**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 2018

Department of the Treasury

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

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

Open to Public Inspection

unter	nai Havenue		<del></del>	OVITOIIII390 TOI TIISUUCTIOII							
<u>A</u>	For the 2	018 calen	dar year, or tax year beginning	,	2018, aı	nd endin	g			, 20	
В	Check if a	pplicable C	Name of organization Workers' D	ignity Project	<u> </u>			DE	Employe	er identification n	umber
	Address ci		Doing business as							45-3202280	
$\overline{\Box}$	Name cha	· •	Number and street (or P O box if m	all is not delivered to street addre	ess)	Room/su	ite	ET	elephon	ne number	
$\overline{\Box}$	Initial retur	Ĭ.			, i			ı		615-905-6357	
$\equiv$		1-	335 Whitsett Road  City or town, state or province, could	ata and ZID as favores needed an				<del></del>		010-000-0007	
	Final return		·	ntry, and ZIP or toreign postal co	ue						
Ц	Amended	-	Nashville, TN 37210-5347							ceipts \$	431,576
Ш	Application	n pending F	F Name and address of principal office	er Elizabeth Lopez		7				subordinates? Tyes	
			335 Whitsett Road, Nashville, T	N 37210		<u> </u>	#(b) A			included? 🔲 Yes	
<u>L</u>	Tax-exem	pt status	✓ 501(c)(3) ☐ 501(c) (	) ◀ (insert no ) ☐ 4947(	a)(1) or {	52 <b>\^</b>				list (see instruction	ons)
<u>J</u> _	Website:	► www	.workersdignity org				H(c) G	roup exe	mption	number >	
K	Form of or	ganization 📝	Corporation Trust Associa	tion ☐ Other ► \	L Yea	r of format	ion 2	011 N	VI State	of legal domicile	TN
P	art i	Summa	ary	1							
	1 8	Briefly des	scribe the organization's miss	ion or most significant ac	tivities.						
ç	1		low wage workers about their		(						
Governance											
er	2	Check this	s box ▶☐ if the organization	discontinued its operation	s or dis	sposed o	of more	than 25	% of i	its net assets.	
ő			f voting members of the gove			-	, ,	i	i 3 l		7
æ			f independent voting member					]	4		
Activities									<del></del>		
Y.	1		ber of individuals employed in		t V, line	2a) .		• • }	5		14
5	}		ber of volunteers (estimate if					.	6		300
⋖			lated business revenue from					. [	7a		
	b V	vet unrela	ted business taxable income	from Form 990-T, line 38					7b		
	1				_		Pne	or Year		Current Ye	ear
Revenue	8 0	Contributions and grants (Part VIII, line 1h)									419,979
	9 P	rogram s	ervice revenue (Part VIII, line	SECFINED	1	. [			3.874		11,575
	10   ir	nvestmen	t income (Part VIII, column (A	Lines 3 4 and 7d)	: N	Ė			<u> </u>		22
Œ	11 0	Other reve	enue (Part VIII, column 🖓 line	s 5. 6d.80. 9c. 18c. and	316)	· -					
	12 T	otal reven	nue – add lines 8 through (n	Manager Part VIII colum	A (A) lun	e 12)		43	0,308		431,576
	13 G	arants and	sımılar amounts paid (Rat I	X column (A) lines 1-3)	= 1 "	<del>- '-'</del>			3,033		
	14 B	Benefits or	aid to or for members (Part 1)	Scotumo To line MIT	į .	· ·  -			3,033		1,111
S	15 S	alaries of	her compensation, employee		ء ۔ ۔ دانی	:.: F					
Expenses		rofession	ial fundraising fees (Part IX, c	Seliente-(v) - ja - 44 -/	, iines 5	~''')		32	4,519		375,434
per	b T	otal funda	resource and are a 10 at 10	olumn (A), line i ie)			य स्टब्स्ट विकेट के का का के <b>स</b>	he dammad mafante in	Programme No.	and the state of t	Chamber College
Ä	17 0	Viai iuliui	raising expenses (Part IX, coli	ımn (D), line 25) ▶	6	1,508		in alexan	3		
	10 7	mer expe	enses (Part IX, column (A), line	es 11a-11d, 11f-24e) .		· · <u> </u>		109	9,949		105,104
	18 T	otal expe	nses. Add lines 13-17 (must	equal Part IX, column (A),	line 25)	L		43	7,501		481,649
		levenue le	ess expenses. Subtract line 1	8 from line 12		[	_	(7	,193)		(50,073)
Assets or Balances						8	leginning d	of Current	Year	End of Ye	
alan	20 T	otal asset	ts (Part X, line 16)			Г		346	0,790		291,627
₹ <u>₽</u>	21 T	otal liabili	ties (Part X, line 26)						5,585		6,495
Fund	22 N	let assets	or fund balances. Subtract li	ne 21 from line 20		🗀			5,205		2 85,132
Pa	art II		re Block								
Une	der penaltie	s of penury.	, I declare that I have examined this r	etum, includino accompanyino s	chedules :	and stater	nents, and	to the be	est of m	v knowledge and	belief it is
true	e, correct, a	and complete	e Declaration of preparer (other than	officer) is based on all information	n of which	preparer	has any ki	nowledge	3	,	
								10	5/0	1012019	
Sig	ın 🔡	Signati	ure of officer					Date	-70	atem z	
He	1 '	,		2 00000000		· ^ ^ ·	ωωο	0			
			SLIZABETH LOPE	C , OPERA ITO	777	HIND	37772	ــــــــــــــــــــــــــــــــــــــ			
		<del>,                                      </del>	or print name and title	December along the contract		l n-	10	<del>- , -</del>		PTIN	
Pa	id	rimo rype	preparer's name	Preparer's signature		Da			heck 🗸	( ) If ]	
Pre	parer	Barbara (	Cloud	Gurbara Cl	erish		<u> </u>	14 86	elf-empl	oyed P0161	4373
	e Only	Firm's nan	ne ►					Firm's El	IN Þ		
	···y	Firm's add	dress ► 2105 20th Avenue Soul	h, Nashville, TN 37212				Phone no	0	615-297-15	23
May	the IRS		this return with the preparer s		ctions)					✓ Yes	☐ No
			ion Act Notice, see the senaral			Cat No	11282Y			Form 9	90 (2018)

