9

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

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

A Fort	the 2018 calen	dar year, or tax year beg	inning	, 201	8, and endin	g		,		
B Check	if applicable	С		 			D Employer iden	tification number		
A	Address change	OTHER 98 PERCEN	T ACTION INC				04-3578	3179		
N	lame change	3519 NE 15TH AV	E #583			Ī	E Telephone nun	nber	-	
ln	Initial return PORTLAND, OR 97212							7-9088		
Fı	Final return/terminated									
A	Amended return					ŀ	G Gross receipts	\$ 475,1	37.	
∐ A	Application pending	F Name and address of princip	pal officer JOHN SELLE	ERS			group return for su	'E3 [X No	
		SAME AS C ABOVE			-01	H(b) Are all s	subordinates include attach a list (see ir	ed? Yes Yes	No	
	-exempt status	501(c)(3) X 501(c) ((4) ▼ (insert no)	4947(a)(1)	or 5 87	,		,		
J We	ebsite: > WW	W.OTHER98.COM				H(c) Group e	xemption number			
	m of organization	X Corporation Trust	Association Other		L Year of formati	on 2001	M State of	legal domicile MA		
Part I	Summar	y ha tha arganization's mis	soon or most sometiment	¥						
1	Briefly descri	be the organization's mis	sion or most significant	activities_S	SEE_SCHEI	DULE_O_				
ဥ										
Governance & &										
<u>8</u> 2	Check this bo	ox F If the organizati	ion discontinued its oper	ations or dis	sposed of mo	ore than 25	5% of its net as	ssets		
		oting members of the gov	erning body (Part VI, line	e 1a)			3		Ç	
Activities & 2a		dependent voting member					4		(
: <u>a</u> 5		of individuals employed		Part V, line 2	2a)		5		•	
ctivities &		of volunteers (estimate i ed business revenue from	- -	10			6		(
-		l business taxable income					7a 7b		0.	
	The direction	TOUSINGS (GAUSIC INCOME	3 HOITT OTH 330 T, IIIC			Pr	or Year	Current Year	0.	
8	Contributions	and grants (Part VIII, lin	e 1h)				21,659.	4,3		
၌ 9		rice revenue (Part VIII, Iir	•				538,029.	470,7		
Revenue 10 11	Investment in	ncome (Part VIII, column	(A), lines 3, 4, and 7d)			-	5.		15.	
œ 11	Other revenu	e (Part VIII, column (A), I	lines 5, 6d, 8c, 9c, 10c,	and 11e)						
12		e - add lines 8 through 1			line 12)		559,693.	475,1	37.	
13	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)						205.			
14		to or for members (Part								
္ 15							406,227.	211,1	40.	
Expenses d b	Professional	fundraising fees (Part IX,	column (A), line 11e)							
ğ b	Total fundrais	sing expenses (Part IX, c	olumn (D), line 25) 🕨 _							
ш 17	Other expens	ses (Part IX, column (A),	lines 11a-11d, 11f-24e)				139,179.	214,0	43.	
18	Total expense	es Add lines 13-17 (must	t equal Part IX, column ((A), line 25)			545,611.	425,1	83.	
19	Revenue less	expenses Subtract line	18 from line 12				14,082.	49,9	54.	
200						Beginning	of Current Year	End of Year		
Palance Balance 20		(Part X, line 16)					95,837.	147,1		
* EI		s (Part X, line 26)					4,767.	6,0		
		fund balances Subtract	line 21 from line 20				91,070.	141,0	24.	
Part II	Signatur							··=·		
Under pena complete D	alties of perjury, I de Declaration of prepa	eclare that I have examined this retirer (other than officer) is based of	eturn, including accompanying sc A all prormation of which prepare	thedules and state er has any know	tements, and to t rledge	he best of my	knowledge and bel	lief, it is true, correct, an	ıd	
	1	h // //	M			14	5/1 5/1	9		
Sign	Signatu	re of officer			*	Date	3 '< '			
Here	тоні	N SELLERS				TREAS	IIRER			
		print name and title				пшпо	отшт			
	Print/Type p	reparer's name	Preparer s signature		Date		Check If	PTIN		
Paid	JEFFRE	EY D. COLE, CPA	JEFFREY D. COI	LE, CPA			self-employed	P01453098		
Prepare	er Firm's name		LE & ASSOCIATES		HF	CF		·		
Use Or					(C)		- Ly 5 81	-4247491		
		SEATTLE, WA			88		Phone no (20			
May the	IRS discuss th	is return with the prepare		structions)	MAY Y	2020			No	
		eduction Act Notice, see			-firi	A0101L 08/20	122	Form 990 (2		
	•		•	ااد		YEAT				

