A For the 2023 calendar year, or tax year beginning

Form **990**

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

Department of the Treasury Internal Revenue Service

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

7/01

, 2023, and ending

6/30

Open to Public Inspection

20 2024

В	Check i	if applicable:	C								-	,		cation number
	Ad	ddress change	SHIF	T PROJ	JECT,	LTD					_		7793	
	Na	ame change				NUE FL 6							ne numbe	
	In	itial return	NEW	YORK,	NY 10	018						212) 49	7-1176
	Fin	nal return/terminated												
	\rightarrow	mended return											ceipts \$	3,326,303.
	=	oplication pending	F Nan	ne and addre	ess of princip	oal officer: CAR	OT.TNE	REES			this a group			
	Ψ.			AS C		CIII	5 111111	IMDD		H(b) A	re all subord "No," attach	inates a list.	included? See instr	uctions. Yes No
ī	Tax-	exempt status:	X 501		501(c) () (in	sert no.)	4947(a)(1)	or 527	-	110, 411401.	4		
J						ROJECT.OR	3			H(c) G	iroup exempt	ion nu	mber	
K	Form	of organization:	12-1	and the second second second	Trust	Association	Other		L Year of form	nation: 2	2011	M S	ate of leg	al domicile: DE
Pa		Summar												
No.	1	Briefly descr	ibe the	organizat	tion's mis	sion or most s	ignifican	t activities:	SEE SCH	EDULE	_0			
d)										-:-:			_==	
ũ														
Ĕ												4 11 -		
ŏ	2	Check this b	ox [if the o	organizati	on discontinue erning body (F	ed its ope	erations or di	sposea or	more tha	an 25% 0	TILST	3	eis. 11
જ	3 4	Number of vo	oting m denend	embers o	n the gov	erning body (Fers of the gove	rning bo	dv (Part VI. I	ine 1b)				4	10
es						in calendar ye							5	5
Activities & Governance	6	Total numbe	r of volu	unteers (e	estimate i	if necessary)		esere lawyeren	74/4(PS) - 1444		4 4 4 4 4 4 4 4	aan [6	10
Act	7a	Total unrelat	ed busi	ness reve	enue from	n Part VIII, col	umn (C),	line 12	2000				7a	0.
	b	Net unrelated	d busine	ess taxab	le income	e from Form 9	90-T, Pa	rt I, line 11	(4) (C4) (C4)	- # N			7b	0.
									- a F	▼ 1 11	Prior \		F.C.	Current Year
ø						e 1h)			MI	N IN	1,34			1,286,576. 1,966,851.
eun						ne 2g)			140.		2,14	4,6		68, 155.
Revenue	l .	Investment II	ncome	(Part VIII	, column	(A), lines 3, 4 lines 5, 6d, 8d	and /o	and 11a		astati -		4,5		4,721.
ш.	11 12					1 (must equal					3,54			3,326,303.
_						IX, column (/					3,31	1,0	00.	3/323/3331
						column (A								
						ee benefits (P					2,26	8.8	59.	2,481,598.
es				•		, column (A), I						1,5		10,500.
Expenses											V Militaria			HIROUP CONTRACTOR
ᄶ						olumn (D), line			41,192	_	0.2	9,8	0.2	783,849.
						lines 11a-11d					3,11			3, 275, 947.
	18					t equal Part IX						$\frac{10,3}{34,3}$		50, 356.
		Revenue les	s exper	ises. Sub	itract fine	18 from line 1	Z ₃₆ . ₉₅₅ ₉	electricity design	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ginning of C	_		End of Year
ets or		Total assats	(Part Y	(line 16)		(808080 + 60808) 80808 + 4			105999	-	3,60			4,166,803.
Bala	21	Total liabilitie					datasarantah)			1000			97.	1,423,760.
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Homes.	H C II	Jigilatu	toolore the	at I have ava	mined this re	eturn including acc	companying	schedules and s	atements, and	to the bes	st of my knov	vledae	and belie	f, it is true, correct, and
com	er penai olete. D	eclaration of prep	arer (othe	r than office	r) is based o	on all information of	f which prep	parer has any kno	wledge.	. 10 1110 000				f, it is true, correct, and
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Sig	ın	Signature o	f officer							D	ate			
He	re	CAROL	INE F	REES						PRES	IDENT	& C	EO_	
		Type or prin	nt name a	nd title								-		
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Pa	id	ERNEST	PATRI	CK SMIT	H, CPA	ERNEST PA	ATRICK	SMITH, CPA			self-e	mploye	ed I	200767627
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			33	HAUPPAU	GE, NY	11788					Phon	е по.	631-7	56-9500
May	the l	IRS discuss t	his retu	ırn with th	ne prepare	er shown abov	e? See i	instructions						X Yes No

Form	n 990 (2023) SHIFT PROJECT, LTD	45-2779314	Page Z
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III.		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
			x=====
- 2	Did the organization undertake any significant program services during the year which were not listed on the p	prior	
_	Form 990 or 990-EZ?	700	X No
	If "Yes," describe these new services on Schedule O.	1.0000000	
(E)	Did the organization cease conducting, or make significant changes in how it conducts, any program s	services? Yes	X No
3	If "Yes," describe these changes on Schedule O.		21
	, and the second	ruings as magazurad by a	NADOROS.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati	ons to others, the total e	xpenses,
	and revenue, if any, for each program service reported.		
4a	7 (3525)		5,919.
	BUSINESS ENGAGEMENT - THROUGH THIS PROGRAM, SHIFT WORKS WITH LE	ADING GLOBAL COM	IPANIES_
	AT BOTH STRATEGIC AND OPERATIONAL LEVELS, HELPING THEM BUILD TH	E VISION, SYSTEM	IS AND _
	CAPACITY THEY NEED TO IMPLEMENT THE UNGPS. WE ALSO WORK WITH IN	DUSTRY ASSOCIAT	CONS
	AND MULTISTAKEHOLDER INITIATIVES THAT SUPPORT IMPLEMENTATION OF		
	A-N-2		
4b			5,119.
	STANDARDS - UNDER THIS PROGRAM, SHIFT A VI ES INTERGOVERNMENTAL	ORGANIZATIONS,	
	REPORTING AND OTHER STANDARD-SETTERS, COVERNMENT MINISTRIES AND	REGULATORY AGE	NCIES
	ON HOW TO INTEGRATE THE UNCOS INTO THE STANDARDS THEY SET THAT	DRIVE BUSINESS	
	BEHAVIOR.		
	DELITY TOK.		
40	/(Expenses 313/000:	- Control of the Cont	2,689.)
	FINANCIAL INSTITUTIONS - THROUGH THIS PROGRAM, SHIFT WORKS WITH	FINANCIAL	
	INSTITUTIONS TO UNDERSTAND AND ADDRESS HUMAN RIGHTS CHALLENGES	AND DEVELOP LEAD	DING
	PRACTICES ALIGNED WITH THE UNGPS.		
4c	d Other program services (Describe on Schedule O.)	ė.	× .
	(Expenses \$ including grants of \$) (Revenue	ک	3)
40	Total program service expenses 2 645 872		

