AMENDED RETURN

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SCANNED

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

2017 A For the 2017 calendar year, or tax year beginning JUL 1, and ending JUN 30, 2018 D Employer identification number Check if C Name of organization Address PROJECT R. I. G. H. T., INC. Name change 04-3265420 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final retum/ 617-541-5454 320A BLUE HILL AVENUE termin 695,988. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended GROVE HALL, MA 02121-4367 H(a) Is this a group return Applica-F Name and address of principal officer RICHARD L. JYes 🗓 No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) __ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ WWW.PROJECTRIGHTINC.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other Year of formation: 1994 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities PROJECT R.I.G.H.T.. INC.'S Governance MISSION IS TO STRENGTHEN AND COORDINATE EXISTING SERVICES AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 13 Number of voting members of the governing body (Part VI, line 1a) $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 ⋖ŏ 30 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 <u>550</u> Total number of volunteers (estimate if necessary) 6 O. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7а O. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 695,987. 1,042,351. 8 Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 12. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. 0 , Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,042,363 695,988. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 748,145. 565,371. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 21,486. **b** Total fundraising expenses (Part IX, column (D), line 25) 238,577 193,917. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), time 25 | VED 986,722. 759,288. 55,641. <63,300.> 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** RS-OSC MAR 2 3 2020 280,400. 150,144. 20 Total assets (Part X, line 16) 142,081. 75,125. Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 138,319. 75.019. OGDEN. UT Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign RICHARD L. SALMON, PRESIDENT Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid ALISON JOHNSON, CPA 03/12/20 P01526964 ALISON JOHNSON, CPA self-employed KEVIN P MARTIN & ASSOCIATES, P.C. Preparer Firm's EIN 04-3097400 Firm's name Use Only Firm's address 10 FORBES WEST Phone no. (781)380-3520

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions.

BRAINTREE, MA 02184

Form **990** (2017)

X Yes L

If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported (Code) (Expenses \$ 647,020. including grants of \$) (Revenue \$ SINCE ITS INCEPTION, THE AGENCY HAS WORKED ON PUBLIC SAFETY, CRIME PREVENTION, CIVIC ENGAGEMENT, ZONING AND HOUSING, AND ECONOMIC DEVELOPMENT ISSUES THROUGH GRASS ROOT MODELS OF SUSTAINABLE RESIDE ORGANIZING. THE AGENCY HAS FORMED A VERY STRONG AND UNIQUE COLLABORATION THAT HAS BEEN HIGHLIGHTED AS A MODEL IN NUMEROUS PUBLICATIONS. AT PRESENT, THERE ARE OVER FORTY ORGANIZATIONS	S OF es X No es X No ses s, and
1 Briefly describe the organization's mission PROJECT R.I.G.H.T., INC.'S MISSION IS TO STRENGTHEN AND COORDINATE EXISTING SERVICES AND PROGRAMS IN THE GROVE HALL AREA OF ROXBURY. PUBLIC SAFETY, CRIME PREVENTION, ELECTORAL ADVOCACY, ZONING AND HOUSING, AND ECONOMIC DEVELOPMENT ISSUES THROUGH GRASS ROOT MODELS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expensive the organization's program service accomplishments for each of its three largest program services, as measured by expensive the organization's program service reported 4a (Code) (Expenses \$ 647,020 including grants of \$) (Revenue \$ \$ SINCE ITS INCEPTION, THE AGENCY HAS WORKED ON PUBLIC SAFETY, CRIME PREVENTION, CIVIC ENGAGEMENT, ZONING AND HOUSING, AND ECONOMIC DEVELOPMENT ISSUES THROUGH GRASS ROOT MODELS OF SUSTAINABLE RESIDE ORGANIZING. THE AGENCY HAS FORMED A VERY STRONG AND UNIQUE COLLABORATION THAT HAS BEEN HIGHLIGHTED AS A MODEL IN NUMEROUS PUBLICATIONS. AT PRESENT, THERE ARE OVER FORTY ORGANIZATIONS	OF SOF SOF SOF NO SOS SOS SOS NO SOS SOS
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REPRESENTED IN THE COLLABORATIVE. THE AGENCY PLACES A PRIORITY ON INCREASING THE NUMBER OF RESIDENTS INVOLVED IN THE NEIGHBORHOOD	
ASSOCIATIONS, CRIME WATCHES, BLOCK WATCHES, AND TENANT ASSOCIATION WITHIN OUR TARGET AREA. THE AGENCY IDENTIFIES RESIDENT LEADERSHIP	
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4d Other program services (Describe in Schedule O)	
(Expenses \$ Including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 647,020.	
4e Total program service expenses ► 647,020.	990 (2017)

