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### **Return of Organization Exempt From Income Tax**

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

**2017** 

DLN: 93493135038979 OMB No 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www. IPS gov/form990

iterna	Reve	nue Service	P Information abou	ic roini 550 and its instructions is at we	W INS GOV	101111330		Inspection
Fo	r th	e <b>2017</b> c		ning 07-01-2017 , and ending 06-	30-2018			
		pplicable	C Name of organization WORKFORCE FAIRNESS INSTITUTE	INC		D Employ	er identif	ication number
∟ Add ⊐ Nai		change lange				26-301	5556	
□ Init		-	Doing business as					
		n/terminated	Number and street (or D.O. hourst m	all is not delivered to street address.) I Boom (		E Telephor	ie number	
		d return on pending	PO BOX 25518	ail is not delivered to street address) Room/s	suite	(202) 3	54-8255	
			City or town, state or province, cour	ntry, and ZIP or foreign postal code		(202) 3	31 0233	
			ALEXANDRIA, VA 22313			<b>G</b> Gross re	ceipts \$ 1,	,055,009
			F Name and address of principa	l officer	H(a) Is	s this a group re	turn for	
			HEATHER GREENAWAY PO BOX 25518			ubordinates?		□Yes 🗹 No
			ALEXANDRIA, VA 22313			re all subordinat icluded?	es	☐ Yes ☐No
Tax	-exer	mpt status	☐ 501(c)(3) <b>☑</b> 501(c)(6) <b>◄</b>	(insert no ) 4947(a)(1) or 527	1	f "No," attach a l		,
W	ebsit	te:► WW	W WORKFORCEFAIRNESS COM		<b>H(c)</b> G	iroup exemption	number	<b>&gt;</b>
					I Year of t	formation 2008	M State	of legal domicile DC
Forn	n of o	rganızatıon	Corporation Trust Asso	ciation ☐ Other ►	<b>2</b> rear or r	TOTTINGCION 2000	TT State	or regar dormene De
Pa	rt I	Sumi	mary					
			cribe the organization's mission o		LICATING F	MDLOVEDS EMD	LOVEEC	AND CITIZENC
U			SUES AFFECTING THE WORKPLAC	AN ORGANIZATION COMMITTED TO ED E	UCATING EI	MPLOYERS, EMP	LOYEES	AND CITIZENS
2	-							
ž	-							
2	2	Check thi	s box $\blacktriangleright \Box$ if the organization dis	continued its operations or disposed of	more than	25% of its net a	ssets	
ว ส				g body (Part VI, line 1a)			3	3
Λ b	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	2
	5	Total num	nber of individuals employed in ca	lendar year 2017 (Part V, line 2a) .			5	0
֚֚֓֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֡֓֡֓֓֓֡֓֡֓֡֓֡֓	6	Total num	nber of volunteers (estimate if neo	essary)			6	0
`				: VIII, column (C), line 12			7a	0
	b	Net unrel	ated business taxable income fror	n Form 990-T, line 34	<u> </u>		7b	0
						Prior Year		Current Year
g:			• •	)			0	
Ravenua		-	•	)		1,575,0		1,055,000
ά.				lines 3, 4, and 7d )	-		50	9
			enue (Part VIII, column (A), lines	st equal Part VIII, column (A), line 12)		1,575,0	0	1,055,009
			nd similar amounts paid (Part IX, o			970.0		385,000
				olumn (A), line 4)		370,	0	303,000
ري دي			· · ·	enefits (Part IX, column (A), lines 5–10)			0	
)Se			nal fundraising fees (Part IX, colu				0	(
Expenses			aising expenses (Part IX, column (D), li					
ă	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		892,2	208	799,478
	18	Total exp	enses Add lines 13–17 (must equ	ıal Part IX, column (A), line 25)		1,862,2	208	1,184,478
	19	Revenue	less expenses Subtract line 18 fr	om line 12		-287,:	158	-129,469
Fund Balances					Begin	ning of Current Y	ear	End of Year
alan	20	Total asse	ets (Part X, line 16)			236,0	162	101,145
4 B			ilities (Part X, line 26)			282,0		276,561
FE			s or fund balances Subtract line 2			-45,9	_	-175,416
Par	t II		ature Block			,		,
		alties of p	erjury, I declare that I have exam	ined this return, including accompanying				
nowi ny ki			r, it is true, correct, and complete	Declaration of preparer (other than of	ncer) is bas	ed on all inform	ation of v	wnich preparer has
		T.						
		Signatu	re of officer			2019-05-14 Date		
iign Iere								
			ER GREENAWAY PRESIDENT r print name and title					-
			rınt/Type preparer's name	Preparer's signature	Date		PTIN	
Paic	ı		AMARA VINEYARD	TAMARA VINEYARD	2019-05-13	Check L if is self-employed	P01775208	3
re		ا ا	rm's name DIXON HUGHES GOOD			Firm's EIN ► 56-	0747981	
Jse		1 5	rm's address ▶ 1410 SPRING HILL ROA	AD SUITE 500		Phone no (703)	970-0400	
			TYSONS, VA 2210230	56				
1ay t	ne IR	S discuss	this return with the preparer show	vn above? (see instructions)			<b>✓</b> Y	′es 🗌 No