SCANNED AUG 0 2 2019,

-:<u>---</u>-.\_\_--

Form 990 (2018)



orm 99	0 (2018)	/	1 <del>4</del>	Page
Part				
			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		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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	<b>√</b>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	*:		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		<b>√</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>✓</b>
b	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	12b		<b>✓</b>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	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.	14b		✓
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		<b>√</b>
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		✓
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		✓
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		<b>✓</b>
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		<b>✓</b>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	- 1	✓

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

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
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		<b>✓</b>
b	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		✓_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
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		<b>✓</b>
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		<b>√</b>
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):		ı	,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
	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		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
ь	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		✓
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		✓
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · · · </u>	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b -0-		162	140
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		Forr	n 990	(2018)

Form 99			F	Page 5
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		~	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14	2b	<u> </u>	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .	2.5	Ť.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
р	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>-</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del> -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	ba		<u> </u>
þ	gifts were not tax deductible?	6ь		Ì
7	Organizations that may receive deductible contributions under section 170(c).	0.5		per that
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?	7a		<b>V</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>/</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>/</b>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		· ·
-	sponsoring organization have excess business holdings at any time during the year?	8		<b>√</b>
9	Sponsoring organizations maintaining donor advised funds.		2	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>✓</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			5
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		4	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	×	
	Note. See the instructions for additional information the organization must report on Schedule O.		•	
þ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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	]	✓
	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?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.		990	(2018)
		PONT	200	(2010)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	"No" ons
Cooti	on A. Governing Body and Management	· · ·	<u> </u>	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
4-	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
1a	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 7			
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		1
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		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>/</b>	
þ	Each committee with authority to act on behalf of the governing body?	8b	_	1
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b>✓</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.	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		✓_
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<b>/</b>
b	Other officers or key employees of the organization	15b	,	<b>✓</b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)	r (Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y. and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Elizabeth Lopez ,335 Whitsett Road, Nashville, TN 37210-5347, phone 615-905-6357	cords	•	