Form 990 (2017) PROJECT R. I. G. H. T., INC. 04-3265420 Page 3
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u>-</u>		
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			i
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to]		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		•
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	 ° -		
3	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ŀ		}
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	–	├ ┻
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 -
Ü	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	14b		х
15	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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.5		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
	complete concodic o, r art in		990	(2017)
			1	

Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		X
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	_	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	- <u></u> -	-	
	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		x
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	240	\vdash	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	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			x
~~	Schedule L, Part I	25b	-	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"]		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	l	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			_
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		i	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	li		.,
	Part V, line 1	34		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
^	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u></u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O		990	2017

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Pai	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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	8		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0	ŀ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	ļ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		İ	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country	.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	↓	L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1	1	l
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
	were not tax deductible?	6b	ļ	├─-
7	Organizations that may receive deductible contributions under section 170(c).			X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		├ ─	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c	├	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7d 7d 7d 7d 7d 7			X
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├	X
f		7f	 	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7g 7 7h	╁	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	'''	┼─	\vdash
٠	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	 	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter	1 32		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ヿ		
11	Section 501(c)(12) organizations. Enter	7	ł	l .
а	Gross income from members or shareholders 11a	1]	·
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	╛		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	<u> </u>
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	ļ
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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	_		
С	Enter the amount of reserves on hand	 	<u> </u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ł i	ľ

Form **990** (2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X				
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 13	Ţ.						
	If there are material differences in voting rights among members of the governing body, or if the governing]						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	l						
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 1	ļ.						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	l		_				
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents 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	6 Did the organization have members or stockholders?							
7a	7a 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		Х				
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		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	X					
ь	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\overline{\mathbf{x}}$					
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	х	l				
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	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?							
а	The organization's CEO, Executive Director, or top management official	15a	×π	·				
	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b	1					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►MA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailah	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website X Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rıəl					
13	statements available to the public during the tax year	111111111	viai					
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
20	CORPORATION - 617-541-5454							
	320A BLUE HILL AVE, GROVE HALL, MA 02121-4367							

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

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 -O- 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

(A) Name and Title	(B) Average	(do	(C) Position (do not check more than one box, unless person is both an				one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offic	, unle:	ss pe	rson	s bot or/trus	h an	compensation from	from related	amount of other
	(list any hours for related organizations below line)	Indiwdual trustee or director	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) RICHARD L. SALMON	5.00						İ			_
PRESIDENT		X	Ш	X		L_	L	_0.	0.	0.
(2) REV VERNARD COULTER	5.00				İ					
TREASURER (AS OF 4/18)		Х	L	X	<u> </u>	!	L	0.	0.	0.
(3) MONTEZ D HAYWOOD	5.00								_	
TREASURER (UNTIL 3/18)		Х	Щ	X	<u> </u>	_	_	0.	. 0.	0.
(4) SAUNDRA OWENS-SKERRETT	5.00			v				0.	0.	_
SECRETARY	5.00	X		X	┝	-	⊢	U •	0.	0.
(5) GREGORY DIAS	3.00	X]]		0.	0.	0.
DIRECTOR (6) SERGIO GONCALVES	5.00	^			-	┝╌				- 0.
DIRECTOR	3.00	x						0.	0.	0.
(7) ERNESTINA MENDES	5.00	-	Н	_	\vdash	-	\vdash	ļ 	-	
DIRECTOR	3.00	x					1	0.	O.	0.
(8) ROBERT FRANCIS	5.00		H		\vdash					
DIRECTOR		x	i		İ			0.	0.	0.
(9) LISA BAILEY-LAGUERRE	5.00					\vdash				
DIRECTOR		x			ľ		ĺ	0.	0.	0.
(10) REV. MOSES TAYLOR	5.00									
DIRECTOR		X						0.	0.	0.
(11) WESLEY WILLIAMS	5.00									
DIRECTOR		X						0.	0.	0.
(12) MIEANUNA-KIYE DOUGLAS	5.00				!				_	_
DIRECTOR		X					<u> </u>	0.	0.	0.
(13) BYRON KNIGHT	5.00									
DIRECTOR (UNTIL 5/18)		Х			L	Ш		0.	0.	0.
(14) BEULAH PROVIDENCE	5.00									•
DIRECTOR (UNTIL 4/18)		Х	Ш			<u> </u>		0.	0.	0.
(15) ERIKA PAULA REIS	5.00	\								_
DIRECTOR (UNTIL 12/17)	5.00	X	\vdash		L	\vdash	L	0.	0.	0.
(16) JULYA TRAN	3.00	х						0.	0.	0.
DIRECTOR (UNTIL 2/18)	40.00	^	\vdash			\vdash		0.		<u> </u>
(17) MICHAEL KOZU CO-EXEC. DIRECTOR (AS OF 8/17)	20.00	x		x				61,927.	0.	0.
CO-EARC. DIRECTOR (AS OF 0/1/)		Δ	لــــا	21		ш		01,527.		5 000 (0017

