future generations										
4	Provide	a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exen	npt purp	ose in Part	XIII.		
5	During tl	ne year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	r similar	assets				
	to be so	ld to raise funds rather than to be ma	aintained as part of th	ne organi	zation's co	llection?				Yes		No_
Par	t IV E	scrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 99	0, Part IV,	line 9, or		
	re	eported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the or	ganization an agent, trustee, custodi	an or other intermed	iary for c	ontributions	s or other ass	ets not i	ncluded				
	on Form	990, Part X?								Yes		ol
b		explain the arrangement in Part XIII										
										Amount		
С	Beginnir	ng balance						. 1c				
d	Addition	s during the year						1d				
		ions during the year										
f	Ending b	palance						1f				
2a	Did the	organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	ustodial accou	unt liabili	ty?	\square	Yes		No
b		explain the arrangement in Part XIII.										
Par	t V E	Indowment Funds. Complete	f the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 1	0.				
			(a) Current year	(b) Pr	rior year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears bad	<u>ck_</u>
1a	Beginnir	ng of year balance										
b	Contribu	itions										
		stment earnings, gains, and losses										
d	Grants o	or scholarships										
е	Other ex	penditures for facilities										
	and prog	grams										
f	Adminis	trative expenses										
g		ear balance										
2	Provide	the estimated percentage of the curr	ent year end balance	e (line 1g,	, column (a))) held as:						
а	Board de	esignated or quasi-endowment		_%								
b	Permane	ent endowment 🕨	%									
С	Term en	dowment >	%									
	The perc	centages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there	e endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administer	ed for th	e organi	zation	_		
	by:									\	es N	lo_
	(i) Unre	elated organizations								3a(i)		
		ted organizations								3a(ii)		
b	If "Yes"	on line 3a(ii), are the related organiza	itions listed as requir	ed on Sc	hedule R?					3b		
4		in Part XIII the intended uses of the		wment fu	ınds.							
Par	t VI L	and, Buildings, and Equipm.	ent.									
	C	complete if the organization answere	d "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumula	ted	(d) Book	value	
			basis (investn	nent)	basis	(other)	de	oreciatio	n			
1a	Land											
		s										
		ld improvements			2	3,500.		23,5	500.) .
		ent			6	4,737.		48,6	500.	16	,137	/ <u>. </u>
		on to through to (0.1 (4)	15 200 5 ::	V '	(D) " :	0 - 1				1.6	137	ī —

Schedule D (Form 990) 2020

Schedule [O (Form 990) 2020 UPTOWN PEOP:	LE'S LAW CENTI	ER 36	-3060933	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	alue
(1) Financ	ial derivatives				
. ,	/ held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	(1) 15 000 D 13(1/D) II 10) b				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(1) 15 000 D 1V 1/D/				
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>9 75.) </u>		1	
Turtx	Complete if the organization answered "Yes"	are Farmer 000. Don't IV. line a	11 11 C F 000 D - 1 V line 05		
	(a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	(b) Book va	duo
<u>1. </u>				(D) BOOK Va	liue
	deral income taxes				
(2)					
(3)				-	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

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

Schedule D (Form 990) 2020

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

Schedule D	(Form 990) 2020	OPTOWN I	SEORTE 2	LAW	CENTER	30-3000933	<u> </u>
Part XI	Reconciliation of	Revenue pe	er Audited F	inancia	I Statements With	Revenue per Return.	

	0 11 771	no 10o		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne iza.		
1	Total revenue, gains, and other support per audited financial statements		1	1,032,422.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,032,422.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	5	1,032,422.
rа	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expens	ses per Returr	٦.
Ра	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, li	atements With Expens	ses per Returr	
<u>Ра</u> 1	Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements With Expens	ses per Returr	1,017,535.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements With Expens ne 12a.	ses per Returr	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements	atements With Expens	ses per Returr	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expensone 12a.	ses per Returr	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ne 12a. 2a 2b	ses per Returr	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ses per Returr	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ses per Returr	1,017,535.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return	1,017,535.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, Iii Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Return	1,017,535.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	ses per Return	1,017,535.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a	ses per Return	0. 1,017,535.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	ses per Return	1,017,535.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

PART X, LINE 2:

UPLC HAS BEEN ADVISED BY THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, NOT SUBJECT TO TAX UNDER PRESENT INCOME TAX LAWS. UPLC IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE UPLC TO EVALUATE TAX POSITIONS TAKEN BY UPLC AND RECOGNIZE A TAX LIABILITY IF UPLC HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. UPLC IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE

Schedule D (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

UPTOWN PEOPLE'S LAW CENTER

Employer identification number 36-3060933

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

Schedule O (Form 990 or 990-EZ) 2020