# **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.

Open to Public Inspection

Α	For th	e 2018 calendar year, or tax year begin	ning 2018 a	and ending			. 20
В		if applicable: C Name of organization Worker		ina enang		D Employa	r identification number
	τ	s change Doing business as	3 Dignity Project			n milbidae	
	Name o		cif mail is not delivered to street address)	Room/suite		T-1	45-3202280
	Initial re		we will be the delivered to street address;	Nooriesuite	1	E Telephon	e number
	)	SOO WINGSCH HOEG	country, and ZIP or foreign postal code	<u> </u>			615-905-6357
	}	ed return Nashville, TN 37210-5347	country, and zir or loreign postar code				
		ition pending F Name and address of principal	attion and the same and the sam		_	G Gross rec	
	7-7-1	335 Whitsett Road, Nashville					ubordinates? Yes Vo
1	Tax-ex	empt status: 501(c)(3) 501					included? Yes No
J	Websit		1(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or	LJ 527			list, (see instructions)
K	Form of		sociation ☐ Other ► L Yea		H(c) Group e	T	
	art	Summary	L Tea	r of formation	2011	M State o	of legal domicile: TN
	1	Briefly describe the organization's n	nission or most significant activities:				
Activities & Governance		To educate low wage workers about the	heir rinhts		********	w,t + ~ ~ , ~ ~ ~ + q w .	*************
Ten Ten		The second secon	Total Lighter		******		**************************************
v er	2	Check this box ▶ ☐ if the organizati	on discontinued its operations or dis	enocod of n	nore than C	5E 07 - E 42	
တိ	3	Number of voting members of the go	Overning hody (Part VI, line 1a)	phosed of th	nore man z		s net assets.
<del>දර</del> "ර	4	Number of independent voting mem	thers of the governing hady (Part VI	ina thi		3	7
Ę.	5	Total number of individuals employe	ad in calendar year 9010 (Date V.)	ine ip) .		4	7
ţi.	6	Total number of volunteers (estimate	of necessary	2a)		5	14
Ac	7a	Total unrelated business revenue fro	e if necessary)	• • •	· · ·	6	300
	b	Net unrelated business taxable incor	mo from Farm 200 % in 50	• • •		7a	
		Dagaress taxable incor	nie ironi Form 990-1, line 38	· · · ·		7b	
Φ	8	Contributions and grants (Part VIII II	no thì		Prior Year		Current Year
Revenue	9	Contributions and grants (Part VIII, lin Program service revenue (Part VIII, lin			4	26,434	419,979
ě	10	Investment income (Part VIII, column Other revenue (Part VIII)	ne 2g)			3.874	11,575
-	11	- Sie Chide (Fart VIII, Column (A)	ines 5 6d 8c 0c 10c college				22
	12	- add mes a through 11	(Must equal Dart VIII) actives the	. 10	······································		
	13	and similar amounts baid (Par	rt IX column (A) linon 1 9)	1	4	30,308	431,576
	ĺ	Paid to of for members (Part		3,033	1,111		
es	1	The compensation employed	Penetite (Part IV adjume (A) time F	400	324,519		
eus	16a	Professional fundraising fees (Part IX,	Column (A) line 11a	-10)			375,434
Expenses	b	Total fundraising expenses (Part IX, c			Contract of the contract of		
щ	17	Other expenses (Part IX, column (A), I	(ines 11=11d 11f 246) ► 61		025. S. S. S. S.		
	18	Total expenses. Add lines 13-17 (mus	st equal Part IV column (A) Bar act	· ·	10	9,949	105,104
		Revenue less expenses. Subtract line	18 from line 19	•	43	37,501	481,649
Ses o		The state of the s	. 10 non mie 12			7,193)	(50,073)
t Assets or nd Balances	20	Total assets (Part X, line 16)		Begini	ning of Curren		End of Year
A B	21	Total liabilities (Day V. 15 oc.		,		10,790	291,627
운	22	Vet assets or fund balances. Subtract	t line 21 from line 20	`		5,585	6,495
Pa	rt II	Signature Block	t mio 21 non mio 20 ,		33	5,205	2 85,132
Und	ter penalt	ies of perjury, I declare that I have examined this and complete. Declaration of preparer (other the	S return including accompanying palest the				
true	, correct,	and complete. Declaration of preparer (other the	an officer) is based on all information of which	preparer has a	, and to the b any knowledge	est of my k a.	nowledge and belief, it is
	ĺ					m ( n .	100:0
Sig		Signature of officer			Date	2\00	HAMA
Her	e	SLIZARETH LOP	ez, OPERATIONS D	nasiai			
		) Practically made	JUICISH HUIVS I	HLUNLIK	عدال		and the second s
Pai	d	Print/Type preparer's name	Preparer's signature	Date	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	PTIN
	parer	Barbara Cloud	Barbara Cloud	3-2		heck 🗸 i elf-employe	1
	Only		the court court				P01614373
		Firm's address ➤ 2105 20th Avenue Sou	uth Nashville TN 37212		Firm's E		245 203 4500
May	the IRS	discuss this return with the preparer	shown above? (see instructions)		Phone n	υ,	615-297-1523
For F	aperwo	rk Reduction Act Notice, see the senar	ata instruction		· · · · · · · · · · · · · · · · · · ·	<u> </u>	. ✓ Yes No