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Form 990 (2017)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st (Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average		Position (do not check more than one			than		Reportable Report			ĺ	tımat	
	hours per week					is bot or/trus			compensation from related			nount othe	
	(list any	Į.				Π		the	organization				ation
	hours for	gree			Ì	gg	ĺ	1	(W-2/1099-MI			om tl	
	related	stee o	trustee			beusa		(W-2/1099-MISC)				anıza	
	organizations below	ᄩ	nonal		eg.	most s		ļ				d rela	itea tions
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ğ				0.90		
(18) EMMANUEL TIKILI	40.00					Ī							
CO-EXEC. DIRECTOR (AS OF 8/17)		Х		X	<u> </u>	L	L	73,792.		0.	2	0,8	334.
(19) JORGE MARTINEZ	40.00							42 222		_	١.,		
EXECUTIVE DIRECTOR (UNTIL 7/17)		<u> </u>	ļ.,	X	<u> </u>	ļ.,	L	43,293.	<u> </u>	0.	1	6,8	304.
		 	-		\vdash	 	┝				├		
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		<u> </u>	_				<u> </u>	<u> </u>					
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			Н	-		┝╌	-	 					
					ŀ								
1b Sub-total	• · · · · · · · · · · · · · · · · · · ·						>	179,012.		0.	3	7,6	38.
c Total from continuation sheets to Part VI	I, Section A						▶	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	179,012.		0.	3	7,6	38.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	pove	e) wł	no r	received more than \$100	0,000 of reportab	le			0
compensation from the organization												Yes	
3 Did the organization list any former officer,	director or tri	ister	a ke	v er	nolo	vee	or	highest compensated e	mplovee on		 		+
line 1a? If "Yes," complete Schedule J for s	-	13101	5, KC	. y C.	npio	, y c c ,	, 0.	riigilest compensated e	inployee on		3	~	TX
4 For any individual listed on line 1a, is the su		le co	omp	ensa	ation	and	d ot	ther compensation from	the organization				
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual			4		X
5 Did any person listed on line 1a receive or a							elat	ted organization or indiv	dual for services	;			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	on					5		X
Section B. Independent Contractors									#400 000 - f				
 Complete this table for your five highest co the organization. Report compensation for 										npens	ation t	rom	
(A)	the calendar y	ear e	eriai	ng v	VILIT	OI W	<u> </u>	(B)	year		(C	:)	
Name and business	address	NO	ONE	3				Description of s	ervices	C	omper		on
			_				_						
							\dashv			_			
							İ						
							┪						
		_					_						
		_						:					
2 Total number of independent contractors (ii		ot lır	nite	d to			stec	d above) who received m	ore than				
\$100,000 of compensation from the organiz	zation -				(,							