1. C. C. C. J. C. C.



Form 990 (2018) OTHER 98 PERCENT ACTION INC Part IV | Checklist of Required Schedules

	In the case of a second of E01(2)(2) a 4047(2)(1) (1)		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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
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			
4	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes.' complete Schedule D, Part VII	11 b		Х
(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	11 c		Х
(Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If 'Yes,' complete Schedule E	13		X
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	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	14ь		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		Х
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		Х
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
t	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		х

Form 990 (2018) OTHER 98 PERCENT ACTION INC Partily Checklist of Required Schedules (continued)

- TAXA 1884	- v garacter		V	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	22	_	х
24 8	Schedule J 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	23		X
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
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)		75	
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	-	_ <u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		X
	Was the organization related to any tax exempt or taxable ontity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	o 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? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х
Rai	TWA Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response or note to any line in this mart v		Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 5 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2018) OTHER 98 PERCENT ACTION INC

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

			Yes	No				
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a 6							
1	ments, filed for the calendar year ending with or within the year covered by this return [2a] 6 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		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	3 b						
4	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)?	4 a		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)							
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	c If 'Yes,' to line 5a or 5b did the organization file Form 8886-T?	5 b 5 c		Х				
6 a 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?								
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).	6 b	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?	7 a						
١	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b						
,	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.						
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	7 c						
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	 7 е						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	_ / 11		٠ _ ا				
	organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a						
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b						
	Section 501(c)(7) organizations. Enter							
	a Initiation fees and capital contributions included on Part VIII, line 12							
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
	Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a							
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a						
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			1				
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
•	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		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 13b							
	c Enter the amount of reserves on hand	14 -						
	a Did the organization receive any payments for indoor tanning services during the tax year? It is best tilled a Form 720 to copart these payments? If is a received an explanation in Schodule O	14a		^				
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х				
_	If 'Yes,' see instructions and file Form 4720, Schedule N							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O	16		Х				

Form 990 (2018) OTHER 98 PERCENT ACTION INC 04-3578179 Page 6 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 Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1 a 5 b Enter the number of voting members included in line 1a, above, who are independent 5 1 b 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 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 Х 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 6 Did the organization have members or stockholders? Х 6 7 a 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? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х X **b** Each committee with authority to act on behalf of the governing body? 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 b 11 a Ilaa the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15 a **b** Other officers or key employees of the organization Χ 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16 a **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? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

GENEVIEVE RAYMOND 13324 SW 220TH ST

VASHON WA 98070 206-427-9088

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Form 990 (2018)

