

Chicago, IL 60634

2021 Business Tax Return Prepared for:

Your Passion 1st 120 Lake Street Oak Park, IL 60302

Office: 312-235-6590 Cell: 708-655-2747

Se Habla Español

Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form 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 2021

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Open to Public Inspection

A For the 2021 calendar year, or tax year beginning		r year, or tax year beginning , 202	1, and ending		, 20				
_	Check if ap		C Name of organization		D Emplo	yer identificatio	n number		
	Address ch	ss change YOUR PASSION 1ST			83-	-3924974			
	Name char	e change Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Teleph	none number			
	Initial return								
	Final return	n/terminated	120 LAKE STREET		(7	73) 904-6814			
\Box	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code	<u>'</u>	F Group	Exemption			
\Box	Application	pending	Oak Park, IL 60302		Numbe	er ▶			
G	Accounti	ng Method:	X Cash		H Check ►	if the organi	zation is not		
ı	Website	: ▶				attach Schedule			
J	Tax-exe	mpt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947	7(a)(1) or 527	(Form 990)).			
			X Corporation Trust Association C		,	,			
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,00		otal assets				
			5500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	106,209		
	Part I		e, Expenses, and Changes in Net Assets or Fund E						
			he organization used Schedule O to respond to any question			•	x		
	1		g, gifts, grants, and similar amounts received			1	9,529		
	2		vice revenue including government fees and contracts			2	- 7,5-5		
	3	-	dues and assessments			3			
	4	-	ncome			4			
	5a		nt from sale of assets other than inventory	1 1					
			other basis and sales expenses						
				5c					
	6								
		Gross incom							
<u>a</u>				. 6a					
enc	b		e from fundraising events (not including \$	of contributions					
Revenue			sing events reported on line 1) (attach Schedule G if the						
_			gross income and contributions exceeds \$15,000)	. 6b	44,680				
	c		expenses from gaming and fundraising events		10,811	-			
	1		or (loss) from gaming and fundraising events (add lines 6a and 6b an			-			
						6d	33,869		
	7a	,	of inventory, less returns and allowances	. 7a					
			goods sold						
			or (loss) from sales of inventory (subtract line 7b from line 7a)			7c			
	8	-	le (describe in Schedule O)			8	52,000		
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	95,398		
	10		imilar amounts paid (list in Schedule O)			10			
	11		I to or for members			11			
	12		er compensation, and employee benefits			12			
es	13		fees and other payments to independent contractors			13	24,230		
Expenses	14		rent, utilities, and maintenance			14	27,000		
꼾	15		ications, postage, and shipping			15			
	16		ses (describe in Schedule O)			16	17,634		
	17		ses. Add lines 10 through 16			17	68,864		
_	18		eficit) for the year (subtract line 17 from line 9)			18	26,534		
ţ			r fund balances at beginning of year (from line 27, column (A)) (must				_0,004		
SSe			igure reported on prior year's return)			19	(29,854		
Net Assets	20		es in net assets or fund balances (explain in Schedule O)			20	_J,004		
Ret	21		r fund balances at end of year. Combine lines 18 through 20			21	(3.320		

$\overline{}$	990-EZ (2021) YOUR PASSION 1ST			83-3	9249	974 Page 2
Pa	t II Balance Sheets (see the instructions for Pa	rt II)				
	Check if the organization used Schedule O to	o respond to any qu	estion in this Part II			x
			(A) Beginning of year		(B) End of year
22 (Cash, savings, and investments			9,286	22	1,533
23 L	and and buildings			0	23	0
24 (Other assets (describe in Schedule O)			0	24	0
25 1	otal assets			9,286	25	1,533
26 1	otal liabilities (describe in Schedule O)			39,140	26	4,853
27 N	let assets or fund balances (line 27 of column (B) must	agree with line 21)		(29,854)	27	(3,320)
	t III Statement of Program Service Accomplis					
	Check if the organization used Schedule O	•		•		Expenses
What	is the organization's primary exempt purpose? YOUTH S				(Req	uired for section
					501(0	c)(3) and 501(c)(4)
	ribe the organization's program service accomplishments for	•			orgar	nizations; optional for
	easured by expenses. In a clear and concise manner, descr ns benefited, and other relevant information for each progra		ea, the number of		other	rs.)
'	lobal virtual Worforce readiness fest					
-	nspiring young adults to follow their					
_	orkforce through mentoring, coaching,		`11E			
_		unt includes foreign gra	inte chook horo	▶ □	28a	10 201
_					20a	19,381
29 <u>F</u>	arade and Resource fair impacting app	roximately 150	beobre			
_						
-	Overste (f)		nete aleaale leane		00-	0.140
-	•	unt includes foreign gra	· · · · · · · · · · · · · · · · · · ·	▶ 📋	29a	9,143
30 1	hanksgiving dinner giveaway imppacting	g over 300 fam:	Llies			
-						
_		and to already a formation and		. \Box	00-	
7	,	unt includes foreign gra			30a	4,647
7	·	unt includes foreign gra			31a	
	otal program service expenses (add lines 28a through 3				32	33,171
Pa	t IV List of Officers, Directors, Trustees, and Key			nsated - see the instr	uctior	ns for Part IV)
	Check if the organization used Schedule O to resp	pond to any question in	this Part IV			
		(b) Average	(c) Reportable	(d) Health benefits,		e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employed benefit plans, and	e `	other compensation
		devoted to position	1099-NEC)	deferred compensation		
			(if not paid, enter -0-)			
CHR	STOPHER THOMAS					
OFF:	ICER	40.00	0	0		0
CAT	HERINE KIRK					
VIC	E-CHAIR & TREASURER	2.50	0	0		0

83-3924974

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u>. 🗆</u>
22	Did the experiencian expect in any significant activity not availably reported to the IDC2 If "Vec." available		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	- 55		
٠.	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Х	
	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed IL			
42 a	The organization's books are in care of ▶ CHRISTOPHER THOMAS Telephone no. ▶ 773–9		814	
	Located at ► 120 LAKE ST, Oak Park, IL ZIP + 4 ► 60302			Τ
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
Ŭ	If "Yes," enter the name of the foreign country	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here		•	. [
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		x
С	Did the organization receive any payments for indoor tanning services during the year?	44c		х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of	4		
	Form 990-EZ. See instructions	45b	1	X