\$100,000 of compensation from the organization

1 -3 -	11 6 1		Check if Schedule O conta	•	or note to any lu	ne in this Part VIII			Ţ
		1; , ,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts, Grants Amounts	1	a b	Federated campaigns Membership dues	1a 1b	<u> </u>				
ts, An		С	Fundraising events	1c					
≅≅	l	d	Related organizations	1d	384 344	THE STATE OF STATE OF			
Sig.		e	· , , -		374,344.	\$\$438\$\chi\$		Reserved to the second	
e Hi		f	All other contributions, gifts, grants		201 642		1,607,717,75		
ēş		,	similar amounts not included above		321,643.				
Contributions, Gif and Other Similar	-	9	Noncash contributions included in lines 1	la-1f \$		695,987.			
0 8	\vdash	n	Total. Add lines 1a-1f		During Conta	7.55	17(1 18) × 16 143 +	See the second	1 6 4 5/2 1 2 6 2
ø	١,	а	7	•	Business Code	in her was seemed as well as			
Š	~	b		1			. ,		
Ser		c	•			:			
a a a	J	d			ļ		<u> </u>		
Program Service Revenue		e				· · · · · · · · · · · · · · · · · · ·			
4	1	f	All other program service reven	nue				-	
		9	Total. Add lines 2a-2f		_ •		RECTOR CALLS	West of the second	S 13.8 1 1 1 1 1 1
	3		Investment income (including d	dividends, intere	est, and			_, _ <u>-</u>	
			other similar amounts)		, >	1.			1.
	4		Income from investment of tax-	exempt bond p	roceeds				·
	5		Royalties	·				, ,	
, ,			,	(i) Real	(ii) Personal				
	6		Gross rents	·	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ĺ		Less rental expenses		-	of the good to			
			Rental income or (loss)		L	Lend white	أستنسك تعتب سيستست		أعطينا ليكسي
	۱ ـ		Net rental income or (loss)	() Convertion	(1) Oth an	38 23	10 10 10 10	- √ √	180. Fu 300
	_ ′	а	Gross amount from sales of	(i) Securities	(II) Other	. 47 C . 15 E . 5			
		.	assets other than inventory Less cost or other basis					J. M. C. J. Kill	
			and sales expenses						
•-		c	Gain or (loss)	· · · · · ·					
	ŀ		Net gain or (loss)			Band of Tille in telephone and Thomas And Air	Window in something his in the	alle in a superior of the supe	المستخد منطقيات المستخدمة
a	8		Gross income from fundraising	events (not		20 18 8 Nyg.	Carlo Commence	542 5	323 BY 3
enne	ľ		including \$	of:		300000			
-			contributions reported on line 1	lc) See	1		10 C W 12 C		
Other Re	ł	,	Part IV, line 18	. a					
된	1		Less direct expenses	. b	L			Links American sale	1.
•	١.		Net income or (loss) from fundr	-					<u> </u>
	9	а	Gross income from gaming act	ivities See			2003 B		
		_	Part IV, line 19	a					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ĺ		Less direct expenses	b	<u> </u>	المستعدد المعاملات المستدر	wastern and wastern	Salar Desirable	فالمدخلة كسيا أسميا
	۱.,		Net income or (loss) from gamir				1112 , C 3, 1 23 30 1	·	· · · · · · · · · · · · · · · · · · ·
	10	а	Gross sales of inventory, less reand allowances		,				
		h	Less cost of goods sold	a b					7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	ļ		Net income or (loss) from sales	- 1		ه الدايد و أستنسب العوالية بالمعالم أو يستنفيه	manufatha a sta a statu a factoriam	م اهدک شکیفروند اشکام ادامیداد	The same of the sa
		<u>~</u>	Miscellaneous Revenue		Business Code	<u>₹₹₹</u>	or the state of	3 3 1 3 V	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11	 a	Micosia iodas i ioveliae			databat datab (Samerodan on 16 to 16 databat.	marin mark nyaén mark marinin na sari-	ب المستعدد المستداد ا	te amount
	'	b				, , ,			
		_ ,			<u>-</u>	3	, ,		er
		d	All other revenue						
		e	Total. Add lines 11a-11d	,	>			fe Hilling ;	* (big ****)
_	12		Total revenue See instructions.			695,988.	0.	0.	1.
									Form QQQ (2017)