Form	1 990 (2017)				Page <b>2</b>
Pai	t IIII Statement	of Program Service Ac	complishments		
	Check if Sched	dule O contains a response o	r note to any line in this Part III		🗹
1	Briefly describe the o		•		
THE	WORKFORCES OF TRAI	DE ASSOCIATION MEMBERS		S OF ITS MEMBERS RELATING TO PLOYEES, AND CITIZENS ABOUT P APPROPRIATE	
2	-	, -	ogram services during the year wl	nich were not listed on	☐ Yes ☑ No
	If "Yes," describe the	se new services on Schedule	e O		
3	Did the organization of	cease conducting, or make s	ignificant changes in how it condu	ıcts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) and		e required to report the amount o	largest program services, as mean f grants and allocations to others,	
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data	, (		,,,	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4d		tes (Describe in Schedule O	•		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program serv	rice expenses ►			

or X as applicable

**Checklist of Required Schedules** 

Section 501(c)(3) organizations.

Page 3

No

Nο

No

Nο

No

Nο

No

No

Nο

Nο

No

No

Νo

Nο

Nο

No

Nο

Nο

Νo

Nο

Nο

Nο

Nο

No

Form 990 (2017)

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Was the organization included in consolidated, independent audited financial statements for the tax year?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11a

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11d

11e

11f

12a

12b

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14a

14b

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Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Yes

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 

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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Form 990 (2017)

Yes

Νo

Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3<sup>7</sup> If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 3
Fell	Check if Schedule O contains a response or note to any line in this Part V	_		П
	Check in Deficultie of Contains a response of flote to any line in this fact vit in it.	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	6b	Vac	
7	not tax deductible?	60	Yes	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	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 to file			
	Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
£	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>-</b> ''-		
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
٥-	Did the anaman annual and an analysis and the same the same and an arctical 40002	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
В	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		_
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments $^{2}$ If "No," provide an explanation in Schedule $^{O}$	14b		
		F	orm <b>99</b>	<b>0</b> (2017

	(===:/			rage <b>c</b>
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	lo" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	<b>✓</b>
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year la	3	Yes	No
	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			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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? .	on <b>3</b>	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor members of the governing body?	e <b>7a</b>		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following	<i>'</i>		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Code	<u>.</u> )	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		ĺ
				ļ
lla	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
			Yes	
b	form?		Yes Yes	
b 12a	form?	11a		No
b 12a b	form?	11a 12a		No
b 12a b	form?	11a 12a 12b	Yes	No
b 12a b c	form?	11a 12a 12b	Yes	No
b 12a b c	form?	11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14	form?	11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14 15	form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14 15	form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 12a b c 13 14 15 a b	form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 12a b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 12a b c 13 14 15 a b 16a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemption status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 12a b c 13 14 15 a b 16a b	bescribe in Schedule O the process, if any, used by the organization to review this Form 990	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 12a b c 13 14 15 a b 16a b	pescribe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No No
b 12a b c 13 14 15 a b 16a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 exemp status with respect to such arrangements?  List the States with which a copy of this Form 990 is required to be filed▶  Section C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶  Section 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No No
b 12a b c 13 14 15 a b 16a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 exemplisation with respect to such arrangements?  Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No No

Name and Title

Part V

(F)

Estimated

amount of other

Ш	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,
_	and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or 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

Position (do not check more

than one how unless person !