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee
					<b>C)</b>					
(A)	(B)				ition		<b>.</b>	(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any	officer and a director/trustee)						compensation	compensation from related	amount of other
	hours for	일	25	Officer	Ğ.	al A	Former	the	organizations	compensation
	related organizations	direc.	Ş	e e	en	boy	覆	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	o a	S <sub>a</sub>	ļ	Key employee	88		(44-27 1099-14113C)		and related
	line)	Individual trustee or director	Institutional trustee		ee	l age		ļ		organizations
		ň	stee		ļ	Highest compensated employee	ļ	1		
			-	-	-	- 8	-	-		
(1) Michael Verla	}		}							
<u>Chair</u>		1		1				o	0	c
(2) Concepcion Rodriguez										
Treasurer		<b>\</b>		✓	L		L	0	0	
(3) Emily Sellers										
Secretary		<b>\</b>		1			L	0	о	0
(4) Nicolas Perez			1			}	}	ì		
(5)		✓						0	. 0	0
(5) Fernando Herrera	<u> </u>						[	1 1	İ	
(6)		<u> </u>						0	0	0
(6) Tamika Douglas								1		
(7) Vanessa Morales		_	$\vdash$					0	0	0
(1) Variessa Morales		/					ĺ	1		
(8) A. Randolph								0	0	0
(V) A. Kandulph	<del> </del>						ļ	ا ا		0
(9) Marta Mendoza			- 1	-			<del> </del>	0	0	
(4) Marra Meridosa		/		İ			<b>'</b>	أه	اُه	0
(10) Kate Wade	<del></del>	· •	Н							
		1						0	o	0
(11) Antonio Sanchez	· -·		H		_					
***************************************		1						o	0	0
(12)										
(13)										
(14)								]		
				1				1		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, a	nd F	lighe	st C	ompensated E	mployees (conti	nued)
						C)			}	<u> </u> 	
	(A)	(B)	(do r	not c	-	ation more	e than	one	(D)	(E)	(F)
	Name and title	Average	box.	unle	ss pe	noen	is both	n an	Reportable	Reportable	Estimated amount of
		hours per week (list any	<del>/</del>	_			or/trus	<del></del>	compensation from	compensation from related	other
		hours for	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Form	the	organizations (W-2/1099-MISC)	compensation from the
		related organizations	l gi	턃	ğ	emp	loye	₫	organization (W-2/1099-MISC)		organization
		below dotted	9 5	12	l	юye	, Sign				and related organizations
		line)	ste	trustee		ř	pens	ļ	ļ		Organizations
			"	ee			atec				
(4.5)		ļ	├	-	├──					<del></del>	
(15)			[					1			
(16)				-	-	Н					
17.07			[								
(17)		<del> </del>	<b></b>	-		$\vdash$		-			
МΩ		<del> </del>	}	ł	}	}		}			
(18)		<del> </del>	<del> </del>	-	-	-		-	<del></del>		
1		<del> </del>	1			}		}	ļ		
(19)		<del> </del>			-	-		-	<del>                                     </del>		
3		f		ł	{		(				
(20)			<del>                                     </del>	ऻ		$\vdash$	<u> </u>	$\Box$			
3		f	1		Ì		ł	1			{
(21)				T							
3		† <del>-</del>	1			}	ł	l	1		
(22)											ļ
		Ţ	]	}	)	]				}	}
(23)										]	
			[								
(24)									1		
			1			ļ			}	ļ	
(25)		1		П							
				L							
1b	Sub-total							▶	<u></u>		
С	Total from continuation sheets to Part										
d	Total (add lines 1b and 1c)							<u> </u>	o		
2	Total number of individuals (including bu		d to th	nose	e list	ted a	above	e) w	ho received m	ore than \$100,0	00 of
	reportable compensation from the organ	ization ►							0		·
_											Yes No
3	Did the organization list any former of							amp	oloyee, or high	nest compensat	1 1 - 1 - 1
	employee on line 1a? If "Yes," complete								•		3 🗸
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater th	an \$	150	,000	)7 II	f "Ye	s, "	complete Scr	nedule J for su	1 - 1 - 1 -
_	individual .			•		٠. ٠	•	•			4
5	Did any person listed on line 1a receive of									zation or individi	1 1 1
CA	for services rendered to the organization	in yes, c	comp	ere	SCI	ieat	Jie J i	or s	such person	<del></del>	5 /
	on B. Independent Contractors										
1	Complete this table for your five highest										
	compensation from the organization. Re	port compe	ensau	on i	Or t	ne c	alenc	ar y	year ending wi	in or within the t	organization's tax
	year							T	(B)	<del></del>	(C)
	(A) Name and business address								Description of s	services	Compensation
None								+-	···· ··· ··· ··· ···		<del></del>
None								$\vdash$			· · · · · · · · · · · · · · · · · · ·
								1			
		<del></del>						$T^{-}$			<del></del>
					_~				<del></del>		·-·
2	Total number of independent contractor	ors (includi	ng bi	ut r	ot	lımıt	ted to	o th	nose listed ab	ove) who	and the second s
•	received more than \$100,000 of compens								0		Tokkow Butter Same Butter
					-						Form <b>990</b> (2018)