Form 990 (2017) PROJECT R. I.
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		-		
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	1	}	ł	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	193,252.	179,724.	7,730.	5,798
	trustees, and key employees Compensation not included above, to disqualified	193,232.	1/7,/24.	7,730.	3,750
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			ļ.	
7	Other salaries and wages	309,500.	287,784.	10,306.	11,410
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	ŀ			
9	Other employee benefits	19,111.	17,768.	554.	789
10	Payroll taxes	43,508.	40,458.	1,550.	1,500
11	Fees for services (non-employees)				<u>·</u>
	Management				
	Legal		-		
	Accounting	7,828.		7,828.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	92,754.	36,714.	56,040.	
12	Advertising and promotion				
13	Office expenses	28,616.	23,898.	3,832.	886
14	Information technology				
15	Royalties				
16	Occupancy	26,940.	25,344.	811.	785
17	Travel	13,930.	13,930.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	6 600	6 127	235.	220
22	Depreciation, depletion, and amortization	6,600. 4,400.	6,137. 2,414.	1,896.	228 90
23	Insurance	4,400.	4,414.	1,030.	30
24	Other expenses. Itemize expenses not covered 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 (A)				
_	amount, list line 24e expenses on Schedule 0) PROGRAM ACTIVITIES	7,640.	7,640.		
a b	MEETINGS AND CONFERENCE	3,890.	3,890.	 +	
C	PROGRAM SUPPLIES	1,319.	1,319.		
d	<u> </u>				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	759,288.	647,020.	90,782.	21,486
<u></u> _	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ŀ			
	educational campaign and fundraising solicitation.		ŀ	1	
	Check here If following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		47,221.	1	54,888.
	2	Savings and temporary cash investments		1,096.	2	1,135.
	3	Pledges and grants receivable, net		100,000.	3	10,500.
	4	Accounts receivable, net		119,845.	4	73,273.
	5	Loans and other receivables from current and fo	ormer officers, directors,			
	l	trustees, key employees, and highest compensations	ated employees Complete		i i	l
		Part II of Schedule L			5	1
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec		enteriorit time.		
şţ	1	employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7		
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,272.	9	8,982.
	10a	Land, buildings, and equipment cost or other	[
		basis Complete Part VI of Schedule D	10a 71,275.			
	ь	Less accumulated depreciation	10b 69,909.	7,966.	10c	1,366.
	11	Investments - publicly traded securities		11	·	
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	280,400.	16	150,144.
	17	Accounts payable and accrued expenses		140,859.	17	75,125.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete			21	
Liabilities	22	Loans and other payables to current and former	•			
ij		key employees, highest compensated employee	es, and disqualified persons			
Lia	l	Complete Part II of Schedule L.		1,222.	22	0.
	23	Secured mortgages and notes payable to unrela	•	1,244.	23	
	24	Unsecured notes and loans payable to unrelate	•		24	
	25	Other liabilities (including federal income tax, pa				
	l	parties, and other liabilities not included on lines	17-24) Complete Part X of		25	
	2	Schedule D Total technitises Add lines 17 through 25		142,081.	25 26	75,125.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here	112,001.	20	7372230
co.	l	complete lines 27 through 29, and lines 33 an	"			,
ž	27	Unrestricted net assets	u 04.	33,319.	27	39,519.
<u>alar</u>	28	Temporarily restricted net assets	·	105,000.	28	35,500.
Ä	29	Permanently restricted net assets			29	
Š	~	Organizations that do not follow SFAS 117 (A	SC 958) check here			
F		and complete lines 30 through 34.			3	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or ed	iuioment fund		31	
Ä	32	Retained earnings, endowment, accumulated in	• •		32	
Š	33	Total net assets or fund balances	co, or outlor failed	138,319.	33	75,019.
	34	Total liabilities and net assets/fund balances		280,400.	34	150,144.
				<u> </u>		Form 990 (2017)

Form	990 (2017) PROJECT R. I. G. H. T., INC.	04-	32654	20	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				88.
2	Total expenses (must equal Part IX, column (A), line 25)	2				88.
3	Revenue less expenses Subtract line 2 from line 1	3				<u>00.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		138	8,3	19.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments .	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		7!	5,0	<u> 19.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		Г		Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		F	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a)			
	separate basis, consolidated basis, or both			- 1		
	Separate basis Consolidated basis Both consolidated and separate basis				$\overline{\mathbf{x}}$	
D	Were the organization's financial statements audited by an independent accountant?		—	2b	_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e dasis,	' İ			. 1
	consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,		_1		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schi	edule O	· [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	dit	[
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	int 🗍	П		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u>3b</u>		
			F	orm !	990 ((2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