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

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

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours per	IS						(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) DANIEL MOSS DIRECTOR	1	Х						0.	0.	0.
(2) LOIS CANRIGHT	1	^	-					0.	U.	
DIRECTOR		Х						0.	0.	0.
(3) JOHN SELLERS	20									<u></u>
TREASURER	0			Х				0.	0.	0.
(4) ANDREW BOYD	1									
PRESIDENT	0_			Х				0.	0.	0.
(5) MATTHEW HOLLAND	1							_	_	
SECRETARY	0			Х				0.	0.	<u> </u>
(8)										
(9)										
(10)										
(11)										
(12)										,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru	(B)	Tey)) ()		C 3, 6	and	I liighest con	ipensated Emp	Continued)
(A) Name and title	Average hours per week (list any	Position (do not check more box, unless person officer and a directo			is both an or/trustee)		(D) Reportable compensation from the organization	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation	
	hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Kcy cmployee	Highest compensated employee	Former	(W 2/1099-MISC)	(W 2/1099 MISC)	from the organization and related organizations
(15)	-									
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)									-	
(25)										
1 b Sub-total	1						>	0.	0.	0.
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.	0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	oted	abo	vc) v	who	recer	ved	0. more than \$100,00	0. 00 of reportable comp	0 vensation
Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such that is the second of the second	tor, or tru	stee,	key	/ en	nplo	ycc,	or h	nighest compensa	ted employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er thon \$1	le co 50,0	rope 002	ensa If '\	ition Yos,	and con	oth <i>iple</i>	er compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fr	om dule	any <i>J fo</i>	unre r suc	late h p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	epen	deni	t co	ntra	ctors	tha	it received more t	han \$100,000 of	
componention from the organization. Report compensation (A) Name and business add		the e	alen	dar	year	endi	ng v	vith or within the oi)	(C) Compensation
ivanie and pusitiess add	1033							Description	OI SELVICES	Compensation
Total number of independent contractors (including the \$100,000 of compensation from the organization).		ited to	o tho	ose I	listed	abo	ve)	who received more	than	
RAA		TEEAC	100	00.0	02/20					Form 990 (2018

