Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

<u>A F</u>	or the	2018 calendar year, or tax year beginning $JUL 1$, 2018 and en	ending J	<u>UN 30, 2019</u>				
B (Check if pplicable	C Name of organization		D Employer identific	cation number			
Г	Addres	THE NORA PROJECT						
	Name change	Doing business as			216328			
	return Final	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 664	Room/suite	E Telephone number 847-530-3496				
_	termin- ated			G Gross receipts \$ 665,879.				
Г	Amend			H(a) Is this a group re				
F	Applica tion			for subordinates? Yes X No				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{1}$	Гах-ехе	empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or	527	1	list. (see instructions)			
		e: ► HTTPS: //WWW.THENORAPROJECT.NGO/		H(c) Group exemptio	,			
		organization: X Corporation Trust Association Other	L Year o		■ State of legal domicile: IL			
Pa		Summary		•	v			
	1 [Briefly describe the organization's mission or most significant activities: $\ \ \underline{ ext{THE}} \ \ $	ORA P	ROJECT TEACI	HES EMPATHY			
Governance	2	AND SPARKING FRIENDSHIPS BETWEEN STUDENTS	AND T	HEIR PEERS	WITH			
rna	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed	ed of more	than 25% of its net ass	sets.			
o Ve	1 8	Number of voting members of the governing body (Part VI, line 1a)		3	11			
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			11			
88	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	5			
Ζŧ	6	Total number of volunteers (estimate if necessary)		6	20			
Activities &	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	1 d	Net unrelated business taxable income from Form 990-T, line 38			0.			
				Prior Year	Current Year			
ō	l	Contributions and grants (Part VIII, line 1h)		254,087.	624,645.			
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	0.			
3e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		640.	3,056.			
_	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		117,314.	5,052.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		372,041.	632,753.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		127,194.	210,083.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ϋ́	b]	Total fundraising expenses (Part IX, column (D), line 25)		111,329.	293,934.			
	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,523.	504,017.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		133,518.	128,736.			
<u>_</u> <u>_ </u>	19	Revenue less expenses. Subtract line 18 from line 12	Par					
ts o	- 00	Total accests (Dayt V. line 16)		ginning of Current Year 293,162.	End of Year 485,323.			
Sse	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		766.	14,612.			
Net Assets or	22	l otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		292,396.	470,711.			
Pa	art II	Signature Block		252,550.	470,711.			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			interneuge una sener, it is			
Sig	n	Signature of officer		Date				
Her	1	LAUREN SCHRERO, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN			
Paid	ı	JEFF SCHROEDER JEFF SCHROEDER	0	1/20/20 self-employ	P01245303			
Prep	oarer	Firm's name SASSETTI LLC		Firm's EIN ▶	36-2239746			
Use	Only	Firm's address 6611 NORTH AVENUE			,			
OAK PARK, IL 60302 Phone no. (708) 386-								
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NORA PROJECT TEACHES EMPATHY AND SPARKING FRIENDSHIPS BETWEEN
	STUDENTS AND THEIR PEERS WITH DISABILITIES. ITS PROGRAM SUITE, WHICH
	INCLUDES CURRICULUM FOR STUDENTS FROM PRE-K THROUGH HIGH SCHOOL,
	TEACHES STUDENTS TO ADOPT AN ABILITY INCLUSIVE MINDSET (AIM), WHICH
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$409 , 444including grants of \$) (Revenue \$)
	DURING THE FISCAL YEAR, THE NORA PROJECT'S PROGRAMS WERE TAUGHT IN MORE
	THAN 80 CLASSROOMS FROM 30 SCHOOLS IN 4 STATES. ALL PARTICIPATING
	TEACHERS RECEIVED PROGRAM TRAINING, LESSON PLANS AND INSTRUCTIONAL
	SUPPORT, AND CLASSROOM KITS, INCLUDING TECHNOLOGY. THE ORGANIZATION
	LAUNCHED ITS SECOND IMPACT STUDY.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses • 409 444.