Form 990 (2023) SHIFT PROJECT, LTD

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete X 1 Schedule A..... Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions...... 2 2 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 3 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 Χ 4 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 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... 7 Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Χ 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 Χ 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V..... Х 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Х 11a **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. X 11b c 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. Χ 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of is in Part X, line 16? If "Yes," complete Schedule D, Part IX...... oral assets reported X 11d e Did the organization report an amount for other liabilities in Part X, the 35? If Yes, "complete Schedule D, P X complete Schedule D, Part X. 11e Did the organization's separate or consolidated financial statements or the tax year include a footnote that addresses the organization's liability for uncertain tax positions under 10.48 (ASC 740)? If "Yes," complete Schedule D, Part X. X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII. 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and X 12b if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional...... X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Χ 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV..... Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions...... Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х 18 lines 1c and 8a? If "Yes," complete Schedule G, Part II..... Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X complete Schedule G, Part III. Χ 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H...... 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 Х 21

Form 990 (2023) SHIFT PROJECT, LTD

Par	t IV Checklist of Required Schedules (continued)		Vac	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No 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? <i>If "Yes," complete Schedule J</i>	23	х	
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Par /	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"	00-		X
	complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash combibutions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical reasures, or other similar assets, or qualified conservation	30		Х
21	contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1 × 1	103	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	2000000		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	45	70.14	7
·	(gambling) winnings to prize winners?	1c	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 5	2b	X	(Ame)
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		21	X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		^
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3D		
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)?	4a	Х	
h	If "Yes," enter the name of the foreign country UNITED KINGDOM	N. K	30	DEX.
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	0.50		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	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).	No.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Consultation of the last	Х
	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			_
С	Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	93		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	8		00000
_	organization have excess business holdings at any time during the year?	7742	20.00	July 1
9	Sponsoring organizations maintaining donor acvised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:		F 91	7.5
	Initiation fees and capital contributions included on Part VIII, line 12		W.	150
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		illa,	
	Section 501(c)(12) organizations. Enter:		63	1000
	Gross income from members or shareholders		T. San	100
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1994	138
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	020		NO TO
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	la se	
	Note: See the instructions for additional information the organization must report on Schedule O.	S		
	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			
C	Enter the amount of reserves on hand.	14a	LOH L	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	
b	of "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	1000	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O _n Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
17	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	l le sen	a the sale

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Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	authority to an executive committee or similar committee, explain on Schedule O.		153	35
	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	I MIG	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
	the following:		V	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies no required by the Internal Re	vent	Yes	No.
10-	Did the organization have local chapters, branches, or affiliates?	10a	163	X
IUa	of "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			13,55
L	operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this form 350 to all members of its governing body before filling the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ER		BOXILL
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE . SCHEDULE O	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	-
	Did the organization have a written document retention and destruction policy?	14	A	NO.E
	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?	150	X	
a	The organization's CEO, Executive Director, or top management official SEE SCHEDULE . O	15a 15b	X	
p	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		6 844	Too V
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	04.00	Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	3)s or	nly)
	X Own website			
19	the public during the tax year. SEE SCHEDULE O	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

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Form 990 (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

BAA

(A) Name and title	(B)	(do	not c	Pos heck	ition more	than o	ne	(D) Reportable	(E)	(F) Estimated amount
ivalile and title	Average hours per week (list any hours for related organiza- tions below dotted line)	or director	er an	a Officer	irecto	Highest compensated employee	(95	compensation from the organization (W-271099- MISC/1099-NEC)	Reportable compensation from related organizations (W-271099- MISC/1099-NEC)	of other compensation from the organization and related organizations
(1) CAROLINE REES PRESIDENT & CEO	$-\frac{40}{0}$	Х		Х				216 41	0.	26,112.
(2) RACHEL DAVIS VICE PRESIDENT	<u>40</u> _			X		1	V	158,423.	0.	17,005.
(3) CYNTHIA BURNS	<u>40</u>	L	(1			138,038.	0.	22,167.
(4) MARK HODGE VICE PRESIDENT	<u> </u>		jà.		Х			147,778.	0.	7,318.
(5) DAVID VERMIJS DIR. BUS. ENGMT	$-\frac{40}{0}$					Х		131,696.	0.	6,577.
(6) ASHLEIGH OWENS DEPUTY DIRECTOR	40					Х		130,756.	0.	6,537.
(7) BOB DANNHAUSER SENIOR ADVISOR	40					Х		107,278.	0.	20,629.
(8) JENNY HOLDCROFT DEPUTY DIRECTOR	<u>40</u> _					X		112,353.	0.	10,565.
(9) RUBEN ZANDVLIET DEPUTY DIRECTOR	<u>40</u> _					Х		108,367.	0.	5,417.
(10) VANIA MARIA DA COSTA BORGERTH TRUSTEE	1	Х						0.	0.	0.
(11) PAUL DRUCKMAN TRUSTEE		Х						0.	0.	0.
(12) PRINCE ZEID RAAD AL HUSSEIN CHAIR	1	X						0.	0.	0.
(13) SHARATH MARTIN TRUSTEE	1	X						0.	0.	0.
(14) AMBET YUSON TRUSTEE	10	X						0.	0.	0.

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Form 990 (2023) SHIFT PROJECT, LTD									45-277931			ge 8
Part VII Section A. Officers, Directors, Tru	ustees, l	Key	Em	ıplo	oye	es, a	and	d Highest Com	pensated Emp	loyees	(conti	nued)
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos heck ss pe	rson i	a both the b	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	compe the or and	(F) Ited am f other nsation ganizat i relater inization	from ion d
(15) SUSANNE STORMER	1_1_											
TRUSTEE	1	X						0.	0,			0.
(16) ERIKA GEORGE TRUSTEE		X						0.	0.			0 .
(17) ALEXANDRA HAAS	1											
TRUSTEE	0	X						0.	0	8		0.
(18) JOHN KNOX	$-\frac{1}{0}$	X						0.	0			0.
TRUSTEE (19) MARIA ANNE VAN DIJK	1	Λ						0.				
TRUSTEE	0	X						0.	0			0.
(20)		=										
(21)												
(22)												
(23)								JIA				
(24)		55			7		N	VA.				
(25)	~-1	V	(-		100					
1b Subtotal.	\cup	1	1			011093	6	1,251,630.	0	. 1	22.	327.
c Total from continuation sheets to Part VIII, Secti	ion A	oeosotos. Seseneses	aldunus elelelele			annes Annes	8 1	0.	0			0.
d Total (add lines 1b and 1c)		* * * *		XX.1		sentes	e .	1,251,630.	0			327.
Total number of individuals (including but not limited from the organization 9	to those I	isted	abo	ve)	who	recei	ved	more than \$100,00	or reportable con	npensatio	1	
- Hom the organization g											Yes	No
3 Did the organization list any former officer, direct	ctor, truste	ee, k	еу е	mpl	loye	e, or	hig	hest compensated	d employee	3		X
on line 1a? If "Yes,"complete Schedule J for suc												
For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	er than 🔊	150,0	UU!	IT	res	COL	ripi	ete Scriedule 3 loi	тгот r 	4	X	
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes"	ie comper s," compl	nsatio	on fr Sche	rom edule	any e <i>J f</i>	unre or su	elate ich	ed organization or person	individual	. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compet	sated ind	lener	nden	nt co	ntra	ctors	th	at received more t	than \$100,000 of			
compensation from the organization. Report compen	nsation for	the c	caler	ndar	yea	endi	ng	with or within the of	rganization's tax ye		0)	
(A) Name and business add	dress							Description	of services	Compe	C) ensati	on
2 Total number of independent contractors (including	but not lim	ited t	to th	ose	liste	d ahr	ve)	who received more	e than	120 250		Wall Si
\$100,000 of compensation from the organization							-/					
DAA		TEEA	0100	1 00	123/23	2				Form	990	(2023)