(D)

Reportable

compensation

Reportable

compensation

compensated employees, and former such persons 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Average hours ner

	hours per week (list any hours for related	than o		n of or/t	ficer	and a	9	compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	MISC)	related organizations
(1) HEATHER GREENAWAY PRESIDENT	20 00			x				0	0	0
(2) STACEY GLAZIER TREASURER, DIRECTOR	0 20	х		х				0	0	0
(3) KATIE PACKER BEESON DIRECTOR	3 00	Х						0	0	0
(4) DAVID CHAPIN DIRECTOR	0 20	Х						0	0	0
					<u> </u>					Form <b>990</b> (2017)

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated

hours per week (list any hours for related organizations below dotted line)		n off tor/ti	ficer rust	and a	Forme	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	amount of other compensation from the organization and related organizations

1b Sub-Total			•		

1b Sub-Total				<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶			
d Total (add lines 1b and 1c)				▶	0	0	0

1b	Sub-Total						•				
С	Total from continuation sheets to Pa	art VII, Sectio	nΑ.				▶				 
d	Total (add lines 1b and 1c) .     .     .						▶		0	0	0
2	Total number of individuals (including of reportable compensation from the compensation			e liste	ed al	bove	e) who	rece	eived more than	\$100,000	

1b 9	Sub-Total						•				
сТ	otal from continuation sheets to Pa	art VII, Sectio	nΑ.				▶[				
d 1	otal (add lines 1b and 1c)						▶		0	0	0
2	Total number of individuals (including of reportable compensation from the compensation			e liste	ed a	bove	e) wh	o rece	eived more than	\$100,000	

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

from the organization Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

No

No

Nο

288,765

139,000

Yes

# 5

line 1a? If "Yes," complete Schedule J for such individual .

3

BURNING GLASS

1826 JEFFERSON PL NW WASHINGTON, DC 20036

PO BOX 25525 ALEXANDRIA, VA 22313 FP1 PUBLIC AFFAIRS

Nο

(C)

Compensation

Form **990** (2017)

MEMBER DEV

MEDIA SERVICES

(B)

Description of services

MGMT & PROGRAM SERVICES,

### **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

compensation from the organization ▶ 2

5

4

3

Part		Statement of I	Revenue							Page <b>9</b>
	-	Check if Schedule		a respo	onse or note to an	v line in this Part	VIII .			🗆
		Circle III School	o contains.	и теоре	or note to an	(A) Total revenue	F	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue  excluded from tax under sections
	٠.							revenue		512-514
इ इ		Federated campaign		1a						
ran		Membership dues .		<b>1</b> b						
يَّ <u>و</u>		Fundraising events		1c						
ifts ar /		d Related organization		<b>1</b> d						
9 <u>∺</u>	•	Government grants (cor	ntributions)	1e						
Sil	f	<ul> <li>All other contributions, quantum and similar amounts not</li> </ul>	gifts, grants, t included	4.5						
outi her		above		1f						
<u> </u>	٩	Noncash contribution in lines 1a-1f \$	ns included							
Contributions, Gifts, Grants and Other Similar Amounts	h	Total Add lines 1a-1f			•					
					Busines	s Code				
Program Service Revenue	2a	DUES & VOLUNTARY ASS	ES			900099	1,055,00	00 1,055	,000	
ا <u>چ</u>										
ر د	b									
ž	d			_						
٦ S	e			_						
gra	f	All other program serv	vice revenue							
Ĕ.	g.	Total.Add lines 2a-2f			<b>▶</b>	,055,000				
-	3 ]	Investment income (inc	cluding divid	ends, ı			9			9
		imilar amounts) Income from investmei				<b>▶</b>	1			-
		Royalties				<b>▶</b>				
		Ĺ	(ı) Rea		(II) Personal					
	6a	Gross rents								
	h	Less rental expenses				_				
		·								
	C	Rental income or (loss)								
	d	L Net rental income or	(loss)			<del>-</del>				
			(ı) Securit	ies	(II) Other					
	7a	Gross amount from sales of								
		assets other than inventory								
	h	Less cost or								
		other basis and sales expenses								
	c	Gain or (loss)								
		Net gain or (loss) .			<b>•</b>					
	8a	Gross income from ful (not including \$	_	ents of						
ň		contributions reported	on line 1c)		J					
eve		See Part IV, line 18								
π.		Less direct expenses Net income or (loss) f		<b>b</b> una ev	ents					
Other Revenue		Gross income from ga								
0		See Part IV, line 19			ļ					
	h	Less direct expenses		a b						
		Net income or (loss) f			les					
		Gross sales of invento								
		returns and allowance	·s	_	]					
	h	Less cost of goods so	old.	a b						
		Net income or (loss) f								
-		Miscellaneous F		IIIVEIII	Business Code					
	11	а								
	b									
	C									
		011 abb								
		All other revenue .  Total. Add lines 11a-			•	1	+			+
		Total revenue. See I								
		Total revenue, 5ee I	รน นะนอกร	• •	· · · •	1,05	5,009	1,055,000		0 9