rm 990 art	a to the control of t	
	Check if Schedule O contains a response or note to any line in this Fact to	<u> </u>
1	and the the expeniention's mission's	
	Briefly describe the organization's mission.  To educate low wage workers about their rights.	والمامة المراج المامة المراج المامة
		*******
	Cirk was not listed on the	MARKET PROPERTY OF THE PROPERT
	prior Form 990 or 990-EZ?	∕es ☑ No
3	services?	Yes □ No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 318,804 including grants of \$ 1,111) (Revenue \$	)
4a	(Code: ) (Expenses \$ 318.804 including grains of \$\psi\$  Held weekly Know Your Rights workshops, with over 500 low-wage workers.	
	Held weekly Know Your Rights workshops, with over 300 low-right	
	Held weekly member trainings on skills, such as media outreach, ratio programms s member trainings on skills, such as media outreach, ratio programms s member trainings on skills, such as media outreach, ratio programms service, including victories for Our Music City Riders United campaign continued advocating for improved Nashville bus service, including victories for compliance and expansion of bus benches and safe crosswalks.	ADA
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code: ) (Expenses \$including grants of \$) (Revenue \$	)
		*****
		. 4 . 4 . 4 . 5 . 5 . 5 . 5 . 5 . 5 . 5
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
40	Code: (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	>	
		******
	: (Describe in Schodula O)	
4	d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	318 804	
	le Total program service expenses 5 316,007	Form 990 (20:

	n 990 (2018)			Page
L C	rt IV Checklist of Required Schedules			
1	or 494/(a)(1) (other than a private foundation)? If "Yes.		Yes	N
2		1 2	·	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	-   Y	<b>√</b>
4	election so (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	1	<b>1</b>   
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? It "Yes," complete Schedule D, Part I	s f		<b>√</b>
7	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.	٠,		<b>∀</b>
8	complete Schedule D, Part III		-	~ <b>`</b> ~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV.		and the state of t	<u>↓</u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes " complete Sebestille D. Complete D. Complete Sebestille D. Complete Sebestille D. Complete Sebes			· ·
11	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	of its total assets reported in Part X, line 16? If "Yes " complete Sebartal B B A Little 12 that is 5% or more	11a		<u>√</u>
.0	of its total assets reported in Part X, line 16? If "Ves." complete Part X, line 13 that is 5% or more	11b		<b>√</b>
e	reported in Part X, line 16? If "Yes" complete assets in Part X, line 15 that is 5% or more of its total assets	11c		<b>√</b>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial total.	11e		<b>√</b> ✓
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		· •
b	Schedule D, Parts XI and XII  Was the organization included in consolidated in acceptance.	12a		/
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170/b/(VAV) in the completing Schedule D, Parts XI and XII is optional	12b	v	/
14a	of the Lighted States	13	✓	
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 pid the organization report or Boot IV.	14a	_	· ma
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Did the organization; report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or Did the organization report on Part IX and IX.	14b		
16	assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	15		NE CTECHNICA
17	Part IX, column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I (see instructions)	16	_   •	
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II	17		
19	If "Yes," complete Schedule G, Part III	18		
20 a	Did the organization operate one or more hospital facilities? If #Wee !!	19	. ✓	

**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 . . . . .

19 20a

20b

art IV		Y	es	No
2 [	The Bio Organization of the Cohodule   Parts   and	22		✓
3 [	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, 6, 5 about compensated organization's current and former officers, directors, trustees, key employees, and highest compensated	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal answer lines 24b \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a 24b		√ √
b	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  The start has a refunding excrew at any time during the year			
c	Did the organization maintain an escrow account other than a returning observe	24c		✓
Ū	to defease any tax-exempt bonds?	24d		✓
				,
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organizations. Did the organizations.	25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a dispersion of the organization with a dispersion of the organization of the organiza	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or	26		<b>~</b>
27	Did the organization provide a grant or other assistance to an officer, director, trastes, to substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		
28	Was the organization a party to a business transaction with one of the following parties (east the conditions and exceptions):	28a	<b>₩</b>	
а				[
b	A family member of a current or former officer, director, trustee, or key employees	28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		
29	Did the organization receive more than \$25,000 in non-cash contributions of art, historical treasures, or other similar assets, or qualified Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30		30		-
31	the terminate or dissolve and cease operations in 165, complete company	31		+
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its field association.	32		_
33	Did the organization own 100% of an entity disregarded as separate from the organization under negatiations	33		+
34	Was the organization related to any tax-exempt or taxable entity? If Tes, complete series	34	-	-
35a	the base a controlled entity within the meaning of section 512(b)(13)?	35a	-	
	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction of the state of coation 512(b)(13)2 if "Yes" complete Schedule R, Part V, line 2		,	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt to an exem		-	_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related by	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O.	38		
Pa	Ctatamente Begarding Other IRS FIIIngs and Tax Compilation			
	Check if Schedule O contains a response or note to any line in this Part V		Y	es
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-0-		
		d 🚂		فرنون
	c Did the organization comply with backup withholding fulls for reportable gaming (gambling) winnings to prize winners?	1 T	orm \$	991
	Tehotrapie Sauria (Saurana)	F	orm 3	170