Form 990 (2023) SHIFT PROJECT, LTD

Part VIII Statement of Revenue

	- 1		le O contains	a resn	onse or note to any	line in this Part V	Ш		
		CHECK II SCHOOL	ic o contains	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ΝŃ	1a	Federated campaig	ıns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	(- 2/2/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3	1b					
ق ق	С	Fundraising events	. 15010000000000000000000000000000000000	1c					
ar A	d	Related organizatio	ns	1d					
P, E	е	Government grants (cont	tributions)	1e	124,814.				
ion	f	All other contributions, g							
the		similar amounts not inclu		1f	1,161,762.				
₽9	g	Noncash contributions in lines 1a-1f	iciuded in	1g					
C) E	h	Total. Add lines 1a-			444000000000	1,286,576.			
e e					Business Code				
Program Service Revenue	2a	PROGRAM INCO	OME	[1,966,851.	1,966,851.		
Re	b								
္ပ	С								
Ser.	d								
Ē	е								
gra	f	All other program s	service reven	ue					
P	g	Total. Add lines 2a	-2f	30000115-9000	COOKER SERVE BUILDINGS	1,966,851.			
	3	Investment income (i	including divid	dends, i	nterest, and	60 155			60 155
	_	other similar amoun	SUBSECTED TO			68,155.			68,155.
	4	Income from invest			1				
	5	Royalties	H	Real	(ii) Personal		8 1		
	c-	Crana ronta	6a	rtcai	(II) I eraonar		ANL		
		Gross rents	6b		1		NAIL		
		Rental income or (loss)				21 1	M. A.		
		Net rental income of							
				curities	(ii) Other				
	7a	Gross amount from sales of assets	(,, 550	-	1(),			The sales	
		other than inventory	7a					Mississ walls	
	b	Less: cost or other basis and sales expenses	7b						
	c	Gain or (loss)	7c			S.WATES SHEET			
		Net gain or (loss)		111111					
4.		Gross income from funda	raicing avante			107 ME CONT.			
nue	oa	(not including \$	raising events						
Ş.		of contributions reported	d on line 1c).						
æ		See Part IV, line 18.	0F0030E0E0E0	8	a				
Other Revenue	b	Less: direct expens	ses	8	b				
₹	С	Net income or (loss	s) from fundr	aising e	events.			1	
	9a	Gross income from gami See Part IV, line 19		9.	a				
	Ь	Less: direct expens		9					
		Net income or (loss							
		•	•			KEREN BURN IN			
	10a	Gross sales of inventory, returns and allowances.	, iess	10	a				
	b	Less: cost of goods		10			Helita Section	(grant and a page) By	到行行 自业经验
		Net income or (loss							
us .	J				Business Code	CHIEVE VOLUME	A CONTRACTOR		
g a	11a	OTHER INCOME	Ξ		900099	4,721.	4,721.		
scellaneo Revenue	b		\						
elk	С								
Miscellaneous Revenue	d	All other revenue		51188					
Σ	е	Total. Add lines 11	a-11d		* * * * * * * * * * * * * * * * * * *	4,721.			
	12	Total revenue See	instructions		AND THE STATE OF T	3 326 303	1 971 572	n	. 68,155

Form 990 (2023) SHIFT PROJECT, LTD

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (D) (C) (B) (A) Do not include amounts reported on lines Management and Fundraising Total expenses Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses *expenses* 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 for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 93,403 6,672. 667,164 567,089 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) 0. 0 0 0 14,350. Other salaries and wages 1,435,069 1,219,808. 200,911 Pension plan accruals and contributions (include section 401(k) and 403(b) 1,175. 16,454 employer contributions). 117,529 99,900 9,<u>1</u>82 55,745 656. Other employee benefits. 65,583. 1,963. 27,475 10 Payroll taxes. 196,253. 166,815 11 Fees for services (nonemployees): 14,010 a Management 14,010. 11,928. **b** Legal. 11,928. 18,247 c Accounting 18,247 **d** Lobbying 10,500. e Professional fundraising services. See Part IV, line 17 10,500. f Investment management fees. Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.). 127. 72,027 580 Advertising and promotion 575. 13 Office expenses. 48,895 8,053 Information technology 14 15 Royalties 3,953. 29,218 35,575 68,746 16 Occupancy. 337. 4,725 146,686. 151,748. 17 Travel..... Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 7,954 884. Depreciation, depletion, and amortization..... 8,838 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 34,939 263,678 298,617 a CONTRACT_SERVICES 41,458 41,458 WORKSHOPS & MEETINGS 34,000 FELLOWSHIP EXPENSES 34,000 e All other expenses 588,883 41,192. 3,275,947. 2,645,872. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).....

Form 990 (2023) SHIFT PROJECT, LTD

Check if Schedule O contains a response or note to any line in this Part X. (A) Beginning of year 1 Cash — non-interest-bearing	1 2 3	(B) End of year 3,552,872.
1 Cash — non-interest-bearing	3	
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under	3	3,552,872.
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under	3	
4 Accounts receivable, net		
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under	4	
6 Loans and other receivables from other disqualified persons (as defined under		540,734.
	5	
and the ADEQ(6)(1)) and paragraph described in section ADEQ(a)(3)(R) and paragraph like	6	Man Air Sur San
	6	
7 Notes and loans receivable, net	7	
8 Inventories for sale or use	8	22.556
8 Inventories for sale or use 12,261	. 9	20,566.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
b Less: accumulated depreciation 10b 51,104. 22,477	. 10c	32,367.
11 Investments – publicly traded securities	11	
12 Investments – other securities. See Part IV, line 11	12	
13 Investments – program-related. See Part IV, line 11.	13	
14 Intangible assets	14	
15 Other assets. See Part IV, line 11 20, 264		20,264.
16 Total assets. Add lines 1 through 15 (must equal line 33) 3, 609, 684	. 16	4,166,803.
17 Accounts payable and accrued expenses 143,958	. 17	210,409.
18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Tax-exempt bond liabilities.	18	
19 Deferred revenue,	. 19	1,213,351.
20 Tax-exempt bond liabilities.	20	
21 Escrow or custodial account liability. Complete Part IV of Schedule 1	21	
21 Escrow or custodial account liability. Complete Part IV of Schedule 22 Loans and other payables to any current or former of icer director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.	22	
23 Secured mortgages and notes payable to unrelated third parties.	23	
24 Unsecured notes and loans payable to unrelated third parties	24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	25	
26 Total liabilities. Add lines 17 through 25 916, 997	. 26	1,423,760.
27 Net assets without donor restrictions 2,692,687	. 27	2,743,043.
28 Net assets with donor restrictions.	28	
Organizations that do not follow FASB ASC 958, check here		
and complete lines 29 through 33.	00	
29 Capital stock or trust principal, or current funds	29	
30 Paid-in or capital surplus, or land, building, or equipment fund	30	
31 Retained earnings, endowment, accumulated income, or other funds	31	2 742 042
32 Total net assets or fund balances 2,692,687		2,743,043. 4,166,803.
BAA TEEA0111L 08/23/23	, 33	Form 990 (2023)

or audits, explain why on Schedule O and

BAA

TEEA0112L 08/23/23

y steps taken to undergo such audits.....