Form 9	990-EZ (202	1) YOUR PASSION 1S	T				83-39	24974	<u> </u>	Page 4
									Yes	No
46		organization engage, directly or indirectly, i						46		
Dar		dates for public office? If "Yes," complete section 501(c)(3) Organizations		<u></u>	• • • • •			. 46		Х
ı aı		All section 501(c)(3) organizations		ons 47 - 49	9b and 52	and com	plete the t	ables for	lines	;
		50 and 51.	mast amonot quosti		, a a. e -	.,				•
		Check if the organization used Scl	nedule O to respond	to any que	stion in t	his Part VI				. 🗆
									Yes	No
47		organization engage in lobbying activities of			_					
	-	"Yes," complete Schedule C, Part II $ \ldots $								x
48		rganization a school as described in section		-						х
49a		organization make any transfers to an exer	•	-						X
- b		was the related organization a section 527	•					. 49b		
50	-	te this table for the organization's five higher					-			
	employe	ees) who each received more than \$100,00	o of compensation from the	(c) Rep		(d) Health I				
		(a) Name and title of each employee	(b) Average hours per week	compe	nsation	contributions	o employee	(e) Estimate		
		(a) Name and the oreach employee	devoted to position	(Forms W-2/ 1099	1099-MISC/ -NEC)	benefit plans, a comper		other co	mpensa	tion
NON	<u> </u>									
f	Total nu	ımber of other employees paid over \$100,0	00							
51		te this table for the organization's five higher		ent contractors	s who each	received mo	re than			
	•	00 of compensation from the organization. I								
				4.	- , .					
	(a)	Name and business address of each independent contri	actor	(b)	Type of service)	(c)	Compensation	on	
NON	E									
d		ımber of other independent contractors eac	•		-					
52		organization complete Schedule A? Note:	(/ () 3							
	•	ed Schedule A						X Yes		No
	•	of perjury, I declare that I have examined this re					•	dge and belie	ef, it is	
true, d	correct, an	d complete. Declaration of preparer (other than	officer) is based on all informa	ation of which p	reparer nas a	ny knowleage.				
Sigi	n	Christopher K Thomas Signature of officer				Date				
Her		Christopher K Thomas, PR	ESTDENT							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	С	heck if	PTIN		
Paid	t	Noelia V Gamino			.1-15-20	22 se	elf-employed	P02417	422	
Pre	parer	Firm's name ► NV Accounting S	olutions LLC			Firm's E	IN ►			
Use	Only	Firm's address ► 3048 N Harlem A	ve, Ste#2, Chicago,	IL 6063	4					
		Chicago IL 6063				Phone n	o. 312–2	235-6590		
	the IRS c	discuss this return with the preparer shown	above? See instructions				<u>></u>	X Yes		No
EEA								Form 9 9	90-EZ	(2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection **Employer identification number**

YOUR PASSION 1ST 83-3924974 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2021 YOUR PASSION 1ST 83-3924974 Page 2

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				36,679	44,679	81,358
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					52,000	52,000
4	Total. Add lines 1 through 3				36,679	96,679	133,358
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)						37,872
_6	Public support. Subtract line 5 from line 4.						95,486
	on B. Total Support	<u> </u>					-
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4				36,679	96,679	133,358
8	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.)						
11	Total support. Add lines 7 through 10						133,358
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her						▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6		•			14	71.60 %
15	Public support percentage from 2020 Sch					15	%
16a	33 1/3% support test - 2021. If the organ						
	box and stop here. The organization qual	•		-			
b	33 1/3% support test - 2020. If the organ						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization meet						
	Part VI how the organization meets the fac-			-	•		
	organization						
b	10%-facts-and-circumstances test - 202	_					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the			_	•		
	organization						_
18	Private foundation. If the organization die	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	ee
	instructions						▶ 📙

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.)

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1					
7a	Amounts included on lines 1, 2, and 3	1					
1 a	received from disqualified persons .						
h	Amounts included on lines 2 and 3						
b							
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
C							
8	Public support. (Subtract line 7c from						
Cooti	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 0010	(a) 2010	(4) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(6) 2021	(f) Total
์ 10a							
IUa	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)				1		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				<u> </u>	504	(0)
14	First 5 years. If the Form 990 is for the or						
Casti	organization, check this box and stop her			<u> </u>		<u></u>	▶ □
-	on C. Computation of Public Suppor			12 ook m = (f)		15	
15	Public support percentage for 2021 (line 8		•			15	<u>%</u>
16 Sooti	Public support percentage from 2020 Sch			<u> </u>		16	%
	on D. Computation of Investment Inc				··· (f))	47	
17	Investment income percentage for 2021 (I			-		17	<u>%</u>
18	Investment income percentage from 2020					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the orga						
	17 is not more than 33 1/3%, check this b	-	-	•			
b	33 1/3% support tests - 2020. If the organizati						
••	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	a not check a	box on line 14,	19a, or 19b, c	neck this box a	ınd see instru	ctions ► 📋

Schedule A (Form 990) 2021 YOUR PASSION 1ST 83-3924974 Page 4

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.)

S

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	- UF		
C	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)			
		40		
F	purposes.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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 10b below.	10a		

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.)

10b

Part I	Supporting Organizations (continued)			
4.4			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	44.		
	11c below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in line 11a above? A 25% controlled entity of a person described in 11a ar 11b above? If "Vee" to line 11a, 11b ar 11a	HD		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Soction	on B. Type I Supporting Organizations	TIC		
Secur	on 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		163	140
•	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	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on 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	_		
2	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			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ons)
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			-,
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.	ŕ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

 Schedule A (Form 990) 2021
 YOUR PASSION 1ST
 83-3924974
 Page 6

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	gan	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(expla</i>	ain in Part VI). Se	е
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Section	ons A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Ye (optional)	эar
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)	ear
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	ion C - Distributable Amount			Current Yea	ır
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-functiona		itegrated Type III support	ing organization	

EEA Schedule A (Form 990) 2021

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con	tinued)			
Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			
			/***\		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

EEA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

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

Name of the organization YOUR PASSION 1ST 83-3924974

Employer identification number

Organization type (cneck one):					
Filers of:	;	Section:			
Form 990 or	990-EZ	K 501(c)(3) (enter number) organization			
	[4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	[527 political organization			
Form 990-PF	= [501(c)(3) exempt private foundation			
	[4947(a)(1) nonexempt charitable trust treated as a private foundation			
	[501(c)(3) taxable private foundation			
Check if your	r organization is covere	ed by the General Rule or a Special Rule .			
Note: Only a instructions.	section 501(c)(7), (8),	or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General Rule	e				
or n	-	form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 erty) from any one contributor. Complete Parts I and II. See instructions for determining a ions.			
Special Rule	es				
regi 16b	ulations under sections o, and that received fro	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or m any one contributor, during the year, total contributions of the greater of (1) \$5,000; or) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
con liter	tributor, during the year ary, or educational pur	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, coses, or for the prevention of cruelty to children or animals. Complete Parts I (entering d of the contributor name and address), II, and III.			
con con duri Ger	tributor, during the yea tributions totaled more ing the year for an exc neral Rule applies to the	bed in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one ar, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received fusively religious, charitable, etc., purpose. Don't complete any of the parts unless the nis organization because it received nonexclusively religious, charitable, etc., contributions tring the year			
	-	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line			

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

YOUR PASSION 1ST 83-3924974 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person x BUILD INC 1 **Payroll** 9,5<u>2</u>9 Noncash 5100 W HARRISON ST (Complete Part II for Chicago IL 60644 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Open to Public Inspection

Employer identification number

YOUR PASSION 1ST 83-3924974 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а ☐ Internet and email solicitations Solicitation of government grants b Phone solicitations X Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes x No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Illinois