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Page
_	Enter the second of	•	Yes N
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2/10/11	
	Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the arrestant of the the secondary to the secondary that the s	14	
	on the control of the cat did the organization file all required tederal employment tay returns?	2b	<u> </u>
3	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3a	✓
4	a At any time during the calendar year did the acceptantal to the specific time an explanation in Schedule ().	3b	
	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)?		i.
	b If "Yes," enter the name of the foreign country:	4a	V
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1 F	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	_ <del>                                    </del>
	- " 165 to life of on on did the organization file Form 8886-T?	5b 5c	
6	a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36	
	of guidization solicit any contributions that were not tax deductible as charitable contributioned		1
]	y in yes, and the organization include with every solicitation an express statement that such contributions or	Ju	
7	awa was not tay deductible.	6b	-
	Organizations that may receive deductible contributions under section 170(c).		
á	The state of the s		
ł		7a	<b>√</b>
	The supplied of the supplied o	7b	
•	THE TOTAL STREET AND THE STREET AND		
c		7c	1
e	The state of the s		
f	Semization receive any runds directly or indirectly to pay the semi-	7e	<b>V</b>
g		7f	1
h		7g	1
8	Sponsoring organizations maintaining deals, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1
_	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.	8	✓
a	and oponsoning organization make any tavable dietakenia		
10	F TOWARD OF GREEKEN THAKE S CICTURATION TO BE A STREET OF THE STREET	9a	
a		9b	
b	Initiation fees and capital contributions included on Part VIII, line 12		
11	and the state of t		
а		<b>5</b> // <b>1</b> // (1)	
b	Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a			
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		
а	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O.	13a	NAC DISPOSITIONS:
b	amount of reserves the organization is required to agriculture to the		
	Samuel is need to issue qualified health plans		
C	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax years	14a	
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14b	+-
15	" Silver of gallication subject to the section 4960 tay on navgoratio of many than the one one	, 70	-
		15	1
16	" Tes, see instructions and file Form 4720. Schedule N		
. •	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
			2.0
		Form <b>99</b> (	) (2018)

orm 990	(2018) (2018)	nd for a	"No"
Part V	(2018)  Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	instruct	ions.
			. 🔽
	Check if Schedule O contains a response or note to any line in this rate of the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to any line in the contains a response or note to a response or note to a respon		and the second s
ectio	n A. Governing Body and Management	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 7		
			1000
	If there are material differences in voting rights arriving members by the committee or similar if the governing body delegated broad authority to an executive committee or similar		
	committee, explain in Schedule U.		
	the standard in line 1a above who are independent		
2	Enter the number of voting members included in line 1d, above.  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	<b>√</b>
		-	·
	the customative customative delivered by or aside the	3	1
-	Did the organization delegate control over management dates described by the organization delegate control over management dates described by the organization of officers, directors, or trustees, or key employees to a management company or other person?  Supervision of officers, directors, or trustees, or key employees to a management company or other person?	4	1
4	supervision of officers, directors, or trustees, or key employees to a management of the prior Form 990 was filed?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  The organization of the organization is assets?	5	<b>✓</b>
5	Did the organization become aware during the year of a significant association	6	1
7a	Did the organization have members of stockholders. Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	
	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members.		
þ	Are any governance decisions of the organization reserved to (c) support the stockholders, or persons other than the governing body?	7b	<b>√</b>
	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during		
8	the vear by the following:		
_	The contract of the contract o	8a √	+_
a b	we have the entire to be held of the governing DOQV!	86	+
9	and the state of t	9	1
	Is there any officer, director, trustee, or key employee lactor lactor and addresses in Schedule O		2)
Sect	the organization's mailing address? If "Yes," provide the names and addresses in Good the Internal Revenion B. Policies (This Section B requests information about policies not required by the Internal Reven	Ye	s No
a productive was seen		10a	1
10a	Did the organization have local chapters, branches, or affiliates?		
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, if "Yes," did the organization have written policies and procedures governing the activities of such chapters, if "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	
	If "Yes," did the organization have written policies and proceeding the organization's exempt purposes? affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a ✓	
11a	- " ' o ' ' ' o ' ' ' o ' ' '' now wood by the organization to leview this commode		
b 120	Did the aggregation have a written conflict of interest bolicy (II No. 90 to line to	12a	<b>V</b>
12a b	More officers, directors, or trustees, and key employees required to disclose annually interests that could give lise to conflicts:	12b	<b>√</b>
	and consistently monitor and enforce compliance with the policy! If yes,	10	1
С	describe in Schedule O how this was done	12c	4
13	now the second and the second	13	- <del></del>
14	Did the graphization have a written document retention and destruction policy?		
15	the following persons incline a leview and approval by		
	the state of the s	15a	✓
a	to the appointing	15b	1
t	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule 0 (see instructions).		
	and the second in contribute assets to or participate in a joint venture or similar arrangement		
16	the a toughto antity during the year?	The second second second second	1
	the fallow a written policy or procedure requiring the organization to evaluate its		
ļ	the same of the control or and an anti-	165	
	organization's exempt status with respect to such arrangements?	16b	
Sec		******************	
17	and a pool of the state of the	-T (Secti	on 5016
18	to make its Forms 1023 (1024 or 1024-A il applicable), 550, and 550	, (0000	V
	(3)s only) available for public inspection, indicate now you made those (explain in Schedule O)		
	Own website Another (red if as how) the greatization made its governing documents, conflict of i	nterest p	olicy, an
19			
0.5	the nerson who do not the nerson who do the vigaritation of the	records 🕽	<b>-</b>
20	Elizabeth Lopez ,335 Whitsett Road, Nashville, TN 37210-5347, phone 615-905-6357		990 (201
	Enzauchi Capat ,000 militars it The Capation of the Capation o	Form	33U [20]