2017

Open to Public

Name of the organization Employer identification number PROJECT R. I. G. H. T. INC. 04-3265420 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
 control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other our governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 PROJECT R. I. G. H. T., INC. 04-32654 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	, noted Solow, pied					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2010_	(2) 2017		(-/ 20/0	(-, 2011)	(7,70.6)
•	membership fees received (Do not						
	include any "unusual grants ")	1,338,119.	1,287,743.	1,023,212.	1,042,351.	695,987.	5,387,412.
2	Tax revenues levied for the organ-				- <u></u> :		-
_	ization's benefit and either paid to						
	or expended on its behalf				I		
3	The value of services or facilities		·				
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,338,119.	1,287,743.	1,023,212.	1,042,351.	695,987.	5,387,412.
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly	j				}	
	supported organization) included					:	
	on line 1 that exceeds 2% of the				!		
	amount shown on line 11,						
	column (f)			1			1,389,618.
6	Public support. Subtract line 5 from line 4						3,997,794.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·		·	·	L	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,338,119.	1,287,743.	1,023,212.	1,042,351.	695,987.	5,387,412.
	Gross income from interest,	, ,		' -			<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties,		ľ	i			
	and income from similar sources	81.	100.	10.	12.	1.	204.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			-			
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						5,387,616.
	Gross receipts from related activities,	etc (see instruction	ons)			12	·
	First five years. If the Form 990 is for	•	•	l. fourth, or fifth ta	x vear as a sectio		·
	organization, check this box and stop	-		, , , , , , , , , , , , , , , , , , , ,	,		ightharpoons
Sec	ction C. Computation of Publ		centage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	74.20 %
	Public support percentage from 2016			.,,		15	71.89 %
	33 1/3% support test - 2017. If the o			line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	-					$\triangleright X$
b	33 1/3% support test - 2016. If the c		•	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	=					ightharpoons
17a	10% -facts-and-circumstances tes	•	· • -		13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check the	s box and stop he	ere. Explain in Pai	rt VI how the organ	ization
	meets the "facts-and-circumstances"				-	,	ightharpoons
ь	10% -facts-and-circumstances tes	•	•		•	17a, and line 15 is	10% or
	more, and if the organization meets the	=					
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		•	•	•		s ▶ □
_				~·		dule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support								
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and						<u> </u>		
	membership fees received (Do not	İ							
	include any "unusual grants ")								
2	Gross receipts from admissions,								
	merchandise sold or services per-	i	}		1		!		
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-						1		
	iness under section 513	1			ļ		ļ		
4	Tax revenues levied for the organ-	· · · · · · · · · · · · · · · · · · ·			†	† 			
•	ization's benefit and either paid to					İ			
	or expended on its behalf	1	Ì		ł		}		
5	The value of services or facilities	-			 				
•	furnished by a governmental unit to								
	the organization without charge								
•	•			<u> </u>	 	-			
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and				 	<u> </u>			
- / (• •						1		
	3 received from disqualified persons Amounts included on lines 2 and 3 received					 			
	from other than disqualified persons that		1		1				
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year		 		}	 -			
	c Add lines 7a and 7b	ļ				 			
	Public support. (Subtract line 7c from line 6.)	L	L		L	l	L		
_	ction B. Total Support	() 0040		() 2245	1 1 2010	1.1.0017			
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 6								
10	a Gross income from interest, dividends, payments received on					}			
	securities loans, rents, royalties,								
	and income from similar sources								
•	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975	 _							
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b,				ļ	1			
	whether or not the business is								
	regularly carned on								
12	Other income Do not include gain or loss from the sale of capital				ł				
	assets (Explain in Part VI)								
13	Total support. (Add lines 9, 10c, 11, and 12)	<u>L</u>				<u> </u>			
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,		
_	check this box and stop here			··			<u> </u>		
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				_ ,		
15	Public support percentage for 2017 (ine 8, column (f) d	ivided by line 13, o	olumn (f))		15	%		
16	Public support percentage from 2016	Schedule A, Part	III, line 15	·		16	%		
Se	ction D. Computation of Inves	stment Incom	e Percentage		. <u></u>				
17	7 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))								
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%		
19	a 33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	17 is not		
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly :	supported organiz	ation	▶□		
t	33 1/3% support tests - 2016. If the						and		
	line 18 is not more than 33 1/3%, che	ck this box andst	op here. The orga	nization qualifies a	as a publicly supp	orted organization	ightharpoons		
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

732023 10-06-17

Part IV | Supporting Organizations

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

^	•	A 14	_	 	anizations

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

	Yes	No
1		
2		
3a	-	- 1
3b		
3c		-
4a	\vdash	
4b	ļ	
4c		
5a		
5b		
5c		
6		
7		
8	-	
		1
9a		
9b		
9c		
10a		7,4
10b	<u> </u>	00.47
1 990 or 9	9U-EZ)	2017

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orgar	nizations	
1 []	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov 20, 1970 (explain in	Part VI) See instructions
	other Type III non-functionally integrated supporting organizations must of	complete Se	ctions A through E	
Section A -	Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net sh	ort-term capital gain	1		
2 Recov	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lin	nes 1 through 3	4		
5 Deprec	ciation and depletion	5		
6 Portion	n of operating expenses paid or incurred for production or			
collect	ion of gross income or for management, conservation, or			
mainte	nance of property held for production of income (see instructions)	6		<u> </u>
7 Other	expenses (see instructions)	7		
8 Adjust	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreo	gate fair market value of all non-exempt-use assets (see			,
ınstruc	tions for short tax year or assets held for part of year)	L		
a Averaç	pe monthly value of securities	1a		
b Averaç	e monthly cash balances	1b		
c Fair ma	arket value of other non-exempt-use assets	1c		
d_Total (add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other			
factors	(explain in detail in Part VI)			
2 Acquis	ition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	ct line 2 from line 1d	3	<u> </u>	
4 Cash o	deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see ins	structions)	4		
5 Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
	y line 5 by 035	6		
7 Recov	eries of prior-year distributions	7		
	um Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ed net income for prior year (from Section A, line 8, Column A)	1	<u> </u>	
2 Enter 8	35% of line 1	2		
3 Minimu	um asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter o	greater of line 2 or line 3	4		
5 Income	e tax imposed in prior year	5		
6 Distrib	outable Amount. Subtract line 5 from line 4, unless subject to			
emerge	ency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-function.		17 111	