3b

Form 990 (2023)

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.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization					Employer identification	
SHIFT PROJECT, LTD					45-2779314	
Part I Reason for Public Ch	narity Status. (All o	rganizations must	complet	te this	part.) See instruc	tions.
The organization is not a private fou						
1 A church, convention of church)(1)(A)(i).	
2 A school described in secti	ion 170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)			
3 A hospital or a cooperative	hospital service organi	zation described in sec	tion 170(b)(1)(A)(iii).	
4 A medical research organia	zation operated in conju	inction with a hospital o	described	in sect	tion 170(b)(1)(A)(iii). Er	nter the hospital's
name, city, and state:						
5 An organization operated f section 170(b)(1)(A)(iv).	or the benefit of a colle Complete Part II.)	ge or university owned	or opera	ted by a	a governmental unit de	scribed in
6 A federal, state, or local go	overnment or governme	ntal unit described in s	ection 17	'0(b)(1)	(A)(v).	
7 An organization that normally in section 170(b)(1)(A)(vi).	y receives a substantial p (Complete Part II.)	art of its support from a	governme	ntal unit	or from the general pub	lic described
8 A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9 An agricultural research orga or university or a non-land-gi	inization described in sec rant college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Enter	ated in co the name	njunctio e, city, a	n with a land-grant colle- and state of the college o	ge r
university:				_		
An organization that normal from activities related to its investment income and un June 30, 1975. See section	s exempt functions, sub related business taxable n 509(a)(2). (Complete F	e income (less section Part III.)	ns; and (511 tax)	2) no m from bu	isinesses acquired by t	S SUDDON HOM 01055
11 An organization organized	and operated exclusive	ly to test for public safe	ety.See s	section	509(a)(4).	
An organization organized or more publicly supported lines 12a through 12d that Type I. A supporting organization(s) the power to	and operated exclusive organizations describe describes the type of si	ly for the benefit of, to d in section 509(a)(1) outporting organization	perform or section and color	509(a) bete fir	tions of, or to carry ou 2). See section 509(a) les 12e, 12f, and 12g.	It the purposes of one (3). Check the box on
complete Part IV Sections	: A and B			550	3	
b Type II. A supporting organ management of the supportin must complete Part IV, Se	nization supervised or ng organization vested in ctions A and C	ontrolled in connection the same persons that c	with its s ontrol or n	support nanage	ed organization(s), by l the supported organizati	having control or on(s). You
Type III functionally integrate organization(s) (see instruc	ed. A supporting organizat ctions). You must comp	ion operated in connection olete Part IV, Sections	n with, and A, D, and	function E	nally integrated with, its s	supported
d Type III non-functionally inte functionally integrated. The instructions). You must co	e organization generally mplete Part IV, Section	must satisfy a distribu s A and D, and Part V.	tion requ	iremen	and an attentiveness	requirement (see
e Check this box if the organ	nization received a writte	en determination from	the IRS th	nat it is	a Type I, Type II, Type	e III functionally
integrated, or Type III non- f Enter the number of supporte	tunctionally integrated	supporting organization	1.			
g Provide the following informat				100000000		Waxeage -
(i) Name of supported organization			(iv) Is organization in your go docum	on listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
			162	140		
(A)						
(B)						
(C)						
(D)						
(E)		RESULT BUTTON	autority)	G. 371 B		

45-2779314

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
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						
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	tion B. Total Support			4			
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.			TM	AIL		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0(J MC),			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	יט					
11	Total support. Add lines 7 through 10.						
12	Gross receipts from related activi	ties, etc. (see in	structions)		************************************	12	
13	First 5 years. If the Form 990 is forganization, check this box and	or the organizati	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pub						
14	Public support percentage for 202	23 (line 6, colum	ın (f), divided by l	line 11, column (f))	14	%
15	Public support percentage from 2	2022 Schedule A	, Part II, line 14.			15	%
	33-1/3% support test-2023. If the and stop here. The organization	qualifies as a pu	blicly supported of	organization	· (60· · · 500 (0 50· · · · ·		
	33-1/3% support test—2022. If the and stop here. The organization	qualifies as a pu	iblicly supported	organization			FEETEN STATE
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	st-2023. If the oneets the facts and circumstance	rganization did na and-circumstance ses test. The orga	ot check a box on s test, check this inization qualifies	line 13, 16a, or 1 box and stop her as a publicly supp	6b, and line 14 is e. Explain in Part ported organization	s 10% VI how on
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	neets the facts-a -circumstances t	and-circumstance est. The organiza	s test, check this ation qualifies as a	box and stop here a publicly supporte	e. Explain in Part ed organization.	VI now trie
18	Private foundation. If the organiz	ation did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	is box and see in	structions

Schedule A (Form 990) 2023

SHIFT PROJECT, LTD

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.)

	lails to quality under the to	soto notoa polonj	produce corrigions				
	tion A. Public Support	1 20010	4-> 2000	(a) 2021	(4) 2022	(e) 2023	(f) Total
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(i) Total
1	and membership fees received. (Do not include any "unusual grants.")	951,924.	920,696.	1,144,562.	1,345,856.	1,286,576.	5,649,614.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						8 515 066
	tax-exempt purpose	1,645,687.	1,874,364.	2,078,756.	2,149,608.	1,966,851.	9,715,266.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	2,597,611.	2,795,060.	3,223,318.	3,495,464.	3,253,427.	15,364,880.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						0
	for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)			TW	AIR		15,364,880.
Sec	tion B. Total Support			1 0001	(b 0000	V-V 2022	(f) Total
	dar year (or fiscal year beginning in)	(a) 2019	(P) 5030	(6) 2021	(d) 2022	(e) 2023	
9	Amounts from line 6	2,597,611	2,795,060.	3,223,318.	3,495,464.	3,253,427.	15,364,880.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	יט		2,287.	44,659.	68,155.	115,101.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
С	Add lines 10a and 10b	0.	0.	2,287.	44,659.	68,155.	115,101.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	9,489.		1,963.	4,557.	4,721.	20,730.
13	Total support. (Add lines 9,	0 607 105	0 705 066	2 227 560	2 544 600	2 226 202	15-500-711
14	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	15,500,711.
Sec	tion C. Computation of Pu	blic Support F	Percentage				
15	Public support percentage for 2	023 (line 8, colum	n (f), divided by	line 13, column (f))	15	99.12 %
16	Public support percentage from						99.58 %
	tion D. Computation of Inv		THE SAME STATE OF THE PARTY OF				
	Investment income percentage				lumn (f))	17	0.74 %
	Investment income percentage						0.32 %
18	investment income percentage	Irom Zuzz Scheal	ale A, Faft III, IIII	boy on line 14	nd line 15 is mare	than 33.1/3% a	
	33-1/3% support tests—2023. If is not more than 33-1/3%, check 33-1/3% support tests—2022. If	k this box and sto	p here. The orga	nization qualifies	as a publicly supp	ported organizatio	Harana a santa 🕰
	line 18 is not more than 33-1/39 Private foundation. If the organ	%, check this box	and stop here. II	he organization qi	ualifies as a publi	ciy supported orga	anization.
		ization ulu flot CH			5551. tille box all	Schodule	A (Form 990) 2023
BAA			TEEA0403L	08/14/23		Scheanie	: A (FUIII 33U) 2U23

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Schedule A (Form 990) 2023

SHIFT PROJECT, LTD

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	За		Elbi
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	Tropi	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	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 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? It 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		
	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		
	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	MAY II	
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		9.90
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		0000
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		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b	The state of	No.