	Check if Schedule O contains a response or note to a	ny line in this Part V	/III · · · · · · · · · · · · · · · · · ·	•	<i>:</i> \square
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
fts, Grants Amounts	1 a Federated campaigns1 ab Membership dues1 bc Fundraising events1 cd Related organizations1 d				
Contributions, Gifts, Grants and Other Similar Amounts	e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts-not included above				
ontri nd O	g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f				
	Business Code	4,383.	THE SECTION OF STREET	Transfer of the second	Mile Carried and the Carried a
Program Service Revenue		450 043	450.043		
eve	2a PROGRAM SERVICE FEES	459, 943.	459,943.		
e H	b CONTRACTED SERVICES ·	9,053.	9,053.		
Ž	c AD REVENUE 541800	1,743.	1,743.		, ,
လို			· · · · · · · · · · · · · · · · · · ·	'	
щ	· e			, ,	,
ō	f All other program service revenue		12.7%, L.S.28(40%) 1487, 28, 46, 54 G, 486, 374	Translation in it is a constant of institution of the constant	Link to be a "Completion of the completion of th
٠ <u>٣</u>	g Total. Add lines 2a-2f	470,739.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	15.	. 15.	,	
	4 Income from investment of tax-exempt bond proceeds		,	,	
	5 Royalties	The state of the s	1272 2 2012 7 3		10000 2200 2500 2500 2500
	(i) Real (ii) Personal .				
	6a Gross rents		1007000,000000		
	b Less rental expenses .				
	c Rental income or (loss)		V. 2013 A FEVE TO SERVE		
-	d Net rental income or (loss)			٠,	_
	7 a Gross amount from sales of (i) Securities (ii) Other	\$ (4.75) \$ 1.00 A.C.	37.50	2012/25/14/25/25	CONTRACTOR OF THE STATE OF THE
•	assets other than inventory				
	b Less cost or other basis and sales expenses.				
	c Gain or (loss)				
	d Net gain or (loss)	•		,	
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
æ	See Part IV, line 18				
ē	b Less direct expenses b				
뜦	c Net income or (loss) from fundraising events:				
O	9a Gross income from gaming activities See Part IV, line 19				K
,	b Less direct expenses b				
	c Net income or (loss) from gaming activities	• A THE STREET COLUMN TO SERVICE SHEET CO.			10.3.710.207.78.77.30.20.20.20.20
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	•			
	Miscellaneous Revenue Business Code	And the succession of the latest Con-			
	11 a		The second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is section in the second section in the section is section in the section in the section is section in the section in the section in the section is section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section in the section is section in the sectio		(
	b ,		,		
	c	,			
	d All other revenue.		 	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	e Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·	Mark the state of	SITO DESERVA DE PROP	DELTANTED BUILDAN
		475 105	AZO ZCA	PARTY AND	した。 「他にあまするのがなりましてんり
	12 Total revenue. See instructions	475,137.	470,754.	0.	· 0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 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 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, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.,	0.
7	Other salaries and wages	180,165.	180,165.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,775.	13,775.	-	
10	Payroll taxes	17,200.	17,200.		
11	Fees for services (non-employees)	2./200.			
a	Management				
	Legal	500.	500.		
	: Accounting	1,224.	300.	1,224.	
	Lobbying	1,224.		1,224.	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule Ó)				
12	Advertising and promotion	3,468.	3,468.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	10,433.	10,433.	·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<u> </u>
23	Insurance Other expanses Itemize expanses not	4,300.	4,300.		
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).				;
a	CONTRACTED PERSONNEL SUPPORT	163,342.	163,342.		· · · · · · · · · · · · · · · · · · ·
	TELEPHONE & WEB HOSTING	15,230.	15,230.		
	SOFTWARE	6,082.	6,082.		
	SUPPLIES	5,145.	5,145.		
	All other expenses	4,319.	3,143.	405.	
	Total functional expenses Add lines 1 through 24e	425,183.	423,554.	1,629.	0.
	<u> </u>	120,100.	120,004.	1,023.	<u></u>
<i>2</i> 6	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 (2018) OTHER 98 PERCENT ACTION INC 04-3578179 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 82,637 1 132,356. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 11. 400 4 14,763 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 5.400 b Less accumulated depreciation 10 b 5.400 1,800 10 c Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV. line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 95,837 16 147,119 17 Accounts payable and accrued expenses 4,767. 17 6,095 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 4,767 Total liabilities. Add lines 17 through 25 26 6,095 Organizations that follow SFAS 117 (ASC 958), check here X and complete Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 141,024. 91,070. Temporarily restricted net assets. 28 Permanently restricted net assets 29 Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30

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31

32 33

34

TEEA0111L 08/03/18

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

·Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

147,119. Form 990 (2018)

141,024

31

32

33

34

91,070.

95,837.

Forr	m 990 (2018) OTHER 98 PERCENT ACTION INC 04-	3578179	F	age 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	475,	137.
2	Total expenses (must equal Part IX, column (A), line 25)	2	425,	183.
3	Revenue less expenses Subtract line 2 from line 1	3	49,	954.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,	070.
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	141,	024.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	in Schedule O		in when were the probability	111111111111111111111111111111111111111
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	In 1 of most major not not be to	m manara
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
	LiWere the organization's financial statements audited by an independent accountant?		211	X
	If 'Yes' check a box below to indicate whether the financial statements for the year were audited on a separa	te	transari no arrian Historia	i ka inserienenini (
	basis, consolidated basis, or both			!
	Separate basis Consolidated basis Both consolidated and separate basis			-
	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?		2 ເ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		7 6 6 5 W 6 77 WWG	
7	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	it	3 b	

TEEA0112L 08/03/18

Form **990** (2018)

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SCHEDULE D (Form 990)