	Form	990	(2018)	
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	<u>·</u>	D 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensa	Page /
	Sompensation of Officers, Directors, Trustees, Key Employees, Highest Compensa	ted Employees, and
	Independent Contractors	tod Employees, and
	Oh. Listonia	

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

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

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

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

  Check this box if neither the organization are appreciated as a superson of the compensation and any related organizations.

Officer this box if neither the organization n	or any relat	ted org	gani	zati	ion c	amo	ensa	ated any curre	nt officer directo	ar truntan
					(C)			Too arry carre	in onicer, unect	л, or trustee.
(A)	(B)			ρο	sition	,				İ
Name and Title	Average	(do	not c	hec	k mor	e than	one	(D)	(E)	(F)
	hours per	box,	unie	ss p	ersor	is bot	h an	Reportable	Reportable	Estimated
	week (list ar	V1110	7	~~~~				compensation from	compensation from related	4
	hours for	A di	ast	Officer	( E	35	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	the	organizations	other compensation
	related organization	, e g	L.	Ee	en	S &	Former	organization	(W-2/1099-MISC)	from the
	below dotte	d of a	3		턍	86		(W-2/1099-MISC)		organization
	line)	S	1		Key employee	를				and related
		or director	Institutional trustee			975				organizations
1711/			ñ			Highest compensated employee				
(1) Michael Verla										
Chair		_								
(2) Concepcion Rodriguez		✓		1				o		
Treasurer									0	
(3) Emily Sellers		✓		✓				0		
Secretary Series Secretary								- 0	0	· · · · · · · · · · · · · · · · · · ·
(4) Nicolas Perez		1		1				_		
14 Micolas Perez								0	0	0
(5)	T	1					1	ľ	ļ	
(5) Fernando Herrera		<del>                                     </del>	-				$\dashv$	0	0	0
103	************	1					-			
(6) Tamika Douglas			_					0	0	0
								1		
(7) Vanessa Morales							_	0	0	0
								1		<u> </u>
(8) A. Randolph		<b>/</b>	_					0	0	0
	,,									Ü
(9) Marta Mendoza		<b>/</b>		_				0	o	0
										<u> </u>
10) Kate Wade		<b>√</b>		$\perp$				0	10	0
***************************************	~~~~~									V
11) Antonio Sanchez		<b>✓</b>		$\bot$				o	o	
TATE OF THE OWNER O										0
12)		1						o	o	_
							$\top$		<u> </u>	0
13)								- Trucker	1	
* ************************************			T	T	_	_	-			
(4)									***************************************	
			1	1	1	_				
					1					

rt VII Section A. Officers, Directors,	(B)		. 4 4-	(C Posi	ition	than o	ne	(D)	(E) <sup>-</sup>	(F) Estimated
(A) Name and title	Average hours per	box. u	inles	s per	rson	is both	an ee)	Reportable compensation from	Reportable compensation from related	amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		-								
)										
1)										
2)										
3)				1			1			
4)			_							
5)			-		+	+	1			
1b Sub-total	to Part VII, Sec	tion A	•				ì		0	0
d Total (add lines 1b and 1c) 2 Total number of individuals (inclureportable compensation from the	iding but not limi	ted to	tho	se	liste	d abo	ve)	who received	more than \$100	,000 of
3 Did the organization list any for employee on line 1a? If "Yes," or										
4 For any individual listed on line organization and related organ individual	1a, is the sum of nizations greater	repo than	stat \$1	ole (  50,	000	pensa ? If '	Yes	cuprelated org	Schedule J for anization or indi	such . 4
for services rendered to the org	anization? II Tes	s, co	(II)	OLC						
Section B. Independent Contractors  1 Complete this table for your five	e highest compe	nsated	d in	dep	end	ent c	ontr	actors that rec	ceived more than	\$100,000 of
Complete this table for your five compensation from the organiz year.	ation. Report co	npen	sati:	on f	or t	he cal	end		(B)	(C)
Control for a system of forces and provide the system of t	(A) ousiness address								n of services	Compensation
None										
2 Total number of independent						17		these lister	above) who	and the second s