Part IX	Statement of	<b>Functional</b>	Expenses

b c d

e All other expenses

25 Total functional expenses. Add lines 1 through 24e **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Form 990 (2017) Page 10 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 (B) (C) Do not include amounts reported on lines 6b, (D) (A) Management and Program service Total expenses 7b, 8b, 9b, and 10b of Part VIII. Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and 385,000 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 organizations, foreign governments, and foreign individuals See Part IV, line 15 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . 9 Other employee benefits . 10 Payroll taxes . . 11 Fees for services (non-employees) 89,500 a Management . . . 8,262 **b** Legal . c Accounting . 3,900 . . . 90,000 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 564,950 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . 2 718 13 Office expenses . 32,550 14 Information technology 15 Royalties 16 Occupancy 2,646 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 . . . 22 Depreciation, depletion, and amortization . 4,952 23 Insurance . 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 O )

1,184,478

Form 990 (2017)

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

Page **11** 

73,312

25,000

2.276

101,145

276,561

276,561

-175.416

-175,416

101.145

Form **990** (2017)

557

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

Cash-non-interes

Part II of Schedule L . . .

Inventories for sale or use .

basis Complete Part VI of Schedule D Less accumulated depreciation

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11 . . . . . .

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

st-bearing . Savings and temporary cash investments . . .

Pledges and grants receivable, net . . . Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) Notes and loans receivable, net . .

voluntary employees' beneficiary organizations (see instructions) Complete Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

10a

0

10b

6 7.276

(A)

Beginning of year

213,113

15.673

1

2 3

4

5

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

236.062

282.009

282.009

-45.947

-45,947

236.062

☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2b

2c

3a

3b

Nο

No

Form 990 (2017)

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 26-3015556 Name: WORKFORCE FAIRNESS INSTITUTE INC.

Form 990 (2017)

Form 990, Part III, Line 4a: GRASSROOTS ACTIVITY WEI'S PRIMARY ACTIVITY IS CONDUCTING GRASSROOTS ACTIVITIES TO EDUCATE THE PUBLIC ABOUT THE FEFECTS OF THE PENDING LEGISLATION AND POSSIBLE DECISIONS OF THE NURB PERTAINING TO WORKPLACES AND DECISION-MAKING BY WORKFORCES AND PROPOSED APPOINTMENTS TO AGENCIES OVERSEEING WORKPLACE ISSUES. AND TO ENCOURAGE MEMBERS OF THE PUBLIC TO CONTACT THEIR CONGRESSPERSONS ABOUT SUCH LEGISLATION AND APPOINTMENTS WFI HAS ESTABLISHED A WEBSITE THAT ENCOURAGES USERS TO CONTACT THEIR CONGRESSPERSONS AND SHARE THEIR STORIES ABOUT THEIR EXPERIENCES WITH ABUSES OF FAIR AND DEMOCRATIC WORKFORCE PRACTICES

### Form 990, Part III, Line 4b: EARNED MEDIA ACTIVITY WFI PROMOTES FAIR AND DEMOCRATIC WORKPLACE DECISIONS THROUGH EARNED MEDIA OUTREACH ACTIVITIES, INCLUDING DISCUSSING THE EFFECTS OF PENDING LEGISLATION AND POSSIBLE DECISIONS OF THE NLRB IN NEWSPAPER, RADIO, TELEVISION, CABLE, AND BLOGGER INTERVIEWS, IN WRITTEN EDITORIALS, AND IN PRESS EVENTS AND NEWS RELEASES WFI ALSO CONDUCTS WEB ADVERTISING. AN EDUCATIONAL EMAIL CAMPAIGN, AND ENGAGES IN VARIOUS

INTERNET-BASED SOCIAL NETWORKING ACTIVITIES BY JOINING SITES SUCH AS FACEBOOK AND TWITTER

### Form 990, Part III, Line 4c: WEI HAS MEMBERSHIP IN SEVERAL ORGANIZATIONS THAT PROMOTE SIMILAR PRINCIPLES AND IDEAS REGARDING THE RIGHTS OF WORKERS AND SMALL BUSINESS' ROLE IN JOB CREATION. THESE MEMBERSHIPS HELP PROMOTE ITS GOAL OF WORKPLACE FAIRNESS.