Schedule A (Form 990 or 990-EZ) 2017

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	,
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	18		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI) See instructions	···		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	е		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а	- TIM - GID - GIM - 18694 - 1889		** ** /	•
b	From 2013	- III II	P (111 1996 - 1	na chir (1902)
c	From 2014			
<u>d</u>	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7			, ,
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	P		
8	Breakdown of line 7		*** L 4+1	
а	Excess from 2013			
b	Excess from 2014			144 41 ,4
c	Excess from 2015			
<u>d</u>	Excess from 2016			
e	Excess from 2017			L
				C 000 000 E7\ 0047

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-E	Z) 2017	PRC)JECT	R.	I.	G.	н.	T.	, INC.			04-326	5420 Page
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec Section D, lines 5, (See instructions)	Infort lines 1, tion D, I	matio 2, 3b, ines 2 a	n. Provi 3c, 4b, 4 and 3, Pa	ide the 1c, 5a, art IV,	expla 6, 9a, Section	nation 9b, 9d on E, lin	s requ ;, 11a, nes 1c	ired by 11b, a 2a, 2i	y Part II, line and 11c, Pa b, 3a, and 3	e 10, Part II, III art IV, Section 3b, Part V, Ime	B, lines 1 1, Part V,	17b, Part III, and 2, Part I ¹ Section B, Ii	line 12, V, Section C, ne 1e, Part V,
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2017
Open to Public Inspection

Name of the organization Employer identification number PROJECT R. I. G. H. T., INC. 04-3265420 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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 Yes ∟ No are the organization's property, subject to the organization's exclusive legal control? 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 land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ 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 Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 24 listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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Sche	dule D (Form 990) 2017 PROJECT	R. I. G.	н. т.	, INC	!•			04-32	65420	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, or	Other	Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a sign	ficant	use of its	collection	tems
	(check all that apply)		_							
а	Public exhibition	d	ᄓᆜᄔ	oan or exc	hange progran	ns				
b	Scholarly research	e	· LJ o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further tl	he organization	n's exemp	t purp	ose in Par	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or other	sımılar as	sets		_	
	to be sold to raise funds rather than to be ma								Yes	<u> </u>
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "Y	es" on Fo	rm 990	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par		_							
1a	Is the organization an agent, trustee, custode	an or other intermed	diary for c	ontribution	s or other ass	ets not ind	cluded		7	
	on Form 990, Part X?							L_	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble						
							igwdown		Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e		— -	·—-·
f	Ending balance						1f		T	
	Did the organization include an amount on Fo	•				_	?	L_	J Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete						Theres	baal.	4.1.5	
		(a) Current year	(b) Pri	or year	(c) Two years	Dack (d)	i nree y	years back	(e) Four y	ears back
1a	Beginning of year balance									
þ	Contributions				ļ	-+				
C	Net investment earnings, gains, and losses					-+				
d	Grants or scholarships				 					
е	Other expenditures for facilities				ļ	İ				
_	and programs				_					
f	Administrative expenses									
g	End of year balance		- ()		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland		, column (a	a)) neid as					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
٥-	The percentages on lines 2a, 2b, and 2c sho	-		oue bold a		ad for the	~~~~			
Зa	Are there endowment funds not in the posse	ssion of the organiz	ation triat	are neiu a	no administere	ea for the	organia	zation	[v	es No
	by								3a(i)	es No
	(i) unrelated organizations (ii) related organizations								3a(ii)	
	•	tions listed as requi	rad on Sa	hadula P2						
4	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds									
Par	t VI Land, Buildings, and Equipm		JWITTE ILL	ii lus	-					
	Complete if the organization answere) Part IV	line 11a S	See Form 990	Part X lin	e 10			
	Description of property	(a) Cost or o			or other	(c) Accu		ed T	(d) Book v	value
	beautiful of property	basis (investr	1		(other)		ciation		(a) 200K (
12	Land									
	Buildings									
	Leasehold improvements									
	Equipment			7	1,275.	6	9,9	09.	1	,366.
	Other					<u>-</u>				
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X columi	n (B), line 1	(OC.)				1	,366.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 PROJECT R. Part VII Investments - Other Securities.	I. G. H. T.	INC.	04-3265420 Page 3
	on Form 000 Port IV Is	00 11h Soo Form 000	Part V line 12
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		aluation Cost or end-of-year market value
(1) Financial derivatives	(2) 2 3 3 1 3 3	(0),	
(2) Closely-held equity interests			
(3) Other	·— ·—-	- 	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			<u></u>
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			<u> </u>
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, III (b) Book value		Part X, line 13 aluation Cost or end-of-year market value
	(b) Book value	(C) WELFIOL OF VE	didation Cost of end-or-year market value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		,	
Part IX Other Assets.			
Complete if the organization answered "Yes"		ne 11d See Form 990, I	
	Description	 _	(b) Book value
(1)		·	
(2)			
(3) (4)			
(5)			
(6)	_		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, III		990, Part X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>	-		
(5) (6)			
(7)			
(8)			1
(9)			