Sche	dule A	(Form 990) 202	23	SHIFT	' PROJE	ECT,	LTD)				4	5-27793	14	F	age 5
		Supporting (
44	Цас н	ne organization a	accented a	gift or con	tribution t	from a	ny of	the follow	wina nere	ons?				11 500	Yes	No
		on who directly o									nes 11b ar	nd 11c bel	ow,			
	the go	overning body of	f a support	ed organiza	ition?	o. 10g0								11a		_
b	A fam	ily member of a	person de	scribed on	line 11a	above'	?							11b	E 10	
С	A 35%	controlled entity of a	a person desc	ribed on line 1	1a or 11b a	bove? If	"Yes" t	to line 11a, i	11b, or 11c,	provide de	etail in Pari	· VI.		11c		
		3. Type I Supp														
								697 E	50 C 82	32 3 W	199	2.5		(Yes	No
	or mo officer organ than o were during	e governing bod re supported org rs, directors, or t ization(s) effecti one supported or allocated among g the tax year.	ganizations trustees at ively opera rganization the suppo	have the pall times detection to the part of the part	oower to ouring the vised, or of the property	regulai tax ye control cowers and wh	rly app ear? If led the s to app eat cor	point or e f "No," de ne organiz opoint an nditions d	elect at le escribe in zation's ad d/or remo or restricti	east a m Part VI ctivities. ove offici ions, if a	hajority of how the . If the or cers, direct any, appl	the organ supported ganization itors, or ti ied to suc	nization's d n had more rustees h powers			
	that o benef suppo	e organization o perated, supervi it carried out the orting organizatio	ised, or co e purposes on.	ntrolled the of the supp	supporting organical supported organical supported organical supported organical supported organical supporting	na ora	anizat	tion? If "	Yes," exp	ilain in F	Part VI ho	w providi.	ng such	2		
Sec	tion (. Type II Sup	porting	Organiza	tions										Yes	No
															163	NAS I
1	of eac	a majority of the o th of the organiz orting organization	ration's sur	ported ora	anization	(s)? If	"No."	" describe	e in Part \	VI how c	control or	manager	nent of the	1		
Sec	tion [D. All Type III	Support	ing Orga	nizatio	ns										
1	D:d th	e organization p	rovido to c	ach of its	cupportos	Lorgar	nizatio	one by th	a last da	v of the	fifthemor	th of the		and the	Yes	No
1	organ vear	e organization p ization's tax yea (ii) a copy of the ization's governi	ar, (i) a writ e Form 990	ten notice that was r	describin nost rece	g the t ntlv fil	type a ed as	and amou of the da	int of supp ate of not	port pro	and (iii)	ing the p Copies o	t the	1		
	•	_	-						8.8							
2	Were organ the or	any of the orgar ization(s), or (ii) ganization main	nization's c serving or ntained a c	fficers, dire the gover ose and co	ectors, or ning body ontinuous	truste of a yorki	es eit suppo ig ela	her () ap ited orga ationship	pointed of inization? with the	or electe ? If "No, support	ed by the " <i>explain</i> ted organ	supporte in Part V ization(s)	d I how	2		
	By rea voice all tim	ison of the relation in the organization is during the tast regard.	nship descr	ibed on line	2, bove	did th	= ie orga ctina tl	anization's the use of	s supporte f the orga	d organi anization	izations ha	ive a signi e or asse	ficant ts at	3		
Sec		. Type III Fur														
1	Check	the box next to ti	the method	that the orga	anization (used to	satist	fy the Inte	gral Part	Test dur	ring the ye	ar (see ins	structions).			
а	ı	ne organization s	satisfied th	e Activities	Test. Co	mplet	e line	2 below.								
ь	TI	ne organization i	is the pare	nt of each	of its sup	ported	lorga	nizations	. Comple	te line 3	3 below.					
c	: 🔲 т	ne organization s	supported	a governme	ental enti	ty. De	scribe	in Part \	VI how yo	ou suppo	orted a go	overnmen	tal entity (s	see instr	ructioi	ns).
2	Activi	ties Test. <i>Answe</i>	er lines 2a	and 2b bel	ow.										Yes	No
а	suppo organ respo	ubstantially all of rted organization(rizations and exp nsive to those so antially all of its	(s) to which plain how supported o	the organiz	ation was ities direc	respor	nsive? thered	' If "Yes," d their ex	then in Pa empt pur	art VI ide rposes,	entify thos how the o	e supporte organizati	e d on was	2a		
b	more	e activities desc of the organizati ns for the organ	ion's supp	orted organ	ization(s)	would	d have	e been er	ngaged ir	1? <i>If "Ye</i>	s, explai	n in Part	/I the			
	but fo	r the organization	on's involve	ement.	Juppe		351114				25			2b	Chicago and	
3	Paren	it of Supported (Organizatio	ns. Answe	er lines 3a	and 3	3b bel	low.						353		107
	Did th	e organization h	nave the po	wer to rea	ularly app	ooint o	r elec	ct a major	rity of the	officers	s, directo	rs, or trus	tees of			100
	each	of the supported	d organizat	ions? If "Ye	es" or "No	o," pro	vide a	details in	Part VI.					3a		NAME OF TAXABLE PARTY.
Ь	Did the	e organization exe	ercise a sul	ostantial deg	gree of dir	ection VI the	over th	he policie	s, progran	ns, and a	activities of in this re	of each of egard.	its	3b		100

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on N	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
Sec	tion 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		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		
Sec	tion 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):			
a	Average monthly value of securities	1a		
ı	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
-	d Total (add lines 1a, 1b, and 1c)	1d		
(e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	. 1	
3		A		
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	egrate	d Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

111111111111111111111111111111111111111	t v Type III Non-Functionally integrated 509(a)(5) 50	ipporting organizat	ions (continu	Cuj	Cumant Vaar
Sec	tion D — Distributions			T .	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations		2	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions,	on is responsive (provide o	details	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribu Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		Side and Shiel		
	Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023			67 3de	
	From 2018			1500 110	
	From 2019				
	From 2020				
	From 2021				
	From 2022		0.08	0.8751	
1	Total of lines 3a through 3e			NO SEL	
	Applied to underdistributions of prior years	1	11		
h	Applied to 2023 distributable amount		V III	10.00	
i	Carryover from 2018 not applied (see instructions)	A las.			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.) /			
	Distributions for 2023 from Section D, line 7:				
	Applied to underdistributions of prior year				AND THE RESERVE OF THE PARTY OF
	Applied to 2023 distributable amount		15 E		
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			8 1 08	
8	Breakdown of line 7:			5155/ E	
a	Excess from 2019				
	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022		90.25	w July	
е	Excess from 2023				

BAA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

SHIFT PROJECT, LTD

45-2779314

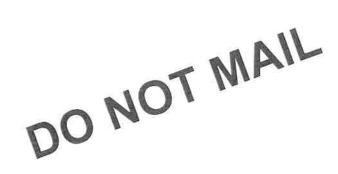
Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 aor 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.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		-	2023	2022		2021		021 2020		2019
OTHER I	NCOME TOTAL	\$	4,721. 4,721.	\$	4,557. 4,557.	\$	1,963. 1,963.	\$ 0	\$	9,489. 9,489.



SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Schedule C (Form 990) 2023

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• 5	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.					
Name	of organization			Employer identifica	ation number		
SH	IFT PROJECT, LTD			45-277931			
Pai		rganization is exempt under secti			zation.		
1	See instructions for definition	organization's direct and indirect political on the street of "political campaign activities."					
2		xpenditures. See instructions					
		rganization is exempt under section					
1		ise tax incurred by the organization under		Ś	0.		
2							
3	Effect the amount of any excise tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by organization in the amount of a single tax meaners by oreal tax meaners by organization in the amount of a single tax mea						
_	-				= =		
	was a correction made? If "Yes." describe in Part IV.				ies Hio		
		rganization is exempt under secti	on 501(c) . even	section 501(c)(3)			
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exercit function	o activities S			
-			SOLE AN ARM AN EST				
2	52/ exempt function activities		🔼	tion Exerces encontainer \$			
3	MIRE 170		***********	\$ 21 1 1 7 2 2 3 1 4 1 4 1 5 1 5 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
4		e Form 1120-POL for this year?					
5	organization made payments	, and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly de al action committee (PAC). If additional spa	mount paid from the fivered to a separate po	iling organization's fun- litical organization, such	ds. Also enter the as a separate		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

e Grassroots ceiling amount (150% of line

2d, column (e))
Grassroots lobbying expenditures

Page 2 Schedule C (Form 990) 2023 45-2779314 SHIFT PROJECT, LTD Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, Check address, EIN, expenses, and share of excess lobbying expenditures). **B** Check if the filing organization checked box A and "limited control" provisions apply. (b) Affiliated group totals (a) Filing organization's totals Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grassroots lobbying). **b** Total lobbying expenditures to influence a legislative body (direct lobbying)..... 69,146 c Total lobbying expenditures (add lines 1a and 1b) 0. 69,146 d Other exempt purpose expenditures 3,275,363 e Total exempt purpose expenditures (add lines 1c and 1d) 0. 3,344,509 Lobbying nontaxable amount. Enter the amount from the following table in both 317,225 The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: 20% of the amount on line 1e. not over \$500,000, over \$500,000 but not over \$1,000,000, \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. over \$1,000,000 but not over \$1,500,000, \$225,000 plus 5% of the excess over \$1,500,000. over \$1,500,000 but not over \$17,000,000, \$1,000,000. over \$17,000,000, g Grassroots nontaxable amount (enter 25% of line 1f) 0. 79,306 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0 0. 0. Subtract line 1f from line 1c. If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting No section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 22 through 2f.) Lobbying Expenditures During 4-Year A Calendar year (or fiscal year (c) 2022 **(d)** 2023 (e) Total (a) 2020 beginning in) Lobbying nontaxable 2a 314,583 899,931. amount 279,833 305,515 **b** Lobbying ceiling amount (150% of line 1,349,897. 2a, column (e)) c Total lobbying 22,603 69,146 111,791. 20,042 expenditures d Grassroots nontaxable 78,646. 224,983. 69,958 76,379 amount

BAA Schedule C (Form 990) 2023

337, 475.

45-2779314

Page 3

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	l Form	5768		
-		(a	1)	(t)	
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		7			
D	Media advertisements?					
C C	Mailings to members, legislators, or the public?	-				
d	Publications, or published or broadcast statements?	-				
e	Grants to other organizations for lobbying purposes?					
f	Direct contact with legislators, their staffs, government officials, or a legislative body?	_				
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
h						
İ	Other activities?		e a de la constante			
j	Total. Add lines 1c through 1i	James 1	SCHOOL SECTION		- N	J. 33 7
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		0.00	DATE OF STREET	-	
	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	TO-M		III See a	Tes (50)	WITH ST
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	() (5)		I Samuel Co		17 45
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	500000		. 2		
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior y	ear?	3		
Pai	t III-B Complete if the organization is exempt under section 50 (c)(4) section 501	(c)(5)	, or se	ction 50)1(c)	
	(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."	Part 1	III-A, lir	ie 3, is		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	(4.4000000000	2a			
h	Carryover from last year		2b			
	Total.		2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3			
3			- 30			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions	1111111	5			
	rt IV Supplemental Information					
Prov	ide the descriptions required for Part I-A. line 1: Part I-B. line 4: Part I-C, line 5; Part II-A (affiliated gro	up list)	; Part II-	A, lines	1 and	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

45-2779314 SHIFT PROJECT, LTD Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year. 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year). Aggregate value at end of year.... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements... 2b **b** Total acreage restricted by conservation easements...... c Number of conservation easements on a certified historic structure included on d Number of conservation easements included on line 2c assured July 25, 2006, and not on 2d a historic structure listed in the National Register Number of conservation easements modified transferred released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) No Yes and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X.... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1.