Name of the organization

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

OMB No 1545 0047

Open to Public Inspection

Employer identification number

	OTHER 98 PERCENT ACTION IN			04-3578179
Par	Complete if the organization ans			
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do are the organization's property, subject to the			or advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefi impermissible private benefit?			
Par				
1 47	Complete if the organization ans	swered 'Yes' on Form 99	0, Part IV, line 7	
1	Purpose(s) of conservation easements held b			
	Preservation of land for public use (e.g.,	recreation or education)	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation con	ntribution in the form o	
				Held at the End of the Tax Year
	Total number of conservation easements			2 a
	Total acreage restricted by conservation ease		d - 7-5	2 b
	: Number of conservation easements on a cert		` '	2 c
_	Number of conservation easements included structure listed in the National Register			2 d
3	Number of conservation easements modified, tra tax year ►		, or terminated by the	organization during the
4	Number of states where property subject to conse			
5	Does the organization have a written policy re and enforcement of the conservation easeme	ents it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violation	s, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, ar	nd enforcing conservat	tion easements during the year
8	Does each conservation easement reported of and section $170(h)(4)(B)(II)^7$	on line 2(d) above satisfy the r	equirements of secti	on 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements			
Par	Complete if the organization ans	ections of Art, Historical swered 'Yes' on Form 99	Treasures, or 0 0, Part IV, line 8	Other Similar Assets.
1 8	olf the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its fina	ield for public exhibition, education	on, or research in furt	
I	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	er SFAS 116 (ASC 958), to rep for public exhibition, education, o	oort in its revenue st or research in furthera	atement and balance sheet works of art, ince of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	, line 1		► \$
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other sime 116 (ASC 958) relating to the	illar assets for financia ese items	al gain, provide the following
	Revenue included on Form 990, Part VIII, line	e 1		> \$
ı	Assets included in Form 990, Part X			▶\$

Part III Organizations maintai	ming cone	ctions of Art, fist	orical freasures, or	Other Similar ASS	ets (contin	uea)
3 Using the organization's acquisition, items (check all that apply)	, accession, ar	nd other records, check a	any of the following that a	re a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	ations	_				
Provide a description of the organize Part XIII	ation's collecti	ons and explain how the	y further the organization ^s	s exempt purpose in		
5 During the year, did the organizate to be sold to raise funds rather the	ian to be maii	ntained as part of the o	organization's collection	?	Yes	No
Part IV. Escrow and Custodial line 9, or reported an a	Arrangem amount on	ents. Complete if form 990, Part X,	the organization an line 21	swered 'Yes' on Fo 	rm 990, Pa 	ırt IV,
1 a Is the organization an agent, trus on Form 990, Part X?				er assets not included	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII a	nd complete the follow	ing table			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		···
e Distributions during the year				1 e		
f Ending balance				1f		
2 a Did the organization include an a				- 1	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII(Check here if the explain	nation has been provide	ed on Part XIII		
Part V Endowment Funds. Co	omplete if	he organization ar	nswered 'Yes' on Fo	orm 990 Part IV Ju	ne 10	
	(a) Current				(e) Four yea	ars back
1 a Beginning of year balance		(1)	(0) / 110 / 0110 1110	(0) 11110)0010 0001	(0) : 0) (
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the currer	nt year end balance (lir	ne 1g, column (a)) held	as		
a Board designated or quasi-endowme	ent >	%				
b Permanent endowment ►	%					
c Temporarily restricted endowmen	t ►	%				
The percentages on lines 2a, 2b, an		•				
3 a Are there endowment funds not in the organization by	ne possession	of the organization that a	are held and administered	for the	Yes	No
(i) unrelated organizations.						NO
(ii) related organizations					3a(i)	+
``	tad araanizat	and hatad as vascured	an Cabadula D2		3a(ıi)	
b If 'Yes' on line 3a(ii), are the rela					3b	
4 Describe in Part XIII the intended			ent tunas			
Part VI Land, Buildings, and I Complete if the organization			m 990, Part IV, line	11a See Form 99	0, Part X, I	ine 10.
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1 a Land		÷				
b Buildings						
c Leasehold improvements	ļ					
d Equipment			5,400.	5,400.		0.
e Other	ŀ		3, 300.	5,400.		
Total. Add lines 1a through 1e (Column	n (d) must en	ual Form 990. Part X	column (B), line 10c)	•		0.
BAA	. (2)	/ 5 5.50, / 6/10/10/10/10/10/10/10/10/10/10/10/10/10/			ule D (Form 99	