P	art VII	Statement of Revenue					
		Check if Schedule O contains a	response or note to	any line in this	Part VIII		[7]
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	<u>ಭ</u> 1a	· dadiatod callipaiglis ,	1a		record to the boxes of at the field	energia de la como de l	12
G.	5 t	Membership dues	1b				
, (5)	₹ 0	Fundraising events	1c				
₹.	<u>a</u> c	Related organizations	1d				
ž.	E e	The state of the s	1e			<b>家老身心生对</b>	
at o	i f	- a carol politicipadolis, gliss, glatis, l					all ragin
Contributions, Gifts, Grants	5	and similar amounts not included above	1f 419,979				0.00
og.	and P	TO THE WOOD OF THE PARTY OF THE	f: \$				
		Total. Add lines 1a-1f		419,979	and the second s	Large	
en.	2a	Professional fees received	Business Code	lande de reconstruct 🖟	tan data da Anasansi.a		
Reg	b		611710	6,800	6,800		
ဥ	C			3,555	3,555		
ě.	d		di 448000	1,220	1,220		
Program Service Revenue	е						
5	f	All other program service revenue					
2	g	Total. Add lines 2a-2f	· L		a v Sarawayayayaya		
	3	Investment income (including d	ividende interest	11,575			
		and other similar amounts)	Muerius, interest,				
	4	income from investment of tax-exemp	ot hood proceeds 🕨	22			22
	5	Royalties	- Sona proceeds				
		(I) Heal	(ii) Personal				A CONTRACTOR OF STATE
	6a	arous rents .					
	þ	Less: rental expenses					
	C	Rental income or (loss)					
	d 7a	Net rental income or (loss)	· <b>&gt;</b>				
	/ 4	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other	to a first of the second	a a sa		
	ь	Less: cost or other basis					
		and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)			and the second second second second		
a)				The state of the s			
venue	8a	Gross income from fundraising events (not including \$					
CD:		of contributions reported on line 1c).					
ē		See Part IV. line 18					
Other R	b	less direct avecage	a				
_	C	Net income or (loss) from fundraising	g events 🕨			The state of the state of	
	9a	Gross income from gaming activities	g events .				
		See Part IV, line 19	а				
	b	Less: direct expenses	b				
	C.	Net income or (loss) from gaming ac	ctivities >				
	.04	cross sales of inventory, less		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			a				
	C	Less: cost of goods sold	b				
1	···	Net income or (loss) from sales of in Miscellaneous Revenue					and the second second
Ì	11a	- Total Cods I Gyeride	Business Code				
	ь						
	c		, , , , , , , , , , , , , , , , , , , ,				
	d	All other revenue		<del></del>			
	e	Total. Add lines 11a-11d	· <b>&gt;</b>		per Control of State (State)		
	12	Total revenue. See instructions	<b>. &gt;</b>	431,576	11.575	การการการการการการการการการการการการการก	and the second s

### Page 10 Form 990 (2018) 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) Fundraising (C) Management and (B) Program service Do not include amounts reported on lines 6b, 7b, (A) Total expenses expenses general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,111 and domestic governments. See Part IV, line 21 1,111 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . 4 Compensation of current officers, directors, 5 trustees, and key employees . . . Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 32,981 62,966 203,889 Other salaries and wages . . . . . . 299,836 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 8,327 12,903 29,185 50,415 Other employee benefits . . . . . . . . . 2,770 9 5,289 17,124 25,183 Payroli taxes . . . . . . . . . 10 Fees for services (non-employees): 11 b Legal . . . . . . . 1,100 1,100 Accounting . . . . . Professional fundraising services. See Part IV, line 17 12,193 2,625 17,452 32,270 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 1.951 1,951 Advertising and promotion . . . . . . 12 817 5,342 9,873 16,032 Office expenses . . . . . 13 369 703 2,276 3,348 Information technology . . . . 14 15 3,578 6,834 22,127 32,539 16 Occupancy 7,232 7,232 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 473 7,997 6,620 Conferences, conventions, and meetings . 19 Interest 20 Payments to affiliates . . . . . . . . . 21 Depreciation, depletion, and amortization . 22 2,635 2,635 23 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) b С d All other expenses Total functional expenses. Add lines 1 through 24e 61,508 e 101,301 318,840 481,649 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa	art X		J.
		(A) Beginning of year	İ	(B) End of year
1	1 Cash—non-interest-bearing	323,5	12 1	281,0
[	Savings and temporary cash investments		2	The second secon
É	reoges and grants receivable, net		3	The second secon
j	Accounts receivable, net	6,18	35 4	1,33
	Loans and other receivables from current and former officers, directors		J. Comp.	1,0
į	trustees, key employees, and highest compensated employees,			
-	Complete Part II of Schedule L	and the second s	5	
€	The second of th	New Albertance constitution	elyside g	
1	4333(I)(1)), persons described in section 4958(c)(3)(R), and contributing applications	Principles of the		
(0)	sponsorally organizations of section 501(c)(q) unjustant amplicant hands in			
53	organizations (see instructions), Complete Part II of Schedule I	A	6	
Assets	Notes and loans receivable, net		7	
'	anteniones for sale or use		8	Annual profession (Annual profession of the Annual Profession (Annual
9	repaid expenses and deferred charges	11,19		
10	a Land, buildings, and equipment cost or	11,16	3 3	9,27
	other basis. Complete Part VI of Schedule D 10a			
1	b Less: accumulated depreciation 10b		10-	
11	Investments—publicly traded securities		10c	
12	Investments - other securities. See Part IV line 11		11	
13	Program-related. See Part IV fine 11		12	
14	mungible assets		13	
15			14	
16			15	
17		340,790	<del></del>	291,627
18 19		5,585	·	6,495
20			18	
21	- ax axempt bond liabilities		19	
£ .			20	
E   22			21	
22 22	trustees, key employees, highest compensated employees, and disqualified persons, Complete Part II of Sebada and employees, and			
23				
24	- Total callifoligades and notes naughlo to constitution		22	and the second of the second of the second of
25	TO TO TO TO TO TO TO TO TO TO THE TO		23	
20			24	Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual
[	parties, and other liabilities not included on lines 17–24). Complete Part X	1		
26			-	
<del></del>	Total liabilities. Add lines 17 through 25		25	· · · · · · · · · · · · · · · · · · ·
		5,585	26	6.495
27 28	and lines 33 and 34			
28	Unrestricted net assets	205.00	07	
29	Comporally restricted net assets	335,205		285,132
2.5	in the second se		28	
		TO THE STATE OF TH	29	
30	, wite of all ough 04.			
31	Capital stock or trust principal, or current funds .		30	
32	The supplied supplied of land building or opposite the supplied to the supplied of the supplin		31	
33	Total and an arrange, endowment, accumulated income, or other funds .		32	Marketing and the Architecture of the Control of th
34	rotal flet assets of fulld balances		33	
. <u> </u>	Total liabilities and net assets/fund balances	340.790	***************************************	285,132
	· · · · · · · · · · · · · · · · · · ·	240.730	<u> </u>	291,627 Form <b>990</b> (2018)

