

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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Pa	Balance Sheets (see the instructions	•		5		• —
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	· ·	(B) End of year
22	Cash, savings, and investments			( ) Dogg or you	22	(D) End on your
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[		24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)			·	26	
27 Par	Net assets or fund balances (line 27 of column  III Statement of Program Service Accom			Dort III\	27	
rai	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	o to respond to a	ny question in this	<u> </u>		uired for section
Describe the organization's program service accomplishments for each of its three largest program services				rogram services.		c)(3) and 501(c)(4) nizations; optional for
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the	e services provide	d, the number of	other	rs)
	Carpenter Foundation: completion of LGBTQ lecture	· · · · · · · · · · · · · · · · · · ·	I Rights in Islam": a	vailable on		<u> </u>
organization's YouTube channel, for free as shared resources, and for educational purposes.						
				*****		
	(Grants \$ ) If this amount		28a	11,135.00		
29 ARCUS Foundation: providing funding to hire a part-time staff, travel expenses for talks at the United Nations						
	in Geneva, Switzerland.					
	(Grants \$ ) If this amount	includes foreign gra	ents check here	▶ □	29a	19:450.00
30	Wallace Global Fund: Grant toward global women's r		into, oncon noro .		234	12,430.00
						2
				***************************************		١ ٧
		ıncludes foreign gra			30a	25,000.00
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount				31a	
32	Total program service expenses (add lines 28a s	includes foreign gra	ints, check here .		32	
Par						tions for Part IV)
	Check if the organization used Schedule		ny question in this	Part IV	<u> </u>	🗆
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e) [	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	ot	ther compensation
Ani 7	onneveld		(ii not paid, enter -o-)	deletted compensation	+	
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