If "No," explain:

If "Yes," explain:

10a

Schedule G (Form 990) 2021 YOUR PASSION 1ST 83-3924974 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Global Workf (add col. (a) through Job Fair par None col. (c)) (total number) (event type) (event type) Revenue Gross receipts 1 25,840 10,000 35,840 Less: Contributions 2 3 Gross income (line 1 minus 25,840 10,000 35,840 Cash prizes 4 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 10 11 35,840 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes No No 6 Volunteer labor 7 8 9 Enter the state(s) in which the organization conducts gaming activities:

EEA Schedule G (Form 990) 2021

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

SCHEDULE L

(Form 990)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization Employer identification number YOUR PASSION 1ST 83-3924974 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the with organization principal amount by board or agreement? organization? committee? Yes No Yes No Yes No To PROVIDE FOUNDER (1) CHRIS THOMAS AND BOARD FNDG FOR 39,139 39,139 х Х Х Х (2) (3) (4) (5)**Total** 39,139 Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance

(4)

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

person and the organization

(5)

(1)

(2)

(3)

Schedule L (Form 990) 2021 YOUR PASSION 1ST 83-3924974 Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever
				Yes
Supplemental Information		O-l	·	
Frovide additional information	on for responses to questions	on Schedule L (See	instructions).	

EEA Schedule L (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

YOUR PASSION 1ST

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

83-3924974

01. Description of other revenue	(Part I, line 8)		
	Amount		
In-Kind Goods & Services	52,000		
02. Description of other expenses	(Part I, line 16)		
Description	Amount		
AUTO EXPENSES	1,824		
BANK CHARGES	254		
DUES & SUBS	364		
MARKETING	4,421		
SUPPLIES	3,201		
OFFICE SUPPLIES	6,092		
OTHER	1,478		
03. Description of total liability	ies (Part II, line 26)		
Category	Beginning of Year	End of Year	
DUE TO C THOMAS	39,140	4,853	

(Rev. January 2022)

Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. **Automatic 6-Month Extension of Time.** Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print YOUR PASSION 1ST 83-3924974 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 120 LAKE STREET filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. Oak Park IL 60302 Application Return Application Return Is For Code Is For Code Form 1041-A Form 990 or Form 990-EZ 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) Form 5227 Form 990-PF 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 • The books are in the care of **CHRISTOPHER THOMAS**, 120 LAKE ST Oak Park IL 60302 Telephone No.▶ 773-904-6814 FAX No.▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🗌 and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 11-15 , 20 22 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 21 or tax year beginning , 20 , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Change in accounting period

nonrefundable credits. See instructions.

3a \$

3b \$

3c

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

, 2021, and ending

,20

Department of the Treasury Internal Revenue Service ► Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information