	-	. /
Pag	ge :	4

	XI Reconciliation of Net Assets			. $\square$
	and the Control of the Control of the control of th	1	4;	31,576
1	-t D-+t Vill column (A) line 12)	2		81,649
2	/ Dort IV column (A) 110 (20)	3	-!	50,073
3	$\alpha \in \mathbb{N}$ at $\mathbb{N}_{n} = 0$ from $\mathbb{N} = 1$	4	33	35,205
4	the complete of veet (MISI ACIDAL Fail A) mise 50, 50,000 miles	5		<u></u>
5		6		
6	n the transfer and use of facilities	7		
7	Investment expenses	8		
8	Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)	9		
9	Other changes in net assets or fund balances (explain in schedule 5)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			05.40
0	Net assets or fund balances at end of year. Combine the Salances at end of year. Combine the Salances at end of year.	10		85,13
	33, column (B))			Γ-
	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	Yes	No
2a	If "Yes," check a box below to indicate whether the financial statements for the year was reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  separate basis and financial statements audited by an independent accountant?	oversight ountant? explain in et forth in	2a 2b 2c	The state of the s
3		dergo the audits.		

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2018

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Workers' Dignity Project Reason for Public Charity Status (All organizations must complete this part.) See instructions. 45-3202280 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, c its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A)(B) (C) Total

(D)