Form 990 (2018) THE NORA PROJECT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			 -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2018) THE NORA PROJECT
Part IV Checklist of Required Schedules (continued)

	· (continuos)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l <u>.</u> .		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		v
2E -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		\vdash
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-57		
50	Note. All Form 990 filers are required to complete Schedule O	38	Х	1
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 33		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
92200	1 10 21 10			(2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018)

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IL$, NYSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RACHEL KEYS - 630-475-4182

Form **990** (2018)

60540

IL

1224 CATALPA LANE, NAPERVILLE

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

week (list any hours for related organizations related organizations)	nount of other
Clist any hours for related organizations below line) 10 NAOMI SHAPIRO 3.00 CHAIR X X X D.	otrier
CHAIR	pensation rom the janization d related anizations
SECRETARY	0
SECRETARY X	0
3 STEVEN CIRULIS 3 0 0 0 0 0 0 0 0 0	0
Carrector Carr	
DIRECTOR X	0
S MICHAEL GLICKEN 2.00 X 0.	•
DIRECTOR X	0
Column	0
Trichard Jacobson 2.00 X 0.	0
(8) BEN KOBREN 2.00 DIRECTOR X (9) ADAM LEVY 10.00 DIRECTOR X (10) STEVE MALETZKY 2.00 DIRECTOR X (11) DAVE PALMER 2.00 DIRECTOR X (12) LAUREN SCHRERO 40.00	<u> </u>
DIRECTOR X	0
(9) ADAM LEVY DIRECTOR (10) STEVE MALETZKY 2.00 DIRECTOR (11) DAVE PALMER DIRECTOR (12) LAUREN SCHRERO (10.00 X 0.0.0 0	0
Column	
DIRECTOR X 0. 0. (11) DAVE PALMER 2.00 X 0. 0. DIRECTOR X 0. 0. (12) LAUREN SCHRERO 40.00 0. 0.	0
(11) DAVE PALMER 2.00 DIRECTOR X (12) LAUREN SCHRERO 40.00	0
DIRECTOR X 0. 0. (12) LAUREN SCHRERO 40.00	
	0
EXECUTIVE DIRECTOR X 80,000. 0.	•
	0

	Form 990 (2018) THE NORA PROJECT 81-3216328 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	age Position (do not check more than one box, unless person is both an				than dis both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	- 1		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa om the anizat d relat anizati	e ion ed
1b c	Sub-total Total from continuation sheets to Part VI							>	80,000.		0.			0.
	Total (add lines 1b and 1c)								80,000.		0.			0.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable				0
	Compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some	•			•	•	•		•			3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•							····	4		X
Sec	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on					5		Х
1	Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	n the organization's tax y	ear.		(0	:)	
	Name and business	address	NO	ONE	3				Description of s	ervices	С		nsatio	n
	Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	•				(_					Form	990 (:	2019\
												OHIL	(,	_U 10)

832008 12-31-18

13520120 707170 6986

81-3216328

ı	Statement	of Revenue
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		Check if Schedule O contain	ns a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
E G	С	Fundraising events	1 1	318,254.				
iifts ar A		Related organizations	1 1					
s, G		Government grants (contribution						
igi	f	All other contributions, gifts, grants,	and					
but		similar amounts not included above	1f	306,391.				
n d Gri	g	Noncash contributions included in lines 1a-	1f: \$					
<u>ခ လ</u>	h	Total. Add lines 1a-1f			624,645.			
				Business Code				
Program Service Revenue	2 a	·						
	b	·						
	С	·						
	d	·						
rog	е							
Δ.		All other program service revenu						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including di			2 056	2 056		
		other similar amounts)			3,056.	3,056.		
	4	Income from investment of tax-e						
	5	Royalties	(i) Real					
	6.0	Gross rents	(i) Reai	(ii) Personal				
		Rental income or (loss)						
		Net rental income or (loss)						
			(i) Securities	(ii) Other				
	, u	assets other than inventory	(i) Occurrices	(ii) Oti ioi				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ene		Gross income from fundraising a including \$ 318,25	events (not					
Other Reven		contributions reported on line 10						
Be		Part IV, line 18		38,178.				
her	b	Less: direct expenses		33,126.				
δ		: Net income or (loss) from fundra			5,052.			5,052.
		Gross income from gaming activ	~	,	·			
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gamin	g activities					
	10 a	Gross sales of inventory, less re	turns					
		and allowances	a					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sales	of inventory					
}		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	C							
		All other revenue						
	12	Total. Add lines 11a-11d Total revenue. See instructions			632,753.	3,056.	0.	5,052.