2021

Nama at	ffiles	· · ·						EIN or SSN	
Name of									
	PASSION nd title of office	1ST er or person subject	to tay					83-3924974	
		•		13700					
Part		K Thomas, PR e of Return a			Information				
					g this Form 8879-TE an	d enter the applic	able amount if a	nv from the return	Form 8038-
					nts. For all other forms,				
5a, 6a,	7a, 8a, 9a,	or 10a below, and	the am	ount o	on that line for the retur	n being filed with	this form was bl	ank, then leave line	1b, 2b, 3b, 4b,
					e, blank (do not enter -0)-). But, if you ent	ered -0- on the r	eturn, then enter -0)- on the
applical	bie line belo	w. Do not comple	te more	tnan	one line in Part I.				
1a	Form 990 (check here	,▶	b	Total revenue, if any	(Form 990, Part \	VIII, column (A),	line 12)	1b
2a	Form 990-l	EZ check here .	. ► <u>x</u>	b	Total revenue, if any	(Form 990-EZ, lir	ne 9)	. .	2b 95,
3a	Form 1120	-POL check here	.▶	b	Total tax (Form 1120-	POL, line 22) .	· · · · · · · · ·		3b
4a	Form 990-l	PF check here.	.▶	b	Tax based on investi	,		,	
5a		check here		b	Balance due (Form 8				
6a		T check here		b	Total tax (Form 990-T				
7a		check here		b	Total tax (Form 4720,				
8a		check here	=	b	FMV of assets at end				
9a		check here	_	b	Tax due (Form 5330,	•			-
10a	_	-CP check here		b	Amount of credit pay		,		10b
Part			_		Authorization of (_		
		perjury, I declare the	nat	∐∣га	am an officer of the above	,	I am a person	subject to tax with	• •
	′)					, (EIN)			amined a copy of the
•	aatrania ratu	ro and accompan	طمم ممار	مارياه	a and statements and	to the best of my	الممييامطمم ممطلا	aliaf that are true	
2021 el					es and statements, and,				
2021 el complet	te. I further d	leclare that the am	ount in I	Part I	above is the amount sh	own on the copy	of the electronic	return. I consent to	allow my
2021 el complet interme	te. I further d diate service	leclare that the ame e provider, transm	ount in I	Part I elect		own on the copy ERO) to send the	of the electronic return to the IR	return. I consent to S and to receive fro	allow my om the IRS (a) an
2021 elecomplet complet interme acknow the date	te. I further dediate service vledgement de of any refu	leclare that the ame e provider, transm of receipt or reasond. If applicable, I	ount in latter, or on for rejudent	Part I electi jection ze the	above is the amount sh ronic return originator (I n of the transmission, (I s U.S. Treasury and its o	own on the copy ERO) to send the b) the reason for designated Finance	of the electronic return to the IRS any delay in prod sial Agent to initia	retum. I consent to S and to receive fro cessing the return o ate an electronic fur	allow my om the IRS (a) an or refund, and (c) nds withdrawal
2021 elecomplet complet interme acknow the date (direct c	te. I further dediate service ledgement de of any refudebit) entry to	leclare that the ame e provider, transmof of receipt or reasond. If applicable, I o the financial inst	ount in I litter, or in for rej authoriz tution a	Part I electi jection ze the ccour	above is the amount sh ronic return originator (I n of the transmission, (I t U.S. Treasury and its of at indicated in the tax pre-	own on the copy ERO) to send the b) the reason for designated Finance paration software	of the electronic return to the IRS any delay in processal Agent to initiate for payment of the control of the	return. I consent to S and to receive fro cessing the return of ate an electronic fur the federal taxes ow	allow my om the IRS (a) an or refund, and (c) onds withdrawal wed on this
2021 elecomplet interme acknow the date (direct c	te. I further dediate service ledgement of any refudebit) entry to and the finant	leclare that the ame provider, transmof receipt or reasond. If applicable, I o the financial instruction to contain the contains the co	ount in I litter, or in for rej authoriz tution a lebit the	Part I electi jection ze the ccour entry	above is the amount sh ronic return originator (I n of the transmission, (I t U.S. Treasury and its of at indicated in the tax pro- to this account. To revo	own on the copy ERO) to send the b) the reason for designated Finance eparation software ke a payment, I n	of the electronic return to the IRS any delay in procial Agent to initial of the contact the United the Contact the United Section 1997.	return. I consent to S and to receive fro cessing the return of ate an electronic fur the federal taxes ow J.S. Treasury Finan	allow my om the IRS (a) an or refund, and (c) nds withdrawal wed on this icial Agent at
2021 elecomplet interme acknow the date (direct c retum, a 1-888-3	te. I further dediate service release to the dediate service of any refundabit) entry to the finant sea-4537 no	leclare that the arreprovider, transmof receipt or reasond. If applicable, I to the financial instruction to collater than 2 busin	iount in I litter, or in for rej authorization a lebit the ess day	Part I electronic electronic electronic electronic electronic electronic entry electronic electroni	above is the amount sh ronic return originator (I n of the transmission, (I t U.S. Treasury and its of at indicated in the tax pro- to this account. To revo- or to the payment (settle)	own on the copy ERO) to send the b) the reason for designated Finance eparation software ke a payment, I ment) date. I also	of the electronic return to the IRS any delay in processal Agent to initial of the total authorize the Lauthorize the fin	return. I consent to S and to receive fro cessing the return of ate an electronic fur the federal taxes ow J.S. Treasury Finan ancial institutions in	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the
2021 elecomplet interme acknow the date (direct of return, a 1-888-3 process	te. I further dediate service veledgement of e of any refudebit) entry to and the finant 853-4537 no sing of the el	leclare that the arreprovider, transmof receipt or reasond. If applicable, I to the financial instruction to collater than 2 busin lectronic payment	iount in I litter, or in for rej authoriz tution a lebit the ess day of taxes	Part I electronic electronic electronic electronic electronic entry es prio electronic e	above is the amount sh ronic return originator (I n of the transmission, (I t U.S. Treasury and its of at indicated in the tax pre- to this account. To revo or to the payment (settle) ceive confidential inform	own on the copy ERO) to send the b) the reason for designated Finance eparation software ke a payment, I ment) date. I also lation necessary t	of the electronic return to the IRS any delay in process Agent to initial efor payment of the total the Lauthorize the fing answer inquiries	return. I consent to S and to receive fro cessing the return of ate an electronic fur the federal taxes ow J.S. Treasury Finan ancial institutions in es and resolve issue	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this nicial Agent at volved in the es related to
2021 electromplet interme acknow the date (direct cretum, a 1-888-3 process the paye	te. I further dediate service veledgement of e of any refudebit) entry to and the finant 853-4537 no sing of the el	leclare that the arreprovider, transmof receipt or reasond. If applicable, I to the financial instruction to collater than 2 busin lectronic payment selected a persor	iount in I litter, or in for rej authoriz tution a lebit the ess day of taxes	Part I electronic electronic electronic electronic electronic entry es prio electronic e	above is the amount sh ronic return originator (I n of the transmission, (I t U.S. Treasury and its of at indicated in the tax pro- to this account. To revo- or to the payment (settle)	own on the copy ERO) to send the b) the reason for designated Finance eparation software ke a payment, I ment) date. I also lation necessary t	of the electronic return to the IRS any delay in process Agent to initial efor payment of the total the Lauthorize the fing answer inquiries	return. I consent to S and to receive fro cessing the return of ate an electronic fur the federal taxes ow J.S. Treasury Finan ancial institutions in es and resolve issue	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this nicial Agent at volved in the es related to
2021 elecomplet interme acknow the date (direct cretum, a 1-888-3 process the payelectror	te. I further dediate service elegement of any refundebit) entry to and the finant 353-4537 no sing of the element. I have nic funds with	leclare that the ame provider, transmof receipt or reasond. If applicable, I to the financial institution to collater than 2 busin lectronic payment selected a person hdrawal.	iount in I litter, or in for rej authoriz tution a lebit the ess day of taxes	Part I electronic electronic electronic electronic electronic entry es prio electronic e	above is the amount sh ronic return originator (I n of the transmission, (I t U.S. Treasury and its of at indicated in the tax pre- to this account. To revo or to the payment (settle) ceive confidential inform	own on the copy ERO) to send the b) the reason for designated Finance eparation software ke a payment, I ment) date. I also lation necessary t	of the electronic return to the IRS any delay in process Agent to initial efor payment of the total the Lauthorize the fing answer inquiries	return. I consent to S and to receive fro cessing the return of ate an electronic fur the federal taxes ow J.S. Treasury Finan ancial institutions in es and resolve issue	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this nicial Agent at volved in the es related to
2021 electrons e	te. I further dediate service elegement of any refundability entry to and the finand the finand sing of the element. I have nic funds with	leclare that the and e provider, transmof receipt or reasond. If applicable, I to the financial institution to collater than 2 busin lectronic payment selected a person hdrawal.	ount in latter, or in for rej authorizatution alebit the ess day of taxes al identi	Part I electronic electronic electronic electronic electronic entry es prio electronic e	above is the amount sh ronic return originator (I n of the transmission, (I t U.S. Treasury and its of at indicated in the tax pre- to this account. To revo or to the payment (settle) ceive confidential inform	own on the copy ERO) to send the o) the reason for designated Finance paration software ke a payment, I ment) date. I also ation necessary to signature for the or	of the electronic return to the IR: any delay in procial Agent to initial for payment of the transfer of the t	return. I consent to S and to receive fro cessing the return of the an electronic further federal taxes ow J.S. Treasury Finant ancial institutions in the sand resolve issue and, if applicable, the sand resolve issue and resolve issue and resolve issue and resolve issue and, if applicable, the sand resolve issue and resolve	allow my om the IRS (a) an or refund, and (c) nds withdrawal wed on this ucial Agent at volved in the es related to ne consent to