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2018 (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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) (f) Total (e) 2018 Section A. Public Support (d) 2017 (c) 2016 (b) 2015 (a) 2014 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, membership fees received. (Do not 1,634,644 419,979 426,434 410,424 220,007 include any "unusual grants.") . . . 157,800 for levied revenues Tax 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the 1,634,644 organization without charge . . . . . 419,979 426,434 410,424 220,007 157,800 Total. Add lines 1 through 3. . . . . 4 The portion of total contributions by 5 (other than a person each publicly or governmental unit supported organization) included on line 1 that exceeds 2% of the amount 340,957 1,293,687 shown on line 11, column (f) . . . . Public support, Subtract line 5 from line 4 (f) Total (e) 2018 (d) 2017 Section B. Total Support (c) 2016 (b) 2015 1,634,644 (a) 2014 Calendar year (or fiscal year beginning in) 419,979 426,434 410,424 220,007 157,800 Amounts from line 4 . . . . . . . Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets 1,634,666 (Explain in Part VI.) . . . . . . . . Total support. Add lines 7 through 10 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 11 organization, check this box and stop here 12 13 Section C. Computation of Public Support Percentage 79 % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 15 16a 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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) organizatio	ns that have filed Form 5768 (election	under section 501(h)	i): Complete Part II-A. Do not	complete Part II-B.			
If the	occion so i(c)(s) organizatio	ns that have NOT filed Form 5768 (elec	tion under section 5	501(h)): Complete Part II-B. D	o not complete Part II-A.			
	(see separate instructions		oxy Tax) (see separ	rate instructions) or Form 9	90-EZ, Part V, line 35c (Pro:			
	***	organizations: Complete Part III.						
Name	of organization	- Samuellons, Complete Part III.						
	ers' Dignity Project			Employer io	lentification number			
Par		the organization is everal			45-3202280			
1	Provide a description	the organization is exempt un	ider section 50	1(c) or is a section 527	organization.			
	definition of "political o	of the organization's direct and campaign activities")	indirect political	campaign activities in Pa	art IV. (see instructions for			
2	Political campaign acti	vity expenditures (see instructions)			\$			
3	= 1,0000 (OI DOI	inical callipaidh activities isee instr	uctionel		*****************************			
					······································			
1 2	and amount of an	ly excise tax incurred by the organi	Tation under mant	**	S			
3		IN EVOISE 19X INCILLED UN VEGUESAR	~~ ~~~~~~······		\$			
4a	3	a go a secimo ages for aid it till b	orm 4720 for this	year?	Yes No			
b	The state of the s				· · · Yes No			
	I-C Complete if t	u t tv.						
1		he organization is exempt un	der section 501	(c), except section 50	1(c)(3)			
•	manufacture and the same of	Any evidended by the tilling otdan	ization for eaction	n E07	110/10/1			
2	Enter the amount of th	A filing organization	* * * * * * *	· · · · · · · · · · · · · · ·	\$			
3	Total exempt function ac	ctivities		gariizations for Section	\$			
•		and intes I and	2. Enter here and	d on Form 1120-POL				
4	line 176 Did the filing organization	on file Form 4400 Dec		· · · · · · · · · · · · · · · · · · ·	<b>\$</b> :			
5	Enter the names and	nization file Form 1120-POL for this year?  addresses and employer identification number (EIN) of all section 527 political organizations to which the filing payments. For each organization listed, enter the amount paid from the filing proportion.						
	organization made nave	sses and employer identification nu	imber (EIN) of all s	section 527 political great	nizations to which the con			
		Ontributions		. Save nous the little filles	NZANOD'S ROOMS Also saim.			
	as a separate segregated	contributions received that were produced fund or a political action committee	mptly and directly	y delivered to a separate	political organization, such			
	(a) Name		(PAC), it additio	nal space is needed, prov	ide information in Part IV,			
	( ) · · · · · · · · · · · · · · · · · ·	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
				filing organization's	contributions received and			
				funds. If none, enter -0-,	promptly and directly delivered to a separate			
					political organization.			
(1)				ļ	If none, enter -0			
(2)								
(3)								
(4)								
(E)								
(5)								
(6)				The state of the s				
(~)								
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dule C (Form	n 990 or 990-EZ) 2018		lar poetion 501/c	ነርሜ and filed	Horm 2100 leie	
A II A	Complete if the organization	is exempt und	ler section 301(0	ort IV each affil	iated group memb	er's name,
section 501(h)).  A Check I if the filing organization belongs to an affiliated group (and list in Part IV ea address. EIN, expenses, and share of excess lobbying expenditures).					,	
JI ICON P	address, EIN, expenses, and s	hare of excess lo	DDAILIG EXPENDITOR	sione anniv		
Chock >	The state of the checken in the chec	d box A and "lift	ited control provid	notis appiyi	(a) Filing	(b) Affiliated
JIICON -	Limits on Lobby	ing Expenditure	S		organization's totals	group totals
	" " " " " " TA	ans amounts Da	IIO OL Wichingani			
c Total I	lobbying expenditures (add into vi- exempt purpose expenditures					
d Other	exempt purpose expenditures exempt purpose expenditures (add	lines 1c and 1d)				
e Total	exempt purpose experiorities (add	he amount fron	n the following to	able in both		
f Lobby	exempt purpose expenditures (add ying nontaxable amount. Enter t	III WILLIAM				
colum	nns.	T	ntaxable amount is:			
If the a	amount on line 1e, column (a) or (b) is:	ACRY of the BOOK	int on line 1e.			
Not av	ver \$500,000	2070 0700 =140 18	so% of the excess OVE	r \$500,000.		
Over \$	\$500,000 but not over \$1,000,000	A . TE ODD plue 1	∩% of the excess ove	\$ 1,000,000		
Over 9	\$1,000,000 but not over \$1,500,000	\$175,000 plus 5	% of the excess over	\$1,500,000.		
Over 5	\$1,500,000 but not over \$17,000,000	\$1,000,000				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		\$1,000,000			_	
Over 5	\$17,000,000	of line 1f)				1
	\$17,000,000 scroots nontaxable amount (enter 2	% of line 1f) .				
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E	irt II-A	Complete if the organiz section 501(h)).	ation is exempt	under section	501(c)(3) and file	ed Form 5768 (ele	ction under	
A	Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check ►	and a soot will a cybe 1969.	and shale of exce	ss lobbying exper	iditures).	- •	ŕ	
	Check P	if the filing organization of	hecked box A and	"limited control"	provisions apply.			
		Limits on I	obbying Expend	itures		(a) Filing	(b) Affiliated	
1	a Total lo	(The term "expenditures	means amount	s paid or incurre	d.)	organization's totals	group totals	
	b Total ic	bbying expenditures to influe	ence public opinio	n (grass roots lob	bying) , ,		Man.	
	c Total lo	bbying expenditures to influe	ence a legislative b	ody (direct lobby	ing)			
	d Other e	bbying expenditures (add lin	es 1a and 1b) .					
	e Total e	exempt purpose expenditures						
	f Lobbyis	xempt purpose expenditures	(add lines 1c and	1d)				
				from the following	ng table in both			
	If the an	ount on line 1e, column (a) or (	b) is: The lobbying	nontaxable amou	nt is:			
		\$500,000	20% of the a	mount on line 1e.				
	Over \$50	0,000 but not over \$1,000,000	\$100,000 ის	s 15% of the excess	over \$500 000			
	Over \$1,0	000,000 but not over \$1,500,000	\$175 000 alu	s 10% of the excess	over \$1 000 000			
	Over \$1,5	500,000 but not over \$17,000,00	0 \$225,000 plu	s 5% of the excess	over \$1,500,000			
	Over \$17		\$1,000,000					
,	g Grassro h Subtrac	ots nontaxable amount (ente	r 25% of line 1f)			Marin and St. Co. Co. of the state of the st		
	Subtrac	t line 1g from line 1a. If zero	or less, enter -0-					
î	OBUUGO 	t line 1f from line 1c. If zero c	r less, enter -0-					
j	reportin	is an amount other than z	ero on either line	1h or line 1i, di	d the organization	file Form 4720		
	торогия	g section 4911 tax for this ye	ear?				Yes No	
	(Some	organizations that made a See						
		See	the separate inst	ructions for lines	2a through 2f.)	of the five column:	s below.	
····		Lobby	ing Expenditures	During 4-Year A	veraging Period			
	Calend	dar year (or fiscal year	(a) 2015	4			And the second s	
		beginning in)	4720.73	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total	
2a	Lobbying	nontaxable amount						
b	Lobbying	ceiling amount	Jestes, a					
_	(150% of	line 2a, column (e))			n manggan yeng sa			
			Colonia Carried Colonia	Service Company of the Service Service				
C	Total lobi	oying expenditures					***************************************	
d	Grassroo	ts nontaxable amount						
e	Grassroot	ts ceiling amount	2000 - 100 -				The state of the s	
		line 2d, column (e))		Marie Carrette Comment of the Comment	erinaria (h. 1914). Erinaria (h. 1914).			
f	Grassroot	s lobbying expenditures				- Andrew Continued Continued to the Continued		