832009 12-31-18

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 80,000. 80,000. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 112,204. 92,204. 8,000. 12,000. Other salaries and wages 7 Pension plan accruals and contributions (include 80 1,423. 1,223. 120. section 401(k) and 403(b) employer contributions) Other employee benefits 9 16,456. 14,916. 616. 924. 10 Payroll taxes Fees for services (non-employees): Management 273. 273. Legal 21,497. 21,497. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 103,574. 91,342. 5,916. 6,316. column (A) amount, list line 11g expenses on Sch O.) 454. 454. Advertising and promotion 12 2,136. 2,136. Office expenses 13 11,286. 8,124. 3,162. Information technology 14 15 Royalties 16 Occupancy 571. 571. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 26,052. 25,998. 54. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 27,558. 23,097. 1,903. 2,558. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 41,104. 41,104. EQUIPMENT EDUCATION AND OUTREACH 29,065. 29,065. 11,911. 11,911.SUBSCRIPTIONS 8,231. 8,231. TRANSACTION FEES 7,258. 10,222. 1,346. 1,618. All other expenses 504,017. 409,444. 47,733. 46,840. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

Part >	^	Balance Sneet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing		13,783.	1	335,679
2	2	Savings and temporary cash investments		279,070.	2	142,450
3	3	Pledges and grants receivable, net			3	
4		Accounts receivable, net		4		
5	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
				309.	5	0
6	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	' '			
		employers and sponsoring organizations of sect				
,		employees' beneficiary organizations (see instr).	·		6	
Assets	7	Notes and loans receivable, net	F		7	
Y Y		Inventories for sale or use			8	
1 .	9	B		0.	9	7,194
		Land, buildings, and equipment: cost or other				, -
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
11		Investments - publicly traded securities		11		
12		Investments - other securities. See Part IV, line 1		12		
13		Investments - program-related. See Part IV, line		13		
14		Intangible assets		14		
15		Other assets. See Part IV, line 11		15		
16		Total assets. Add lines 1 through 15 (must equ		293,162.	16	485,323
17		Accounts payable and accrued expenses	766.	17	14,612	
18	8	Grants payable		18		
19	9	Deferred revenue			19	
20	0	Tax-exempt bond liabilities			20	
21		Escrow or custodial account liability. Complete			21	
_ω 22	2	Loans and other payables to current and former	officers, directors, trustees,			
<u>i</u>		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
<u>ت</u> اثت	3	Secured mortgages and notes payable to unrela			23	
24	4	Unsecured notes and loans payable to unrelated	d third parties		24	
25	5	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
26	6	Total liabilities. Add lines 17 through 25		766.	26	14,612
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
g		complete lines 27 through 29, and lines 33 an	d 34.			
ပ္ကို 27	7	Unrestricted net assets		292,396.	27	375,956
<u>e</u> 28	8	Temporarily restricted net assets			28	94,755
필 29	9				29	
ᆵᅵ		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲 📗			
ĕ		and complete lines 30 through 34.				
इ । उ	0	Capital stock or trust principal, or current funds			30	
SS 31	1	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in	Г		32	.=:
Ž 33	3	Total net assets or fund balances		292,396.	33	470,711.
34	4	Total liabilities and net assets/fund balances .		293,162.	34	485,323

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>53.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	504	4,0	<u> 17.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	128	3,7	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	292	2,3	96.
5	Net unrealized gains (losses) on investments	5		1,0	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	48	3,5	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	470	0,7	11.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization THE NORA PROJECT 81-3216328 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
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						_
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
_	organization, check this box and stor	here					>
Sec	ction C. Computation of Publi	c Support Per	centage			т т	
	Public support percentage for 2018 (li			* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>
	Public support percentage from 2017					15	<u>%</u>
16a	33 1/3% support test - 2018. If the o				14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2017. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			=	=	rt VI how the organ	nization
	meets the "facts-and-circumstances"	-		• • •			
b	10% -facts-and-circumstances test						
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b		nd see instructions	