2021 electrons and selectrons acknown the date (direct cretum, a 1-888-3 process the payelectrons and selectrons acknown the selectrons a	te. I further dediate service elegement of any refundability entry to and the finand the finand sing of the element. I have nic funds with	leclare that the ame provider, transmof receipt or reasond. If applicable, I to the financial institution to collater than 2 busin lectronic payment selected a person hdrawal.	ount in latter, or in for rej authorizatution alebit the ess day of taxes al identi	Part I electronic electronic electronic entry es prio electronic entry es prio electronic electroni	above is the amount sh ronic return originator (I n of the transmission, (I e U.S. Treasury and its of it indicated in the tax pre- to this account. To revo- or to the payment (settler ceive confidential inform on number (PIN) as my	own on the copy ERO) to send the o) the reason for designated Finance paration software ke a payment, I ment) date. I also ation necessary to signature for the or	of the electronic return to the IRS any delay in process Agent to initial efor payment of the total the Lauthorize the fing answer inquiries	return. I consent to S and to receive fro cessing the return of the an electronic further federal taxes ow J.S. Treasury Finant ancial institutions in the s and resolve issue and, if applicable, the analysis of the state of th	allow my om the IRS (a) an or refund, and (c) nds withdrawal wed on this ucial Agent at volved in the es related to ne consent to as my signature
2021 electrons and selectrons acknown the date (direct cretum, a 1-888-3 process the payelectrons and selectrons acknown the selectrons a	te. I further dediate service elegement of any refundability entry to and the finand the finand sing of the element. I have nic funds with	leclare that the and e provider, transmof receipt or reasond. If applicable, I to the financial institution to collater than 2 busin lectronic payment selected a person hdrawal.	ount in latter, or in for rej authorizatution alebit the ess day of taxes al identi	Part I electronic electronic electronic entry es prio electronic entry es prio electronic electroni	above is the amount sh ronic return originator (I n of the transmission, (I t U.S. Treasury and its of at indicated in the tax pre- to this account. To revo or to the payment (settle) ceive confidential inform	own on the copy ERO) to send the o) the reason for designated Finance paration software ke a payment, I ment) date. I also ation necessary to signature for the or	of the electronic return to the IR: any delay in procial Agent to initial for payment of the transfer of the t	return. I consent to S and to receive fro cessing the return of the an electronic further federal taxes ow J.S. Treasury Finant ancial institutions in the sand resolve issue and, if applicable, the sand resolve issue and resolve issue and resolve issue and resolve issue and, if applicable, the sand resolve issue and resolve	allow my om the IRS (a) an or refund, and (c) nds withdrawal wed on this ucial Agent at volved in the es related to ne consent to as my signature s, but
2021 electromplet interme acknow the date (direct cretum, a 1-888-3 process the paylelectror	te. I further dediate service dediate service e of any refu debit) entry trand the finant 853-4537 no sing of the element. I have nic funds with eck one book I authorize	declare that the arreprovider, transmof receipt or reasond. If applicable, I on the financial institution to collater than 2 busin electronic payment selected a person horawal. In the contraction of the contraction of the financial institution to collater than 2 busin electronic payment selected a person horawal. In the contraction of the contraction	ount in latter, or in for rejauthorizatution and ebit the ess day of taxes and identification and identifica	Part I electric electric entry entry to rediffication	above is the amount shronic return originator (In of the transmission, (In of the transmission, (In of the transmission, (In of the transmission), (In of the tax protothis account. To revolve to the payment (settled ceive confidential information number (PIN) as my of the firm name	own on the copy ERO) to send the o) the reason for designated Finance paration software ke a payment, I ment) date. I also action necessary to signature for the other than this return the other than th	of the electronic return to the IRS any delay in procial Agent to initial of for payment of inust contact the Lauthorize the fin to answer inquiricelectronic return to enter my PIN at a copy of the return of the copy of the copy of the return of the copy of the return of the copy of the co	retum. I consent to S and to receive fro cessing the return of the an electronic further federal taxes ow J.S. Treasury Finan ancial institutions in the sand resolve issue and, if applicable, the consensation of the sand return is being filed we the sand return is being filed we the sand received and the sand resolve issue and resolve is and resolve issue and resolve is a sand resolve is an architecture.	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the es related to ne consent to as my signature s, but ros with a state
2021 electromplet interme acknow the date (direct cretum, a 1-888-3 process the paylelectror	te. I further dediate service deservices of any refundebit) entry trand the finant 353-4537 no sing of the element. I have nic funds with eck one book I authorize on the tax yeagency(ies)	declare that the arreprovider, transmof receipt or reasond. If applicable, I to the financial institution to collater than 2 busin electronic payment selected a person horawal. In a conty conty are 2021 electronic regulating charities.	ount in litter, or in for rej authorize tution and lebit the ess day of taxes and identification and identification and identification and identification and identification and identification are all yellows.	Part I electric electric entry entry to rediffication	above is the amount sh ronic return originator (I n of the transmission, (I v U.S. Treasury and its out indicated in the tax proto this account. To revor to the payment (settler ceive confidential information number (PIN) as my	own on the copy ERO) to send the o) the reason for designated Finance paration software ke a payment, I ment) date. I also action necessary to signature for the other than this return the other than th	of the electronic return to the IRS any delay in procial Agent to initial of for payment of inust contact the Lauthorize the fin to answer inquiricelectronic return to enter my PIN at a copy of the return of the copy of the copy of the return of the copy of the return of the copy of the co	retum. I consent to S and to receive fro cessing the return of the an electronic further federal taxes ow J.S. Treasury Finan ancial institutions in the sand resolve issue and, if applicable, the consensation of the sand return is being filed we the sand return is being filed we the sand received and the sand resolve issue and resolve is and resolve issue and resolve is a sand resolve is an architecture.	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the es related to ne consent to as my signature s, but ros with a state
2021 elecomplet interme acknow the date (direct coretum, a 1-888-3 process the payelectror	te. I further dediate service deservices of any refundebit) entry trand the finant 353-4537 no sing of the element. I have nic funds with eck one book I authorize on the tax yeagency(ies)	declare that the arreprovider, transmof receipt or reasond. If applicable, I on the financial institution to collater than 2 busin electronic payment selected a person horawal. In the contraction of the contraction of the financial institution to collater than 2 busin electronic payment selected a person horawal. In the contraction of the contraction	ount in litter, or in for rej authorize tution and lebit the ess day of taxes and identification and identification and identification and identification and identification and identification are all yellows.	Part I electric electric entry entry to rediffication	above is the amount shronic return originator (In of the transmission, (In of the transmission, (In of the transmission, (In of the transmission), (In of the tax protothis account. To revolve to the payment (settled ceive confidential information number (PIN) as my of the firm name	own on the copy ERO) to send the o) the reason for designated Finance paration software ke a payment, I ment) date. I also action necessary to signature for the other than this return the other than th	of the electronic return to the IRS any delay in procial Agent to initial of for payment of inust contact the Lauthorize the fin to answer inquiricelectronic return to enter my PIN at a copy of the return of the copy of the copy of the return of the copy of the return of the copy of the co	retum. I consent to S and to receive fro cessing the return of the an electronic further federal taxes ow J.S. Treasury Finan ancial institutions in the sand resolve issue and, if applicable, the consensation of the sand return is being filed we the sand return is being filed we the sand received and the sand resolve issue and resolve is and resolve issue and resolve is a sand resolve is an architecture.	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the es related to ne consent to as my signature s, but ros with a state
2021 elicomplet interme acknow the date (direct cretum, a 1-888-3 process the payrelectror	te. I further dediate service dediate service dedgement de of any refundebit) entry to and the finant 353-4537 no sing of the element. I have nic funds with eck one box I authorize on the tax yeagency(ies) return's discl	declare that the arreleprovider, transmof receipt or reasond. If applicable, I on the financial institution to collater than 2 busin electronic payment selected a person horawal. In a conty Arauz & Content of the c	ount in litter, or in for rej authorizatution arebit the ess day of taxes and identification are ally filed as as as pareen.	Part I electrice the electrice the eccourrentry es prior to rediffication entry entry entry establishment entry establishment entry establishment establishm	above is the amount shronic return originator (In of the transmission, (In of the transmission, (In of the transmission, (In of the transmission), (In of the tax protothis account. To revolve to the payment (settled ceive confidential information number (PIN) as my of the firm name	own on the copy ERO) to send the post the reason for designated Finance paration software ke a payment, I ment) date. I also ation necessary to signature for the country that the transport of the fam, I also authorized the send of the fam, I also authorized the send of the send of the fam, I also authorized the send of the send	of the electronic return to the IRS any delay in procial Agent to initial for payment of the transfer of the t	return. I consent to S and to receive fro cessing the return of the an electronic further federal taxes ow J.S. Treasury Finant ancial institutions in the sand resolve issue and, if applicable, the consense for the federal taxes ow J.S. Treasury Finant ancial institutions in the sand resolve issue and, if applicable, the consense for the five numbers of the five n	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the es related to ne consent to as my signature as, but ros with a state my PIN on the