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

Schedule D (Form 990) 2017

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

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

PROJECT R. I. G. H. T., INC. 04-3265420 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS IN THE GROVE HALL AREA OF ROXBURY. PUBLIC SAFETY, CRIME PREVENTION, ELECTORAL ADVOCACY, ZONING AND HOUSING, AND ECONOMIC DEVELOPMENT ISSUES THROUGH GRASS ROOT MODELS OF SUSTAINABLE RESIDENT ORGANIZING ARE THE MAIN GOALS OF THE ORGANIZATION. FORM 990, ITEM B FORM 990 IS BEING AMENDED DUE TO UPDATES TO THE AMOUNTS ON PART VIII. PART IX, AND PART X. THESE UPDATES ARE DUE TO THE FINANCIAL STATEMENTS BEING UPDATED AND FINALIZED AFTER THE TAX RETURN DUE DATE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUSTAINABLE RESIDENT ORGANIZING ARE THE MAIN GOALS OF THE ORGANIZATION. FORM 990. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE AGENCY PROMOTES RESIDENT AND YOUTH LEADERSHIP DEVELOPMENT AND NEIGHBORHOOD STABILIZATION THROUGH ORGANIZING, ACTION, ADVOCACY, AND COALITION BUILDING. THE AGENCY'S PHILOSOPHY IS BASED ON THE CONCEPT: "NEIGHBORHOOD STABILIZATION IS THE MOST EFFECTIVE ANTI-CRIME ACTIVITY." THE AGENCY'S VISION OF SOCIAL CHANGE IS WHEN GROVE HALL IS STABLE AND

HEALTHY AND NO LONGER IMPACTED BY BARRIERS OF RACIAL DISPARITIES THAT LIMIT ACCESS TO SERVICES AND OPPORTUNITIES. OUR PLANS INCLUDE TO

CONTINUE WITH OUR OUTREACH AND ORGANIZING INITIATIVES, INCREASE OUR

EMPHASIS ON ENGAGING YOUTH IN POSITIVE ACTIVITIES WITH A SPECIAL FOCUS

ON FEMALE TEENAGERS, EXPAND AFTER-SCHOOL PROGRAMMING OPPORTUNITIES, AND

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Page 2 **Employer identification number** Name of the organization PROJECT R. I. G. H. T., INC. 04-3265420 SUPPORT EDUCATION ADVOCACY BY PARENTS AND STUDENTS (STUDENT TRANSPORTATION, BUDGET AND SCHOOL ASSIGNMENT PROCESS). THE AGENCY'S OVERALL GOALS ARE TO IMPROVE THE ACTUAL SAFETY AND WELLBEING IN THE GROVE HALL COMMUNITY; AND TO INCREASE THE NUMBER OF YOUNG PEOPLE ENGAGED IN POSITIVE ACTIVITIES AND OPPORTUNITIES. WE RECENTLY IMPLEMENTED A TRAUMA TRAINING PROGRAM SO THAT YOUNG PEOPLE HAVE A BETTER UNDERSTANDING OF THE TRAUMATIC IMPACT VIOLENCE HAS ON INDIVIDUALS, FAMILIES AND THE COMMUNITY, AND LEARN ABOUT DEALING WITH THE TRAUMA AND THE RESOURCES AVAILABLE FOR THAT. WE BELIEVE THAT THIS UNDERSTANDING, IN TURN, LEADS TO A DECREASE IN VIOLENCE. WE ALSO INITIATED PROGRAMMING FOCUSED ON MIDDLE AND HIGH SCHOOL FEMALE STUDENTS THAT ADDRESSES BOTH STREET AND DOMESTIC VIOLENCE PREVENTION. THIS EFFORT WILL IMPROVE THEIR SELF-ESTEEM WHILE INFORMING THEM ABOUT HEALTH ISSUES THAT WOMEN IN THE GROVE HALL COMMUNITY FACE. THESE NEW INITIATIVES, WITH OUR EXISTING EFFORTS, WILL DECREASE VIOLENCE IN GROVE HALL AND HELP IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN IS REVIEWED WITH THE BOOKKEEPER, EXECUTIVE DIRECTOR, TREASURER, AND PREPARER PRIOR TO APPROVAL AND SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURE OF RELATED PARTY ACTIVITIES IS PROVIDED TO THE BOARD FOR REVIEW AND APPROVAL.

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

COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE BOARD OF Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17