Check if Schedule C contains a response or note to any lue in this Part VIII.  Total revenue.    Total revenue    Part	VIII									
The second process of the second process of			Check if Schedule O	contains	a res	oonse or note to			· · · · · ·	· · · · ·
19						3	(A) Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Page 10   Page	S S	1a	Federated campaigns	·`	1a			en en same	e service de la companya de la companya de la companya de la companya de la companya de la companya de la comp	A CONTRACTOR
Page 10   Page	ran				-					
Business Code   Business Code	Ğ,Ğ									
Business Code   Business Code	ar /	d	_		1d					
Business Code   Business Code	S, G	е	-		10					
Business Code   Business Code	tion sr S	f								7.54
Business Code   Business Code	je ž	1				419,979				
Business Code   Business Code	o of the	g								
and other similar amounts)    1		h	Total. Add lines 1a-1f	• • •	<u>· · · </u>		419,979	2 - 2		
and other similar amounts)    1	ğ		0					a con	a tanan da ara da ara da ara da ara da ara da ara da ara da ara da ara da ara da ara da ara da ara da ara da a	
and other similar amounts)    1	eve	1								
and other similar amounts)    1	93									
and other similar amounts)    1910   1   1   2   2   2   2     2   3   3   4   1   1   1   1   1     3   4   1   1   1   1     4   1   1   1   1   1     5   6   7   1   1     6   6   6   6   7     6   7   8   7   8     7   8   7   8   7     8   8   7   8   7     9   8   8   7     1   8   8   7     1   8   8   8     1   8   8   8     1   8   8   8     2   9   9     1   9   9     1   9   9     1   9   9     1   9   9     1   9   9     2   8   8   9     8   8   9   9     9   9   9   9     9   10   9     9   10   9     9   10   9     10	ez:	1	***************************************	• <del>•</del> • • • • • • • • • • • • • • • • •		448000	1,220	1,220		
and other similar amounts)    1	Š									
and other similar amounts)    1	gra	f				<del></del>				
Investment income (including dividends, interest, and other similar amounts)   22   22	Pro	g					11 675			
A Income from investment of tax-exempt bond proceeds Royalties  Royalties  (i) Real (ii) Personal  (ii) Real (iii) Personal  (iii) Real (iii) Personal  (iv)		3					11,010			
Floyalties    Royalties		}	and other similar amou	ınts) .		•	22			22
Gross rents   (i) Personal   (ii) Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (ii		4	Income from investment	of tax-exe	mpt b	and proceeds				
Gas Gross rents   b   Less: rental expenses   c   Rental income or (loss)		5	Royalties	<u> </u>		>				
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Rental income or (loss)  1b Less: rental income or (loss)  1c Net income or (loss)  1c Net income or (loss)  1c Net income or (loss)  1d Net gain or (loss)  1d Net gain or (loss)  1d Net gain or (loss)  1d Net gain or (loss)  1d Net gain or (loss)  1d Less: direct expenses 1d Less: direct expenses 1d Less: direct expenses 1d Less: direct expenses 1d Less: cost of goods sold 1d Less: cost of goods		1		(i) Rea		(ii) Personal			A Section of Contract	
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales sexpenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 10). See Part IV, line 18 a b Less. direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a b Less: direct expenses c Net income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b C Net income or (loss) from sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory. Image in the sales of invento		1	· · · · · · · · · · · · · · · · · · ·							
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) . d Net gain or (loss) .  d Net gain or (loss) .  b Net norm or from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses . b c Net income or (loss) from fundraising events (see Part IV, line 19 a b Less: direct expenses . b c Net income or (loss) from gaming activities .  c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b		1	· —							
Ta Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses b c Net income or (loss) from fundraising events. See Part IV, line 19 a Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: circet expenses b c Net income or (loss) from gaming activities.  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory.  Miscellaneous Revenue Business Code  11a b C All other revenue e Total. Add lines 11a-11d Add lines 11a-11		j .				l				
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 10). See Part IV, line 18 a b Less. direct expenses b c Net income or (loss) from fundraising events > b c Net income or (loss) from fundraising events > b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities > b c Net income or (loss) from gaming activities > b c Net income or (loss) from sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > b  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total, Add lines 11a–11d  12 Total revenue. See instructions > 431,576 11,575 22		1			es.	(i) Other			. —	to the confidence
b Less cost or other basis and sales expenses c Gain or (loss) . d Net gain or (loss) .  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		, "	}	.,,		(1) (11)				
and sales expenses c Gain or (loss)		ь	· "_							
C Gain or (loss) .  d Net gain or (loss) .  Net gain or (loss) .  Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less, direct expenses . b c Net income or (loss) from fundraising events .  See Part IV, line 19 a b Less: direct expenses . b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses . b c Net income or (loss) from gaming activities .  10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a		-	1							
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less. direct expenses b c Net income or (loss) from fundraising events b Gross income from gaming activities b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code  11a	į	С								4
events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less, direct expenses . b b c Net income or (loss) from fundraising events . ▶  9a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses . b b c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b  C d All other revenue		d				🕨			-	E
of contributions reported on line 1c). See Part IV, line 18	nue	8a	·	draising						
c Net income or (loss) from fundraising events . ▶  9a Gross income from gaming activities. See Part IV, line 19 a  b Less: direct expenses b  c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b			_							- 3
c Net income or (loss) from fundraising events . ▶  9a Gross income from gaming activities. See Part IV, line 19 a  b Less: direct expenses b  c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b	œ.									3.5
c Net income or (loss) from fundraising events . ▶  9a Gross income from gaming activities. See Part IV, line 19 a  b Less: direct expenses b  c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b	her				· a					1 may 1 may
9a Gross income from gaming activities. See Part IV, line 19	ŏ									
See Part IV, line 19 a  b Less: direct expenses b  c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b		C	Net income or (loss) fro	m fundra	ısıng	events . >				A PART MANAGEMENT
b Less: direct expenses b  c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b		94	See Part IV line 10	ning activit	ties.					12.00 mg
C Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a  b Less cost of goods sold b  C Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b		<u> </u>							1	A Comment
10a Gross sales of inventory, less returns and allowances a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a  b		ì	•			ution <b>b</b>			and and the same property would	
returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a b						VILIES P				
b Less cost of goods sold b  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a  b  c				•		•				
C Net Income or (loss) from sales of Inventory .   Miscellaneous Revenue Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d		ь								-
11a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions  11 431,576  11,575  22		í	•			entory >				ALC WAS
b			Miscellaneous Rev	enue		Business Code				
c		11a								
d All other revenue		b								
e Total. Add lines 11a-11d	9	_								<del></del>
12 Total revenue. See instructions ▶ 431,576 11,575 22										The state of the state of the state of
	[									The second second second
		12	Total revenue. See INS	uctions	<del></del>		431,576	11,575		