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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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			243,365.	384,087.	306,391.	933,843.
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			243,365.	384,087.	306,391.	933,843.
	a Amounts included on lines 1, 2, and 3 received from disqualified persons a Amounts included on lines 2 and 3 received					50,000.	50,000.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					32,500.	
(Add lines 7a and 7b					82,500.	82,500.
8	Public support. (Subtract line 7c from line 6.)						851,343.
Se	ction B. Total Support		Γ	1			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			243,365.	384,087.	306,391.	933,843.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			12.	640.	3,056.	3,708.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			243,377.	384,727.	309,447.	937,551.
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	x year as a section	501(c)(3) organiza	
_	check this box and stop here						X
	ction C. Computation of Publi						
	Public support percentage for 2018 (I					15	<u>%</u>
	Public support percentage from 2017					16	<u>%</u>
	ction D. Computation of Inves			in a 10 to (n)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2018. If the						. .
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
- Gu		
3b		
30		
20		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
90		
0-		
9c		
10a		
10b		<u> </u>

Pai	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	I		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			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	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		V	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		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	4		
•	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		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	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	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	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				
	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. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional		ed Type III supporting orga	anization (see
	instructions).			,

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets	-		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Complemental Information
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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.)
	Too management.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE NORA PROJECT

Employer identification number 81-3216328

Par	rt I Organizations Maintaining Donor Advised Funds or Other Similar	Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		2 300,4000
	(a) Donor advised funds	6	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	onor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ds can be used o	nly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	purpose conferr	ing
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the organization answered "Yes" on F	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	n of a historically	important land area
	Protection of natural habitat Preservatio	n of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a co	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a histo		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organi	zation during the tax
	year >		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	ndling of	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfor	rcing conservation	n easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation ea	sements during the year
•		-t: 470/l-\/4\/D\	(n)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of second eastier 170(h)(4)(P)(ii)2		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and		
9	include, if applicable, the text of the footnote to the organization's financial statements that or	· ·	
	conservation easements.	lescribes the org	anization's accounting for
Par	rt III Organizations Maintaining Collections of Art, Historical Treasure	s. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rever	nue statement an	d balance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research i		
	the text of the footnote to its financial statements that describes these items.	ir iai aroranoo or	sacio corvico, provido, irri arrixiii,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	statement and ba	alance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, education, or research in furthera		
	relating to these items:		, p
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		k 4
2	If the organization received or held works of art, historical treasures, or other similar assets for		
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these it	• .	
а			▶ \$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2018

	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, or	Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check ar	ny of the	following that a	are a sig	nificant i	use of its c	ollection it	ems
	(check all that apply):			•	_					
а	Public exhibition	d	ı 🗆 Lo	an or exc	hange progran	ns				
b	Scholarly research	е			3 1 3					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they	further th	ne organization	ı's exem	nt nurna	se in Part	XIII.	
5	During the year, did the organization solicit o							oo iiii aic	, diii.	
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		313 II 1110 G	· gai iizatio	in anoworda i	00 0111	01111 00	s, r a.c., .		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for cor	ntribution	s or other asse	ets not in	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								_	
			·-·····g ·						Amount	
С	Beginning balance						1c			
	Additions during the year									
е.	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•		_	
Par										
		(a) Current year	(b) Pric		(c) Two years			years back	(e) Four v	ears hack
1 a	Beginning of year balance	(u) current your	(2) 1110	or your	(c) in a your o	, buon	u , 111100	youro buon	(C) rour y	ouro buon
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ŭ										
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end halance	l (line 1a d	column (a	// pelq as:	I				
a	Board designated or quasi-endowment		%	Joidinin (a	jj ricia as.					
b	Permanent endowment	%								
	Temporarily restricted endowment	% %								
·	The percentages on lines 2a, 2b, and 2c short									
32	Are there endowment funds not in the posses		tion that a	re held ar	nd administere	d for the	organiz	ation		
ou	by:	bolon of the organiza	ition that a	ire rieia ai	ia darriiriiotoro	G 101 1110	organiz	ation	Ī,	es No
	(i) unrelated organizations								3a(i)	110
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?					3b	
4	Describe in Part XIII the intended uses of the								0.0	
Par										
	Complete if the organization answered	d "Yes" on Form 990). Part IV. li	ine 11a. S	See Form 990. I	Part X. I	ine 10.			
	Description of property	(a) Cost or o			t or other		cumulat	ed	(d) Book	value
	Becomption of property	basis (investn			(other)	٠,	reciation		(u) Doon	value
1a	Land	<u> </u>	•							
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X column	(B). line 1	0c.)			•		0.