Part III Organizations Mainta	ining Collecti	ons of Art, His	torical Treasures, o	or Other Similar As	sets (:ontin	iued)
3 Using the organization's acquisition, a items (check all that apply).	accession, and othe	er records, check ar	ny of the following that ma	ke significant use of its o	ollection		
a Public exhibition		d Loan c	r exchange program				
b Scholarly research		e Other					
c Preservation for future general	tions		3				
4 Provide a description of the organizar Part XIII.							
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receiven to be maintaine	ve donations of art ed as part of the or	, historical treasures, or ganization's collection?	other similar assets	Yes		No
Part IV Escrow and Custodia Complete if the organ Form 990, Part X, line	ization answe	i ts red "Yes" on F	orm 990, Part IV, lir	ne 9, or reported a	n amou	ınt or	1
1a Is the organization an agent, truste on Form 990, Part X?	ee, custodian, or o	other intermediary	for contributions or other	er assets not included	Yes		No
b If "Yes," explain the arrangement in F							
					Amount		
c Beginning balance							
d Additions during the year.							
e Distributions during the year							
f Ending balance				1f	7.7	_	TN:
2a Did the organization include an am	nount on Form 990), Part X, line 21,	for escrow or custodial a	account liability?	Yes	-	No
b If "Yes," explain the arrangement	in Part XIII. Check	k here if the explai	nation has been provide	o in Part XIII			
Part V Endowment Funds							
Part V Endowment Funds Complete if the organ	vization anewa	red "Yes" on F	orm 990 Part IV lir	ne 10			
Complete in the organ	iization answe	1		-			
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	our years	, back
1a Beginning of year balance			- 1	1			
b Contributions					-		
c Net investment earnings, gains, and losses.			T MIT	•			
d Grants or scholarships		-1()					
e Other expenditures for facilities		NO					
and programs f Administrative expenses.	-	, , ,					
g End of year balance					-		
2 Provide the estimated percentage	of the current vea	l er end balance (lin	e 1g. column (a)) held a	ns:			
Board designated or quasi-endowr		8	- 19/ (//				
b Permanent endowment	- %						
c Term endowment	%						
The percentages on lines 2a, 2b, and		00%.					
			In all and administrate	for the			
3a Are there endowment funds not in the organization by:	e possession of the	organization that a	re neid and administered	for the		Yes	No
(i) Unrelated organizations?	555 .4 .W 6555555 . F	544094444	9 · · · · · · · · · · · · · · · · · · ·		3a(i)		
(ii) Related organizations?	.000.01		2 - 1800 2000		3a(ii)		
b If "Yes" on line 3a(ii), are the related	ted organizations	listed as required	on Schedule R?		3b		
4 Describe in Part XIII the intended							
Part VI Land, Buildings, and	Equipment						
Complete if the organizatio		on Form 990, Part	IV, line 11a. See Form 99	0, Part X, line 10.			
Description of property	(a) Co	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	Book va	alue
1a Land	C411143337701				-		
b Buildings	edCAVAE w GROEGE REVENUES (
c Leasehold improvements							
d Equipment			83,471.	51,104.		32	<u>,367.</u>
e Other						- 25	~
Total. Add lines 1a through 1e. (Column	(d) must equal F	orm 990, Part X, I	ine 10c, column (B)).	//////////////////////////////////////	2012 - V-		,367.
BAA				Sched	ule D (Fo	rm 990	J) 2023

TEEA3302L 07/20/23

Schedule D	(Form 990) 2023	SHIFT PROJECT	, LTD		45-2779314	Page \$
Part VII	Investments	- Other Securities	S	N/A , line 11b. See Form 990, Part)	V line 12	
(a) Descri		egory (including name of secu		(c) Method of valuati	on: Cost or end-of-year market	value
	·					
		sts				
(3) Other	, ,					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(1)						
Total. (Colum		990, Part X, line 12, column (
Part VIII	Investments	 Program Relate 	ed	N/A , line 11c. See Form 990, Part)	V line 12	
	Complete if the c	organization answered "	(b) Book value	, line 11c. See Form 990, Part	n: Cost or end-of-year ma	arket value
- 1000	(a) Description of	rinvestment	(b) Book value	e (c) Method of Valdation	1. Cost of end-of-year the	ing value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7) (8)						
(9)				- 11		
(10)				11/1/		
	nn (b) must equal Form	990, Part X, line 13, column ((B))			
Part IX	Other Assets	:		I/A	AN INVESTIGATION	
	Complete if the	organization answered "	Yes" on Form 390 Part IV	, Ine 11d. See Form 990, Part	X, line 15. (b) Box	ok value
(1)			Cardescription -		(7, - 3.5	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(9)						
(10)						
	umn (b) must equa	al Form 990, Part X, lir	ne 15, column (B))		4.4.4.4.4.4.4.4.4.4.4.4	
Part X	Other Liabili	ties				
	Complete if the	organization answered "	'Yes" on Form 990, Part IV	, line 11e or 11f. See Form 990), Part X, line 25.	La ser five
1.		(a) Description of liability		(b) Boo	ok value
	al income taxes					
(2)						
(3)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						

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

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

Schedule D (Form 990) 2023 SHIFT PROJECT, LTD

Par	TXI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
in trace	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,342,024.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	75 80	
b	Donated services and use of facilities		
	: Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	15,721.
3	Subtract line 2e from line 1	3	3,326,303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	: Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,326,303.
n	A L'I LE' L'ALLE LANGE ENDANGE DON		
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Ketu	rn
Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retu	
Par 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements.	Retu 1	rn 3,291,668.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. 2a 15,721.	1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses.	1	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments Other losses. Other (Describe in Part XIII.).	1	3,291,668.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments Other losses. Other (Describe in Part XIII.). Add lines 2a through 2d.	1 2e	3,291,668. 15,721.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments Other losses. Other (Describe in Part XIII.). Add lines 2a through 2d. Subtract line 2e from line 1.	1	3,291,668.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.). Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	3,291,668. 15,721.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.). Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a	1 2e	3,291,668. 15,721.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments Other losses. Other (Describe in Part XIII.). Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.).	2e 3	3,291,668. 15,721.
1 2 a b c d e 3 4 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.). Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a	1 2e	3,291,668. 15,721.

Part XIII Supplemental Information

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

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY, IT HAS NOT RECOGNIZED ANY SUCH LIABILITY. FOR THE YEARS ENDED JUNE 30, 2024 AND 2023, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS. RETURNS FILED FOR TAX YEARS ENDED ON OR AFTER JUNE 30, 2021, ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

Schedule D (Form 990) 2023

BAA

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2023

Open to Public Inspection

Name of the organization

Employer identification number

SHIFT PROJECT, LTD				45-27793	
Part I General Information Form 990, Par	ion on Activitie	es Outside the	e United States. Complet	e if the organization	answered "Yes"
1 For grantmakers. Does the	organization mai	ntain records to s	substantiate the amount of its	grants and other assista	nce, D., D.
			election criteria used to award		
2 For grantmakers. Describe in United States.	n Part V the organiz	zation's procedures	s for monitoring the use of its gra	nts and other assistance of	outside the
3 Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
				ADVISORY	
(1) EUROPE		18	PROGRAM SERVICES	SERVICES	1,551,040.
				ADVISORY	210 125
(2) NORTH AMERICA		4	PROGRAM SERVICES	SERVICES ADVISORY	218,135.
EAST ASIA AND THE		1	PROGRAM SERVICES	SERVICES	208,511.
(3) PACIFIC			PROGRAM SERVICES	BERVICES	233,0203
(4) MIDDLE EAST			PROGRAM SERVICES	EVENT ATTENDANCE	1,281.
(5)			- 1		
- 9700					
(6)		- 4	V/ 14.		
(7)		10	OT MA		
(8)		00.			
	- 9				
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal		23			1,978,967.
b Total from continuation sheets to Part I		30			
c Totals (add lines 3a and 3b)	0	23			1,978,967.