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				lumn (A).
	Check if Schedule O contains a respon		e in this Part IX .	<u> </u>	
	t include amounts reported on lines 6b, 7b, , 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	1,111	1,111		
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				
<b>4</b> 5	Benefits paid to or for members 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 8	Other salaries and wages	299,836	203,889	62,966	32,981
9	Other employee benefits	50,415	29,185	12,903	8,327
10	Payroll taxes	25,183	17,124	5,289	2,770
11	Fees for services (non-employees):	ł		· ·	
a b	Management				
c	Legal	1,100		1,100	
d	Lobbying	1,100		7,100	
e	Professional fundraising services. See Part IV, line 17		San Standard Control	Land Callette	<del></del>
f	Investment management fees	32,270	17,452	2,625	12,193
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,951	1,951		
13	Office expenses	16,032	9,873	<del></del>	817
14 15	Information technology	3,348	2,276	703	369
16	Royalties	22.520	22.427	6 004	
17	Travel	32,539 7,232	22,127 7,232		3,578
18	Payments of travel or entertainment expenses	1,232	7,232		
	for any federal, state, or local public officials			Ì	
19	Conferences, conventions, and meetings .	7,997	6,620	904	473
20	Interest		·_ ·_ ·_ ·_ ·_ ·		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .		<del></del>		<del></del>
24	Insurance	.2,635		2,635	
24	above (List miscellaneous expenses in line 24e. If	· 			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		and was the most designed to	g Tank was in the same and a said	ام العواد المستعمل عداد الشام المام
а					
b					
C				- <del></del>	.— <del></del>
d	A ll a Abana a de la companya de la				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	404 646	240.040	101 201	
25 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)	481,649	318,840	101,301	61,508