Schedule D (Form 990) 2018

) (Form 990) 2018 THE NORA PR	OJECT		81	-3216328	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, F	Part X, line 12.		
(a) Descri	ption of security or category (including name of security)	(b) Book value		luation: Cost or end	l-of-year market v	alue
(1) Financi	ial derivatives					
. ,	r-held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	(b) must equal Form 990, Part X, col. (B) line 12.)					
Part VII	Investments - Program Related.	<u> </u>				
T GITC TIL	_	on Form 000 Dort IV line	110 Coo Form 000 F	last V. lina 10		
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		rant X, line 13. Iluation: Cost or end	l-∩f-vear market v	alue
(4)	(a) Description of investment	(b) Book value	(c) Method of Ve	ildation. Cost of Che	TOT YOU THATKET V	aiuc
(1)						
(2)						
(3)						
(4)						
(5)						
<u>(6)</u>						
<u>(7)</u>						
(8)						
(9)	(1)					
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.					
raitix		5 000 B + 11/4 II	44 0 5 000 5			
	Complete if the organization answered "Yes"	Description	11d. See Form 990, F	art X, line 15.	(b) Book va	duo.
	(a)	Description			(D) BOOK Va	liue
<u>(1)</u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	e 15.)		>		
Part X	Other Liabilities.					
	Complete if the organization answered "Yes"			990, Part X, line 25.		
<u>1.</u>	(a) Description of liability		(b) Book value			
(1) Fed	deral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Pai	rt XI	Reconciliation of Revenue per Audited Financial S		Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			666 055
1		evenue, gains, and other support per audited financial statements			1	666,957.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	4 000		
а		realized gains (losses) on investments		1,079.	-	
b		ed services and use of facilities			-	
С		eries of prior year grants		22 125	-	
d		(Describe in Part XIII.)	2d	33,125.		24 224
е		nes 2a through 2d			2e	34,204. 632,753.
3		ct line 2e from line 1			3	632,753.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b			-	
b		(Describe in Part XIII.)	4b			0
С		nes 4a and 4b			4c	(22.752
5 Do	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Reconciliation of Expenses per Audited Financial S	<u>12.)</u> Statamenta With	S Evnances nor E	5	632,753.
Pa	IL VII			i Expenses per F	teturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV				F27 142
1		expenses and losses per audited financial statements			1	537,142.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1			
а		ed services and use of facilities				
b		ear adjustments				
С		losses		22 105		
d		(Describe in Part XIII.)		33,125.		22 105
		nes 2a through 2d			2e	33,125. 504,017.
3		act line 2e from line 1			3	504,017.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)	4b			0
		nes 4a and 4b			4c	0. 504,017.
5 Dai	rt YIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	<u>e 18.) </u>		5	304,017.
		- 11	ad 4. David IV limas dia	and Ohi Dark V. line 4	. Dad V I	ine O. Dart VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			, Part X, I	ine 2, Part XI,
ines	zu anu	4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional infor	mation.		
ΡΔΙ	RT X	I, LINE 2D - OTHER ADJUSTMENTS:				
1 711	22.	I, HINE 2D CHIEK ADOODIMENTO.				
דדת	የ ድርጥ	FUNDRAISING EXPENSE				33,125.
		TONDINIED INC ENTENDE				33,123.
PAT	?т x	II, LINE 2D - OTHER ADJUSTMENTS:				
	21.	II, DING 25 OTHER 15005THERIS.				
TT	RECT	FUNDRAISING EXPENSE				33,125.
		TONDINIEDING EMILINGE				33,123.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number THE NORA PROJECT 81-3216328 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 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.