SCHEDULE C

## Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493135038979

☐ Yes

☐ Yes

☐ Yes

(e) Amount of political

contributions received

360.000

360,000

**☑** No

Inspection

Department of the Treasury Internal Revenue Service

Was a correction made?

(a) Name

(Form 990 or 990-

EZ)

4a

1

3

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Section 527 organizations Complete Part I-A only

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

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

t the	organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instruction	ns) or Form 99	30-EZ	, Part V, line	e 35c
Pro	xy Tax) (see separate instructions), then	·			
• 8	Section 501(c)(4), (5), or (6) organizations Complete Part III				
Nar	ne of the organization	Employer id	entifi	cation num	ber
WO	RKFORCE FAIRNESS INSTITUTE INC				
		26-3015556			
Par	I-A Complete if the organization is exempt under section 501(c) or is a section	n 527 orga	nizat	ion.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV ("political campaign activities")	see instruction	s for o	definition of	
2	Political campaign activity expenditures (see instructions)	<b>&gt;</b>	\$_		360,000
3	Volunteer hours for political campaign activities (see instructions)		_		
Par	<b>I-B</b> Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	<b>&gt;</b>	\$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<b>&gt;</b>	\$_		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			□ ves	П

<b>b</b> If "Y	'es," describe in Part IV
Part I-C	Complete if the organization is exempt under section $501(c)$ , except section $501(c)(3)$ .

Enter the amount directly expended by the filing organization for section 527 exempt function activities	<b>&gt;</b>	\$ <u>_</u>
Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt		

_			
	function activities	<b>&gt;</b>	\$

3	Total exempt function expenditures i	Add lines 1 and 2	Enter here and on Form	1120-POL, line 17b
4	Did the filing organization file Form 1	1120 DOL for this	war?	

4	Did the filing organization file <b>Form 1120-POL</b> for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which	-	Did the ming organization me Form 1120-FOL for this year.
	5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which

5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which
	organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. A

(b) Address

5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing
	organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount
	of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated
	fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

			funds If none, enter -0-	and promptly and directly delivered to a separate political organization If none, enter -0-
(1) COLORADO CAMPAIGN FOR JOBS & OPPORTUNITY	1099 18TH STREET SUITE 2150 DENVER, CO 80202	47-1174257	360,000	
2				
3				
4				
5				

(c) EIN

(d) Amount paid from

filing organization's

Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

activity

c

(b)

Amount

Yes

1

2

No

No

No

Nο

1,055,000

452,214

452,214

-602,786

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Media advertisements?

Mailings to members, legislators, or the public? Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?

Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

2a

If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6).

Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)answered "Yes."

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Dues, assessments and similar amounts from members

1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

expenses for which the section 527(f) tax was paid).

Current year h Carryover from last year

C 3

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

expenditure next year? 5

Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Return Reference

PART I-A, LINE 1

Part IV

instructions), and Part II-B, line 1 Also, complete this part for any additional information

**Supplemental Information** 

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

1.055.000

1

2a

2b

2c 3

> 4 5

Explanation FROM TIME TO TIME, WFI MAKES CONTRIBUTIONS TO SUPER PACS THAT SUPPORT OR OPPOSE CANDIDATES FOR POLITICAL OFFICE CONTRIBUTIONS ARE MADE ON THE BASIS OF A PAC'S SUPPORT OF