2021 elicomplet complet interme acknow the date (direct cretum, a 1-888-3 process the payelectror	te. I further dediate service dediate service dedgement de of any refundebit) entry to and the finant 353-4537 no sing of the element. I have nic funds with eck one box I authorize on the tax ye agency(ies) return's discipled return. I	declare that the arreleprovider, transmof receipt or reasond. If applicable, I on the financial institution to collater than 2 busing lectronic payment selected a person horawal. In a conjuit a c	ount in litter, or in for rej authorizatution and ebit the ess day of taxes and identification and identification and identification and identification and identification and identification are all years as pareen.	Part I electrice electrice the eccourre entry sprior to receification. ERO d return of the entry sprior to the entry sprior entry entry sprior entry entry entry entry entry entry entry e	above is the amount shronic return originator (In of the transmission, (In of the transmission, (In of the transmission, (In of the transmission), (In of the transmission, (In of the payment of the payment (settler to the payment (settler ceive confidential informon number (PIN) as my of the IRS Fed/State programs on the IRS Fed/State programs of the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity of the entity of the respect to the entity of the	own on the copy ERO) to send the paration software ke a payment, I ment) date. I also ation necessary to signature for the control of the total and I also authorize the my PIN as turn is being filed.	of the electronic return to the IRS any delay in procial Agent to initial for payment of the transfer of the Cauthorize the fin to answer inquiried electronic return to enter my PIN at a copy of the receive the aforement my signature on with a state age	retum. I consent to S and to receive fro sessing the return of the an electronic further federal taxes ow J.S. Treasury Finand ancial institutions in the sand resolve issue and, if applicable, the session of the sess	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this ucial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the
2021 elicomplet interme acknow the date (direct cretum, a 1-888-3 process the payelectror	te. I further dediate service dediate service dedgement de of any refundebit) entry to and the finant 353-4537 no sing of the element. I have nic funds with eck one box I authorize on the tax ye agency(ies) return's discipled return. I	declare that the arreleprovider, transmof receipt or reasond. If applicable, I on the financial institution to collater than 2 busing lectronic payment selected a person horawal. In a conjuit a c	ount in litter, or in for rej authorizatution and ebit the ess day of taxes and identification and identification and identification and identification and identification and identification are all years as pareen.	Part I electrice electrice the eccourre entry sprior to receification. ERO d return of the entry sprior to the entry sprior entry entry sprior entry entry entry entry entry entry entry e	above is the amount shronic return originator (In of the transmission, (In of the transmission, (In of the transmission, (In of the transmission, (In of the payment account. To revolve to this account. To revolve to the payment (settled ceive confidential informon number (PIN) as my of tirm name The firm name The set of the entity, I will associated with the IRS Fed/State programs.	own on the copy ERO) to send the paration software ke a payment, I ment) date. I also ation necessary to signature for the control of the total and I also authorize the my PIN as turn is being filed.	of the electronic return to the IRS any delay in procial Agent to initial for payment of the transfer of the Cauthorize the fin to answer inquiried electronic return to enter my PIN at a copy of the receive the aforement my signature on with a state age	retum. I consent to S and to receive fro sessing the return of the an electronic further federal taxes ow J.S. Treasury Finand ancial institutions in the sand resolve issue and, if applicable, the session of the sess	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this ucial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the
2021 elicomplet complet interme acknow the date (direct cretum, a 1-888-3 process the paylelectror	te. I further dediate service dediate service dedgement of e of any refundebit) entry to and the finant 33-4537 no sing of the element. I have nic funds with eck one book I authorize on the tax yeagency(ies) return's disclaration of the IRS Football and fine IRS F	declare that the arreprovider, transmof receipt or reasond. If applicable, I on the financial institution to collater than 2 busin electronic payment selected a person horawal. In a conty I a cont	ount in litter, or in for rej authorizatution are bit the ess day of taxes in identification and identification are bit the ess day of taxes in identification are better the ess as particular and identification are particular and identification are in identification are identific	Part I electrice electrice the eccourre entry sprior to receification. ERO d return of the entry sprior to the entry sprior entry entry sprior entry entry entry entry entry entry entry e	above is the amount shronic return originator (In of the transmission, (In of the transmission, (In of the transmission, (In of the transmission), (In of the transmission, (In of the payment of the payment (settler to the payment (settler ceive confidential informon number (PIN) as my of the IRS Fed/State programs on the IRS Fed/State programs of the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity, I will the transmission of the respect to the entity of the entity of the respect to the entity of the	own on the copy ERO) to send the paration software ke a payment, I ment) date. I also ation necessary to signature for the control of the con	of the electronic return to the IRS any delay in procial Agent to initial for payment of the transfer of the contact the Lauthorize the fine to answer inquiried electronic return to enter my PIN at a copy of the receive the aforement my signature on with a state age	retum. I consent to S and to receive from the sand to receive from the sand to receive from the sand resolve issue and resolve issue and, if applicable, the sand resolve issue and, if applicable, the sand resolve issue and the sand resolve issue and resolve issue	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the electronically charities as part
2021 elicomplet complet interme acknow the date (direct cretum, a 1-888-3 process the paylelectror	te. I further dediate service dediate service dediate service of any refundebit) entry to and the finant 353-4537 no sing of the element. I have nic funds with eck one box I authorize on the tax yeagency(ies) return's disclassing of the IRS for the IRS for the of officer or	declare that the arre provider, transmof receipt or reasond. If applicable, I on the financial institution to clater than 2 busin electronic payment selected a person harawal. In a conty Arauz & Conty Co	ount in litter, or in for rej authorizatution are bit the ess day of taxes and identification are better the ess so taxes are litter to tax within the litter of the ess so taxes are en.	Part I electrice electrice the eccourty sprice to re- entry sprice to re- effication	above is the amount shronic return originator (In of the transmission, (In of the transmission, (In of the transmission, (In of the transmission), (In of the transmission, (In of the payment of the payment (settled ceive confidential informon number (PIN) as my of the firm name If I have indicated when IRS Fed/State programs as property of the receive to the entity, I will urn that a copy of the receive y PIN on the return's dispense of the	own on the copy ERO) to send the paration software ke a payment, I ment) date. I also ation necessary to signature for the control of the con	of the electronic return to the IRS any delay in procial Agent to initial for payment of the transfer of the contact the Lauthorize the fine to answer inquiried electronic return to enter my PIN at a copy of the receive the aforement my signature on with a state age	retum. I consent to S and to receive fro sessing the return of the an electronic further federal taxes ow J.S. Treasury Finand ancial institutions in the sand resolve issue and, if applicable, the session of the sess	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the electronically charities as part
2021 elicomplet complet interme acknow the date (direct cretum, a 1-888-3 process the payrelectror PIN: ch	te. I further dediate service described service of any refundebit) entry to and the finant 853-4537 no sing of the element. I have enic funds with eck one board authorize on the tax yeagency(ies) return's disclaration of the IRS Forest of officer or the control of the IRS Forest enice of officer or the tax yeagency (ies) and the IRS Forest enice of officer or the IRS Forest enice of the	declare that the arrelectory in the provider, transmof receipt or reasond. If applicable, I on the financial institution to collater than 2 busing the provider of the provide	ount in latter, or in for rejauthorizatution and ebit the ess day of taxes in a lidentification and identification and identifi	Part I electrice electrice the eccourty as prior to rediffication of the entry of the electric electri	above is the amount shronic return originator (In of the transmission, (In of the transmission, (In of the transmission, (In of the transmission, (In of the transmission) and indicated in the tax proto this account. To revolve to the payment (settled ceive confidential information number (PIN) as my of firm name The firm name The indicated with the IRS Fed/State programmers are proton to the entity, I will that a copy of the receive to the return's districted in the return of the	own on the copy ERO) to send the paration software ke a payment, I ment) date. I also ation necessary to signature for the control of the con	of the electronic return to the IRS any delay in procial Agent to initial for payment of the transfer of the contact the Lauthorize the fine to answer inquiried electronic return to enter my PIN at a copy of the receive the aforement my signature on with a state age	retum. I consent to S and to receive from the same dectronic further ederal taxes ow J.S. Treasury Finant ancial institutions in the same decircular ederal taxes and resolve issue and, if applicable, the same decircular ederal zero decircular ederal seetum is being filed when the tax year 2021 ency(ies) regulating	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the electronically charities as part
2021 electromplet interme acknow the date (direct cretum, a 1-888-3 process the payelectror PIN: chi	te. I further dediate service described service of any refundebit) entry to and the finant 353-4537 no sing of the element. I have nic funds with eck one book I authorize on the tax yeagency(ies) return's disclaration of the IRS Form of the IRS Form of of the IRS Form o	declare that the arre provider, transmof receipt or reasond. If applicable, I on the financial institution to contact that 2 busin dectronic payment selected a person horawal. In a conty a contact a contac	ount in litter, or in for rej authorize tution and lebit the less day of taxes and identification and identi	Part I electrice electrice the eccourty as prior to rediffication of the entry term	above is the amount shronic return originator (In of the transmission, (In of the payment (Settler to this account. To revolve to the payment (Settler ceive confidential information number (PIN) as my of the Institute of the Inst	own on the copy ERO) to send the paration software ke a payment, I ment) date. I also ation necessary to signature for the continuous attention this return the am, I also authorize the return the paration software for the continuous attention to the cont	of the electronic return to the IRS any delay in procial Agent to initial for payment of the transfer of the contact the Lauthorize the fine of answer inquiricelectronic returns to enter my PIN at a copy of the receive the aforement my signature on with a state age screen.	retum. I consent to S and to receive from the same dectronic further ederal taxes ow J.S. Treasury Finant ancial institutions in the same decircular ederal taxes and resolve issue and, if applicable, the same decircular ederal zero decircular ederal seetum is being filed when the tax year 2021 ency(ies) regulating	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the electronically charities as part