Part VII Investments — Other Securities. Complete if the organization answered	'Yes' on Form 990	N/A 0, Part IV, line 11b See For	m 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	
(1) Financial derivatives	· · · · · · · · · · · · · · · · · · ·		
(2) Closely-held equity interests			
(3) Other	- -		
(A)		•	7
(B)			
(C)			
(D)			
<u>``</u> (E)			
(F)			-
(G)		-	·
(H)			
<u></u>			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments — Program Related.		N/A	75 m 30 30 1 5 2 2 5 1 5 1 5 2 5 2 3 3 2 1 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2
Complete if the organization answered	'Yes' on Form 990	0. Part IV. line 11c. See For	m 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	
(1)			
(2)			
(3)			
(4)		•	
(5)			
(6) -			
(7)			
		,,	
(9)		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)			AT LOCAL TREATMENT CHARLEST A BOAR
Part X Other Assets.	· N/A		*** \$40 (1.41) . GHA > T THE A KAND
Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11d See For	m 990, Part X, line 15.
	scription ,		(b) Book value
(1)			
(2)	·		* * * * * * * * * * * * * * * * * * * *
(3)	•		
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8) (9)			
(10)			
	``````````	·	<b>•</b>
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15 )		1
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fo	orm 990 Part IV June 1	10 or 11f Soo Form 990 Part Y Jun	25
(a) Description of liability	(b) Book value		ic zj. Chove navenska znave i takoh
(1) Federal income taxes	(b) Dook value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>•</b>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's fi	inancial statements that reports the organization	ation's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		-
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII )	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part XII Reconciliation of Expenses per Audited Financial Stateme	• •	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F	• •	Return. N/A
<u> </u>	• •	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F	• •	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	• •	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )	Part IV, line 12a.	1
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1	Part IV, line 12a.    2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b	Part IV, line 12a.    2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII )	Part IV, line 12a.    2a	2 e 3
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Part XIII Supplemental Information.

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

BAA

### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2018

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Department of the Treasury Internal Revenue Service Name of the organization

OTHER 98 PERCENT ACTION INC

Employer identification number

OMB No 1545 0047

04-3578179

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

THE MISSION OF THE OTHER 98% IS SIMPLE BUT BOLD: TO BE A STORYTELLING FORCE THAT EDUCATES PEOPLE AND STIRS THEM TO FIGHT FOR JUSTICE. WE CHALLENGE THE STRANGEHOLD THAT BILLIONAIRES AND CORPORATIONS HAVE ON OUR GOVERNMENT BY CREATING OUR OWN EDUCATIONAL TOOLS AND CRAFTING OUR OWN NARRATIVE, ONE THAT SPARKS THE SUSTAINED OUTRAGE AND ACTION WE NEED TO BUILD A HEALTHY DEMOCRACY.

### FORM 990. PART III. LINE 1 - ORGANIZATION MISSION

THE MISSION OF THE OTHER 98% IS SIMPLE BUT BOLD: TO BE A STORYTELLING FORCE THAT EDUCATES PEOPLE AND STIRS THEM TO FIGHT FOR JUSTICE. WE CHALLENGE THE STRANGEHOLD THAT BILLIONAIRES AND CORPORATIONS HAVE ON OUR GOVERNMENT BY CREATING OUR OWN EDUCATIONAL TOOLS AND CRAFTING OUR OWN NARRATIVE, ONE THAT SPARKS THE SUSTAINED OUTRAGE AND ACTION WE NEED TO BUILD A HEALTHY DEMOCRACY.

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

THE 990 IS REVIEWED BY A DIRECTOR BEFORE FILING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.