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLI	N: 93493135038979
Schedule I (Form 990)  Department of the Treasury Internal Revenue Service	Co	Governments amplete if the organization	other Assistance  and Individuals  tion answered "Yes," o  Attach to Form  I (Form 990) and its i	s in the Unite on Form 990, Part IV 990.	d States , line 21 or 22.		0	2017 Open to Public Inspection
Name of the organization WORKFORCE FAIRNESS INSTITU	JTE INC					'	•	ation number
Part I General Inform	nation on Grants	and Assistance				26-30	15556	
<ol> <li>Does the organization mai the selection criteria used</li> <li>Describe in Part IV the org</li> </ol>	to award the grants	or assistance?			for the grants or assistance	e, and		✓ Yes □ No
		estic Organizations an can be duplicated if addi		nts. Complete If the o	rganızatıon answered "Yes"	on Form 990, F	Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		(h) Purpose of grant or assistance
(1) CENTER FOR UNION FACTS INC 1090 VERMONT AVE NW STE 800 WASHINGTON, DC 20005	20-4036946	501(C)(3)	25,000					GENERAL SUPPORT
2 Enter total number of sect	tion 501(c)(3) and go	vernment organizations	listed in the line 1 table .				<b>&gt;</b>	1
3 Enter total number of other	er organizations listed	d in the line 1 table					<b>•</b>	0
For Paperwork Reduction Act Noti	ce, see the Instruction	ns for Form 990.		Cat No 50055	5P		Scho	edule I (Form 990) 2017

Schedule I (Form 990) 2017						Page <b>2</b>
Part III Grants and Other As Part III can be duplica	ssistance to ated of addition	Domestic Individuational space is needed	als. Complete if the orga	inization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assist	tance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	Information	on. Provide the inf	ormation required in '	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanatio	on				
PART I, LINE 2						ORMAL PROCESS FOR MONITORING THE USE OF YEAR WERE TO SECTION 501(C)(3) ORGANIZATIONS

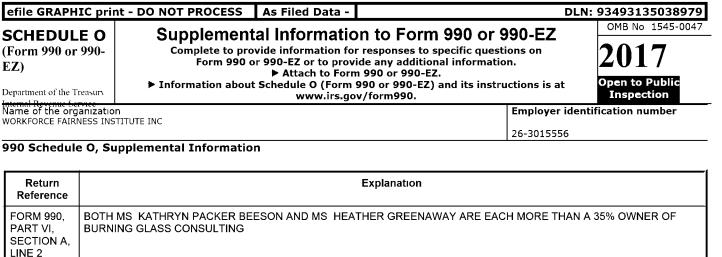
Schedule I (Form 990) 2017

efile GRAPHI	RAPHIC print - DO NOT PROCESS   As Filed Data -   DLN: 9349313503						35038	3979					
Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	nization a 28b, or 28 ► Attac	ns with In Inswered "Yes Bc, or Form 99 th to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or ( 0-EZ.	ines 2 40b.					1545-0	
Department of the Trea Internal Revenue Servi	asurv	ormation abo	out Schedi	ule L (Form 99 <u>www.irs.gov</u>		) and its inst	ructio	ns is	at	(	pen	to Pub	olic
Name of the org WORKFORCE FAIRN	anization NESS INSTITUTE INC							•	<b>yer id</b> 5556	entifica	ition r	umber	
	ss Benefit Tran									ne 40b			
	) Name of disquali			Relationship be				(c) [	escrip ansact	tion of		) Corre es	cted? <b>No</b>
4958 3 Enter the ar	mount of tax incur mount of tax, if an ans to and/or inplete if the organ orted an amount o (b) Relationship with organization	y, on line 2, a  From Interestation answern Form 990, F  (c) Purpose	bove, reimlested Per red "Yes" o Part X, line (d) Loan	bursed by the orsons. n Form 990-EZ, 5, 6, or 22	rganization .			t IV,	line 26	\$ \$ 6, or if h) oved by rd or nittee?	(	janizatio i)Writte greemer	en
			То	From			Yes	No	Yes	No	Yes	N	D
Total				•	<u> </u> ▶ \$								
	nts or Assistar					line 27							
	rested person (b		between n and the	(c) Amount		(d) Type	of assi	stanc	ce	<b>(e)</b> Pu	rpose (	of assist	ance
		organizat	ion										
		organizati	ion										
		organizati	ion										