2021 electomplet interme acknow the date (direct cretum, a 1-888-3 process the payelectror PIN: chi	te. I further dediate service described service of any refundebit) entry to and the finant 353-4537 no sing of the element. I have nic funds with eck one book I authorize on the tax yeagency(ies) return's disclaration of the IRS Form of the IRS Form of of the IRS Form o	declare that the arrelectory in the provider, transmof receipt or reasond. If applicable, I on the financial institution to collater than 2 busing the provider of the provide	ount in litter, or in for rej authorize tution and lebit the less day of taxes and identification and identi	Part I electrice electrice the eccourty as prior to rediffication of the entry term	above is the amount shronic return originator (In of the transmission, (In of the payment (Settler to this account. To revolve to the payment (Settler ceive confidential information number (PIN) as my of the Institute of the Inst	own on the copy ERO) to send the paration software ke a payment, I ment) date. I also ation necessary to signature for the control of the con	of the electronic return to the IRS any delay in procial Agent to initial for payment of the transfer of the contact the Lauthorize the fine of answer inquiricelectronic returns to enter my PIN at a copy of the receive the aforement my signature on with a state age screen.	retum. I consent to S and to receive from the sessing the return of the an electronic further federal taxes own J.S. Treasury Finant ancial institutions in the sand resolve issue and, if applicable, the session of th	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this icial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the electronically charities as part
2021 elicomplet complet interme acknow the date (direct coretum, a 1-888-3 process the payelectror PIN: ch	te. I further dediate service dediate service dediate service de of any refu debit) entry to and the finant 353-4537 no sing of the element. I have nic funds with eck one box I authorize on the tax yeagency(ies) return's discipled return. I of the IRS Form e of officer or III Cert EFIN/PIN. E	declare that the arrele provider, transmof receipt or reasond. If applicable, I to the financial institution to clater than 2 busin dectronic payment selected a person horawal. In a consumer a cons	ount in litter, or in for rej authorizatution and ebit the ess day of taxes and identification and identific	Part I electrice electrice the electrice the eccourrentry sprior to receive the entry sprior to receive the electric ele	above is the amount sh ronic return originator (I n of the transmission, (I o U.S. Treasury and its out indicated in the tax proto this account. To revor to this account. To revor to the payment (settler ceive confidential informon number (PIN) as my or firm name m. If I have indicated when IRS Fed/State programs aspect to the entity, I will urn that a copy of the reply PIN on the return's discreted PIN.	own on the copy ERO) to send the paration software ke a payment, I ment) date. I also ation necessary to signature for the control of the first thin this return that the man, I also authorize the man of the first thin this consent signature consent signature consent signature for the control of the first thin this return that the man, I also authorize the first first thin this consent signature consent signature consent signature consent signature for the control of the first	of the electronic return to the IR: any delay in procial Agent to initial for payment of the electronic return to authorize the fin to answer inquiricelectronic return to enter my PIN at a copy of the receive the aforement my signature on with a state age screen.	retum. I consent to S and to receive from the same dectronic further ederal taxes ow J.S. Treasury Financial institutions in the sand resolve issue and, if applicable, the same determined filed with the tax year 2021 ency(ies) regulating Date 11-15- all zeros	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this ucial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the electronically charities as part
2021 elicomplet complet interme acknow the date (direct coretum, a 1-888-3 process the payelectror PIN: che Signature Part ERO's number	te. I further dediate service dediate service dediate service de of any refu debit) entry to and the finant 353-4537 no sing of the element. I have nic funds with eck one box I authorize on the tax yeagency(ies) return's discipled return. I of the IRS Form e of officer or III Cert EFIN/PIN. E	declare that the arreleprovider, transmore provider, transmore provider, transmore provider, transmore provider, transmore provider, transmore provider than 2 busin dectronic payment selected a person hidrawal. In a consumer a comparation of the provider	ount in latter, or in for rejauthorizatution and ebit the ess day of taxes and identification and identifica	Part I electrice electrice the electrice the eccourrent price to reconstruction of the electric electr	above is the amount shronic return originator (In of the transmission, (In of the payment (Settler to this account. To revolve to the payment (Settler ceive confidential information number (PIN) as my of the Institute of the Inst	own on the copy ERO) to send the D) the reason for designated Finance paration software ke a payment, I ment) date. I also ation necessary to signature for the District thin this return that am, I also authorize enter my PIN as turn is being filed sclosure consent.	of the electronic return to the IR: any delay in procial Agent to initial for payment of inust contact the Lauthorize the fin to answer inquiricelectronic return to enter my PIN at a copy of the receive the aforement my signature on with a state age screen. 97 56645 Don't enter cally filed return in the IR: and IR:	retum. I consent to S and to receive from the same dectronic further ederal taxes ow J.S. Treasury Financial institutions in the sand resolve issue and, if applicable, the same deturn is being filled with the tax year 2021 ency(ies) regulating Date 11–15- all zeros Indicated above. I conserved from the tax is the same deturn of the tax is the same deturn of the tax year 2021 ency(ies) regulating	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this ucial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the electronically charities as part
2021 electromplet interme acknow the date (direct coretum, a 1-888-3 process the payelectror PIN: chesses acknow the payelectror process t	te. I further dediate service dediate service dediate service de of any refu debit) entry to and the finant 353-4537 no sing of the element. I have nic funds with eck one box I authorize on the tax yeagency(ies) return's discipled return. I of the IRS Form e of officer or III Cert EFIN/PIN. E	declare that the arre provider, transmof receipt or reasond. If applicable, I to the financial institution to collater than 2 busin electronic payment selected a person horawal. In a consumer a con	ount in latter, or in for rejauthorizatution and ebit the ess day of taxes and identification and identifica	Part I electrice electrice the electrice the eccourrent price to reconstruction of the electric electr	above is the amount sh ronic return originator (I n of the transmission, (I o U.S. Treasury and its out indicated in the tax proto this account. To revor to this account. To revor to the payment (settler ceive confidential informon number (PIN) as my of the IRS Fed/State programs as pect to the entity, I will urn that a copy of the relay PIN on the return's discrete PIN.	own on the copy ERO) to send the D) the reason for designated Finance paration software ke a payment, I ment) date. I also ation necessary to signature for the District thin this return that am, I also authorize enter my PIN as turn is being filed sclosure consent.	of the electronic return to the IR: any delay in procial Agent to initial for payment of inust contact the Lauthorize the fin to answer inquiricelectronic return to enter my PIN at a copy of the receive the aforement my signature on with a state age screen. 97 56645 Don't enter cally filed return in the IR: and IR:	retum. I consent to S and to receive from the same dectronic further ederal taxes ow J.S. Treasury Financial institutions in the sand resolve issue and, if applicable, the same deturn is being filled with the tax year 2021 ency(ies) regulating Date 11–15- all zeros Indicated above. I conserved from the tax is the same deturn of the tax is the same deturn of the tax year 2021 ency(ies) regulating	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this ucial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the electronically charities as part
complet interme acknow the date (direct of return, a 1-88-3 process the payelectror PIN: chi Signaturn Part ERO's number I certify am sub Provide	te. I further dediate service dead the service of any refuncted the finance of the finance of the finance of the finance of the law of the tax years of the law of the IRS for	declare that the arreprovider, transmof receipt or reasond. If applicable, I to the financial institution to collater than 2 busin electronic payment selected a person horawal. In a consumer a cons	ount in litter, or in for rejauthorizatution and lebit the less day of taxes in identification and identific	Part I electrice electrice the electrice the eccourty as prior to rediffication of the electric electr	above is the amount sh ronic return originator (I n of the transmission, (I o U.S. Treasury and its out indicated in the tax proto this account. To revor to this account. To revor to the payment (settler ceive confidential informon number (PIN) as my of the IRS Fed/State programs as pect to the entity, I will urn that a copy of the relay PIN on the return's discrete PIN.	own on the copy ERO) to send the D the reason for designated Finance paration software ke a payment, I ment) date. I also ation necessary to signature for the date. I also ation necessary to signature for the date. I also ation necessary to signature for the date. I also ation necessary to signature for the date. I also ation necessary to signature for the date. I also authorize enter my PIN as turn is being filled sclosure consent signature consent signature at the date.	of the electronic return to the IRS any delay in procial Agent to initial of payment of inust contact the Lauthorize the fin to answer inquirice electronic return to enter my PIN at a copy of the rize the aforement my signature on with a state age screen. 97 56645 Don't enter early life of the return in the payment of	retum. I consent to S and to receive from the same dectronic further ederal taxes ow J.S. Treasury Financial institutions in the sand resolve issue and, if applicable, the same deturn is being filled with the tax year 2021 ency(ies) regulating Date 11–15- all zeros Indicated above. I conserved from the tax is the same deturn of the tax is the same deturn of the tax year 2021 ency(ies) regulating	allow my om the IRS (a) an or refund, and (c) nds withdrawal ved on this ucial Agent at volved in the es related to ne consent to as my signature s, but ros with a state my PIN on the electronically charities as part