45-2779314

SHIFT PROJECT,

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2023 (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. (g) Amount of noncash assistance (f) Manner of cash disbursement DO NOT MAIL (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) Enter total number of other organizations or entities..... (a) Name of organization m

TEEA3502L 11/01/23

SHIFT PROJECT,

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. 45-2779314 Schedule F (Form 990) 2023

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2023 (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA (17) E (12) (13) (14) (15) (16) ε 3 6 8 9 8 <u>@</u> 9 6 <u>ම</u>

TEEA3503L 11/01/23

Schedule F (Form 990) 2023 SHIFT PROJECT, LTD

P	Part IV Foreign Forms	45-2779314	Page
	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the corporation (see the Instructions for Form 926).		
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trusts and Receipt Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990).		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Comparation (see the Instructions for Form 5471).		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qua- electing fund during the tax year? If "Yes," the organization may be required to file Form 8621. Information	Yes	X No
5	Instructions for Form 8621)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	X No
		Yes	X No

DO NOT MAIL

45-2779314

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

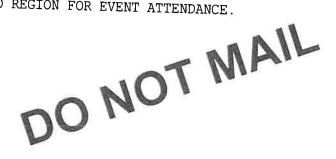
PART I, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION

NORTH AMERICA - PROGRAM DELIVERY, RESEARCH, AND ADVISORY SERVICES IN REGARDS TO IMPLEMENTATION OF THE UN GUIDING PRINCIPLES ON BUSINESS AND HUMAN RIGHTS.

EAST ASIA AND THE PACIFIC - PROGRAM DELIVERY, RESEARCH, AND ADVISORY SERVICES IN REGARDS TO IMPLEMENTATION OF THE UN GUIDING PRINCIPLES ON BUSINESS AND HUMAN RIGHTS.

EUROPE - PROGRAM DELIVERY, RESEARCH, AND ADVISORY SERVICES IN REGARDS TO IMPLEMENTATION OF THE UN GUIDING PRINCIPLES ON BUSINESS AND HUMAN RIGHTS.

MIDDLE EAST - TRAVEL TO REGION FOR EVENT ATTENDANCE.



SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2023

OMB No. 1545-0047

Open to Public Inspection

SHIFT PROJECT, LTD Employer identification number **Questions Regarding Compensation** Part I 45-2779314 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain, Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 1b trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with reorganization or a related organization: a Receive a severance payment or change-of-control payment? **b** Participate in or receive payment from a supplemental nonqual ned c Participate in or receive payment from an equity-based co 4a X If "Yes" to any of lines 4a-c, list the persons 4b X arrangement? vide he applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation a The organization?.... **b** Any related organization?.... If "Yes" on line 5a or 5b, describe in Part III. 5a X 5b Χ For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation a The organization?..... **b** Any related organization?.... 6a If "Yes" on line 6a or 6b, describe in Part III. X 6b X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? X If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations 8 Χ

section 53.4958-6(c)? BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

								Do
Part II Officers. Directors Tructon K	LTD							ocusi
For each individual whose company the Fig.	nploye	s, and Highes	t Compensate	d Employees.	hest Compensated Employees. Use duplicate control of the control o	45-27	79314	Bade C
on row (ii). Do not list any individuals that aren't listed or	ed on Sc n Form 9	hedule J, report co	ompensation from	the organization	n row (i) and first	opies il additio	inal space is n	seded.
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form on Data VIII.	idual mu	st equal the total	amount of Form or			related organizat	ions, described in	the instructions,
(A) Name and Title		(B) Breakdown of W-2 a	and/or 1099-MISC and/o	W-2 and/or 1099-MISC and/or 1099-NFC commercation	on A, line 1a, appli	cable column (D)	and (E) amounts t	or that individual,
CAROLTME OFFICE		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation (C) Compensation (B) (C) Compensation (B) (C) Compensation (C) Compensatio
1 PRESIDENT & CEO	€ €	216,941.	-0	0.	11 ~	L		066 muos
2 VICE PRESIDENT	€ €	158,423.	0 0	0 0	17 005	7767	-243,053	9-A00
3 COO	€	138,038.	0 0	0.0	-1 10	0.	175,428.	1 1 1 1 1
MARK HODGE 4 VICE PRESIDENT	€ €	0.	000	000	6,902.	<u>15,265.</u>	160,205.	1 1 1 1
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Schedule J (Form 990) 2023

SHIFT PROJECT, LTD Schedule J (Form 990) 2023

Part III Supplemental Information

45-2779314

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also

DO NOT MAIL

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization

OMB No. 1545-0047 2023

Open to Public Inspection

SHIFT PROJECT, LTD

Employer identification number 45-2779314

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

SHIFT WORKS ACROSS ALL CONTINENTS AND SECTORS TO CHALLENGE ASSUMPTIONS, PUSH BOUNDARIES AND REDEFINE CORPORATE PRACTICE IN ORDER TO BUILD A WORLD WHERE BUSINESS GETS DONE WITH RESPECT FOR PEOPLE'S DIGNITY. OUR WORK IS BASED ON THE INTERNATIONAL STANDARD OF THE UN GUIDING PRINCIPLES ON BUSINESS AND HUMAN RIGHTS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

AT SHIFT, WE HAVE ONE PURPOSE: TO TRANSFORM HOW BUSINESS GETS DONE IN ORDER TO ENSURE RESPECT FOR PEOPLE'S LIVES AND DIGNITY. WE BELIEVE THAT THE BEST WAY TO ADVANCE OUR MISSION IS BY WORKING DIRECTLY WITH BUSINESSES TO HELP SHAPE THEIR PRACTICES, CULTURE AND BEHAVIOR AND BY WORKING WITH GOVERNMENTS, FINANCIAL INSTITUTIONS, CIVIL SOCIETY AND OTHER MARKET ACTORS TO EMPE THE RIGHT REQUIREMENTS AND INCENTIVES INTO THE FRAMEWORKS WITHIN WHICH BUSINESS OPERATES. OUR WORK IS BASED ON THE INTERNATIONAL STANDARD UN GUIDING PRINCIPLES ON BUSINESS AND HUMAN RIGHTS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DRAFT FORM 990 WAS REVIEWED BY THE ORGANIZATION'S DEPUTY DIRECTOR OF FINANCE, COO, AND PRESIDENT. A COMPLETE COPY OF THE FORM 990 WAS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES BY ELECTRONIC MAIL BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION REQUIRES ALL TRUSTEES ANNUALLY TO ACKNOWLEDGE RECEIPT OF THE CONFLICT OF INTERESTS POLICY AND DISCLOSE ANY POTENTIAL CONFLICT OF INTERESTS. THE COO AND PRESIDENT REVIEW ALL ANNUAL DISCLOSURES, IN ADDITION TO ANY OTHER DISCLOSURES MADE DURING THE COURSE OF THE YEAR. ANY DISCLOSURE THAT INDICATES A POTENTIAL CONFLICT OF INTEREST IS REPORTED TO THE BOARD AND APPROPRIATE FOLLOW UP IS

Employer identification number 45-2779314

SHIFT PROJECT, LTD

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

POLICY REQUIRES THAT INDIVIDUALS WITH POTENTIAL CONFLICTS OF INTEREST WITH RESPECT TO A PARTICULAR TRANSACTION OR ACTION MAY NOT PARTICIPATE IN THE DECISION MAKING WITH RESPECT TO THAT TRANSACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE BOARD OF TRUSTEES DETERMINES AND APPROVES COMPENSATION FOR THE PRESIDENT/CEO AND OFFICERS BASED ON A REVIEW OF COMPENSATION PAID BY COMPARABLE NONPROFIT ORGANIZATIONS FOR COMPARABLE POSITIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES THE PRESIDENT/CEO ESTABLISHES REASONABLE COMPENSATION FOR KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE EITHER ON THE WEBSITE OR UPON REQUEST.