(a) Name of Interested person	(b) Relationship	(c) Amount of	(d) Description of transaction	(e) Sł	arına
(a) Name of interested person	between interested	transaction	(a) Description of transaction	(e) 51	_
	person and the	Clansaction		organiz	•
	organization			reven	
				Yes	No
(1) BURNING GLASS CONSULTING	SEE DESCRIPTION BELOW OF RELATIONSHIP BETWEEN BURNING GLASS AND WFI	89,500	MANAGEMENT SERVICES		No
(2) BURNING GLASS CONSULTING	SEE DESCRIPTION BELOW OF RELATIONSHIP BETWEEN BURNING GLASS AND WFI	84,146	MEMBERSHIP DEVELOPMENT SERVICES		No
(3) BURNING GLASS CONSULTING	SEE DESCRIPTION BELOW OF RELATIONSHIP BETWEEN BURNING GLASS AND WFI	115,119	PROGRAM SERVICES		No
				+	
Part V Supplemental Informat	ion			_	

Return Reference Explanation

MS KATHRYN PACKER BEESON, A DIRECTOR, AND MS HEATHER GREENAWAY, PRESIDENT OF WFI, EACH FORM 990, SCHEDULE L, PART IV OWNED MORE THAN 35% OF THE PROFITS INTERESTS OF BURNING GLASS CONSULTING LLC



Reference	
FORM 990, PART VI, SECTION A, LINE 3  THE ORGANIZATION'S PROGRAM IS PERFORMED UNDER THE SUPERVISION OF THE BOARD OF DIRE BURNING GLASS CONSULTING MS HEATHER GREENAWAY, PRESIDENT OF WFI, PROVIDED MANAGEMEN VICES TO WFI SHE IS A PART-OWNER OF BURNING GLASS CONSULTING (BGC) AND BURNING GLASS ULTING WAS PAID FOR MS GREENAWAY'S SERVICES TO WFI THROUGH A MANAGEMENT FEE TO BOATHRYN PACKER BEESON SERVED AS A DIRECTOR OF WFI MS BEESON IS PART-OWNER AND RECIMPENSATION FROM BCG BCG RECEIVED A MANAGEMENT FEE TOTALING \$288,765 MS GREENAWA BEESON PROVIDED SERVICES TO MULTIPLE CLIENTS OF BCG CLIENTS OF BCG GENERALLY PAY FRETAINER AMOUNTS WFI PAID BCG CONSIDERABLY LESS THAN THE CONTRACTED AMOUNT FOR SAS A CONSEQUENCE, NEITHER BCG NOR WFI CAN DETERMINE WHAT PORTION OF THE COMPENSATION OF THE	IT COMPANY, ERIAL SER S CONS G MS K EIVED CO Y AND MS EIXED ERVICES

Return Explanation

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, WFI OFFICERS AND DIRECTORS ARE ASKED TO SIGN A NEW DISCLOSURE ADDITIONALLY, BOT H OFFICERS AND DIRECTORS ARE REQUIRED BY THE POLICY TO DISCLOSE ANY CONFLICT OF INTEREST W HEN IT ARISES THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, PRINCIPAL OFFICERS, AND M EMBERS OF ANY COMMITTEE WITH BOARD DELEGATED POWERS AFTER THE DISCLOSURE OF A POTENTIAL C ONFLICT AND ALL MATERIAL FACTS, THE BOARD OF DIRECTORS OR RELEVANT COMMITTEE WILL DETERMIN E WHETHER A CONFLICT OF INTEREST EXISTS, ALTHOUGH THE INTERESTED PERSON MAY NOT BE PRESENT DURING THIS DETERMINATION IF A CONFLICT IS DETERMINED TO EXIST, THE INTERESTED PERSON MAY Y MAKE A PRESENTATION AT THE BOARD OF DIRECTORS OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE MUST LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANS ACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST

Return Explanation

FORM 990, WFI'S ORGANIZATIONAL DOCUMENTS ARE ATTACHED TO FORM 1024 WFI'S FORM 1024 IS AVAILABLE FOR PART VI, PUBLIC INSPECTION AND COPYING AS REQUIRED BY LAW WFI HAS NO PLANS TO MAKE ITS GOVERNING SECTION C, DOCUMENTS, FINANCIAL STATEMENTS OR POLICIES AVAILABLE TO THE GENERAL PUBLIC TO THE EXTENT LINE 19 THAT THEY ARE NOT INCLUDED WITH ITS FORM 1024 OR A FORM 990

Return Explanation Reference

FORM 990. OUTSOURCED ADMINISTRATIVE CONSULTANT 79.000 CONSULTANT - RESEARCH 139.500 CONSULTANT - E ARNED MEDIA 214,950 CONSULTANT - FUNDRAISING 131.500 PART IX.

LINE 11G