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors								
	(This page is not filed with the return. It is for your records only.)						2021		
Name(s) as shown on return							Tax ID Number		
YOUR PASSION 1ST							83-3924974	4	
2% of the amount on Schedule	A, Part II, line 11, column (t		T		I I			2,667	
		(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name		2017	2018	2019	2020	2021	Total	Excess contributions	
								(col. (f) minus	
								the 2% limitation)	
BUILD INC					9,096	9,529	18,625	15,958	

_____<u>37,872</u>

24,581

24,581

21,914

CHRISTOPHER K THOMAS

Tax Exempt Diagnostic Summary Sour Passion 1st Tax Exempt Diagnostic Summary Employer Identification # 83-3924974

Demographics

Mailing Address: Phone: (773) 904–6814

120 LAKE STREET Oak Park, IL 60302

Resident State: IL

Diagnostics

Preparer: Noelia V Gamino Invoice: Date: 11-15-2022

Return Information

Maria an Dahum	2021	2020 Federal
Item on Return	Federal	(If available)
Total Revenue	95,398	
Total Expenses	68,864	
Net Excess (Deficit)	26,534	
Net Assets or Fund		
Balances	(3,320)	(29,854)

State/City Information

State/City	Taxable	Total	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	<u>Balance</u>		<u>Tax</u>	(Balance Due)