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768			68	
Lation inder section by Billie	2~1		(b)	
each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.		No	Amount	
fundamental state, or local				
During the year, did the filing organization attempt to influence public opinion on a legislative matter of legislation, including any attempt to influence public opinion on a legislative matter of				
	1			
referendum, through the use of Volunteers?  Volunteers? The volunteers reported on lines 1c through 1i)?	1			
Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1)?		1		
Media advertisements?	1			320
Mailings to members, legislators, or the public.		<u> </u>		
Bublications of published of producest statement		_/		
Grants to other organizations to robbying party or a legislative body?		<b>✓</b>		760
a Direct contact with legislators, treat state of any similar means:	1		,	280
h Rallies, demonstrations, serminas, com	210000	Ann Alband Annahada	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	1,360
: Other activities?		1	AND THE RESERVE	77.77.6
Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	POST OF			
Did the activities in line 1 cause the organization to be not described in 333334.  b If "Yes," enter the amount of any tax incurred under section 4912.  b If "Yes," enter the amount of any tax incurred by organization managers under section 4912.				100 C 10
			and the second second second second second	
c If "Yes," enter the amount of any tax incurred by organization thanksor 4720 for this year?  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  d If the filing organization is exempt under section 501(c)(4), section 50	1(c)(5),	or sec	tion	
d If "Yes," enter the amount of any tax in the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  d If "Yes," enter the amount of any tax in the filling organization is exempt under section 501(c)(4), section 50 art ill-A				No
501(c)(b).				140
to be appeared.			1	
Were substantially all (90% or more) dues received nondeductible by members:  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization make only in-house lobbying and political campaign activity expenditures from			2	
Did the organization make only in-house lobbying expenditures of \$2,000 of less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from Did the organization agree to carry over lobbying and political campaign activity expenditures from Did the organization agree to carry over lobbying and political campaign activity expenditures from Did the organization is exempt under section 501(c)(4), section 50 art III-B Complete if the organization is exempt under section 501(c)(4), section 50 art III-B Complete if the organization agree to Carry over lobbying and political campaign activity expenditures from Signature (a) BOTH Part III-B, lines 1 and 2, are answered "No	บเหยายเก	n your .	3	
Did the organization agree to carry over loosying are  art III-B  Complete if the organization is exempt under section 501(c)(4), section 5  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  Dues, assessments and similar amounts from members  1 Dues, assessments and similar amounts from members		***************************************		
	ounts o			
2 Section 162(e) nondeductible loopying and political expenses for which the section 527(f) tax was paid).		2a		
a Current year				
a Current year		2c		
b Carryover from last year . c Total	lues .	. 3		names
Aggregate amount reported in section 6033(e)(1)(A) notices of not asset and line 3, what not	ion of th	ie		
4 If notices were sent and the amount of mondeduction	s ionosii	9		
excess goes the order region as an analysis of the contract of		,	-	
and political expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)		. 5		
5 Taxable amount of lobbying and political exponents		- Cath D	art II-A line	es 1 a
Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliant Provide the descriptions required for Part I-B, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliant Provide the descriptions required for Part II-B, line 1. Also, complete this part for any additional information.	ea grou	p iisų, r	Car ta 7 ta 100	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-B,		*****	**********	
testing of lobbying activity.			ll for a	
Our lobbying activity consisted of canvasssing, conducting a forum, and sending e-mails to supporters	in suppo	ort ut a Di	7.121-22	
Community Oversight Board.			************	
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Part IV	Supplemental Information (continued)	Page
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		F-A
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## SCHEDULE 0 (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

45-3202280

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

Workers' Dignity Project	
Part VI, Section A, Line 8 b, Minutes for committees with authority to act on behalf of the governing body	
We have no committees with authority to act on behalf of the governing body	
WE HAVE HO CONTINUE TO THE PROPERTY OF THE PRO	
Part VI, Section B, Line 11b Process for reviewing the 990	
We review the 990 at a board meeting.	
Part VI, Section D, Line 19 Disclosure	
We hold copies of governing documents in the office of the organization. They are available for public inspection, by request, during	
We hold copies of governing documents in the other	
regular business hours.	
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