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

Schedule G (Form 990 or 990-EZ) 2018

81-3216328 Page 2 Schedule G (Form 990 or 990-EZ) 2018 THE NORA PROJECT 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 (add col. (a) through ANNUAL EVENTGOLF OUTING col. (c)) (event type) (event type) (total number) 308,703. 42,677. 5,052. 356,432. 1 Gross receipts 318,254. 2 Less: Contributions 293,121. 25,133. 15,582. 17,544. 5,052. 38,178. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 17,219. 17,219. 6 Rent/facility costs 11,545. 11,545. 7 Food and beverages 8 Entertainment 4,037. 325. 4,362. Other direct expenses 33,126. **10** Direct expense summary. Add lines 4 through 9 in column (d) 5,052. 11 Net income summary. Subtract line 10 from line 3, column (d) 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 (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990 EZ) 2018 THE NORA PROJECT	81-3216326 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	ره ا مدا
a The organization's facility	l l
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:
Name	
Address >	
/ tudi 000 P	
4F- Does the appropriate to be a contract with a third part, from the appropriate propriate prop	Yes No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Tes L NO
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Name ▶	
Address	
16 Gaming manager information:	
Name ▶	
Name •	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	trand Dark III. Brace O. Ob. 10b
	; and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990 or 990-EZ) THE NORA PROJECT	81-3216328 Page 4
Schedule G (Form 990 or 990-EZ) THE NORA PROJECT Part IV Supplemental Information (continued)	
1	

Schedule G (Form 990 or 990-EZ)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ALL HUMAN LIVES.

THE NORA PROJECT

Employer identification number 81-3216328

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISABILITIES. ITS PROGRAM SUITE, WHICH INCLUDES CURRICULUM FOR STUDENTS FROM PRE-K THROUGH HIGH SCHOOL, TEACHES STUDENTS TO ADOPT AN ABILITY WHICH VALUES ACCESSIBLE SPACES, INCLUSIVE MINDSET (AIM), INCLUSIVE AND THE EQUAL VALUE OF ALL HUMAN LIVES. ACTIVITIES, FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORM 990, PART VI, SECTION A, LINE 2:

LAUREN SCHRERO AND ADAM LEVY, DEVELOPMENT CHAIR, ARE SPOUSES. LAUREN SCHRERO AND AMANDA MARTINSEN, PROGRAM DIRECTOR, ARE FIRST COUSINS.

VALUES ACCESSIBLE SPACES, INCLUSIVE ACTIVITIES, AND THE EQUAL VALUE OF

FORM 990, PART VI, SECTION B, LINE 11B:

BOTH THE EXECUTIVE DIRECTOR AND TREASURER CONDUCT A REVIEW OF FORM 990 AND THE TREASURER PRESENTS A COPY TO THE GOVERNING BOARD PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

NEW RELATIONSHIPS ARE BROUGHT TO THE BOARD TO CONFIRM COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS COMPENSATION OF SIMILAR POSITIONS AT OTHER NOT-FOR-PROFITS TO DETERMINE COMPENSATION RANGES THAT ARE APPROPRIATE FOR

AND THE BOARD APPROVES THE TOTAL COMPENSATION BUDGET AS PART THE POSITION, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization THE NORA PROJECT	Employer identification numbe 81-3216328
OF THE OVERALL BUDGET.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT	T MADE AVAILABLE
TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	38,199.
MANAGEMENT AND GENERAL EXPENSES	5,916.
FUNDRAISING EXPENSES	6,316.
TOTAL EXPENSES	50,431.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	53,143.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,143.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	103,574.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ADJUSTMENT TO BEGINNING BALANCE FOR ACCRUAL ITEMS.	48,500.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION FORMED A FINANCE COMMITTEE WHICH, AMONG O	THER
RESPONSIBILITIES, OVERSEES THE AUDIT PROCESS.	