P	art X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Pa	art X	<del></del>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	323,512		281,019
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,185	4	1,335
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L		5	
ets	ļ	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,193	9	9,273
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	340,790	16	291,627
	17	Accounts payable and accrued expenses	5,585	17	6,495
	18	Grants payable		18	
	19	Deferred revenue	<u></u>	19	
	20 21	Tax-exempt bond liabilities		20	
v		Escrow or custodial account liability. Complete Part IV of Schedule D.		21	The Alberta Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Sa
Liabilities	22	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			1
Lia	23			22	<del></del>
	24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties 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		24	
ĺ	26			25	
		Total liabilities. Add lines 17 through 25	5,585	26	6.495
seo		complete lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets	335,205	27	285,132
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	The second second second second second second second second second second second second second second second se
ţ	30	Capital stock or trust principal, or current funds		30	
Sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
Ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	
S	33	Total net assets or fund balances	335,205	33	285,132
	34	Total liabilities and net assets/fund balances	340,790	34	291.627
					Form <b>990</b> (2018)

ane	1	2

Form 9	90 (2018)			Page 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		431,576
2	Total expenses (must equal Part IX, column (A), line 25)	2		481,649
3	Revenue less expenses. Subtract line 2 from line 1	3		-50,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		335,205
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		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	]		
	33, column (B))	10		285,132
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII.	<u> </u>	<del></del>	
1	Accounting method used to prepare the Form 990.  Cash  Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	plain in		es No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓
b	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?	oiled or	2b	<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	plain in	10.4	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underequired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	
			Form S	90 (2018)

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

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

45-3202280

Work	ers' Di	gnity Project						02280
Pai	tl	Reason for Public Cha	rity Status (All	organizations must	t comple	te this p	part.) See instruction	ons.
The o	organiz	ation is not a private founda	ition because it i	is: (For lines 1 through	12, che	ck only o	ne box.)	
1	□ A	church, convention of churc	hes, or associati	ion of churches descr	ibed in s	ection 17	'O(b)(1)(A)(i).	2
2	□ A :	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	1) 7
3		hospital or a cooperative ho						<i>'</i>
4	□ A :	medical research organization	on operated in c	onjunction with a hos	pital desc	cribed in :	section 170(b)(1)(A)	(iii). Enter the
		spital's name, city, and stat						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		federal, state, or local gover						
7		organization that normally			port fron	n a gover	nmental unit or from	n the general publi
	de	scribed in <b>section 170(b)(1</b> )	(A)(vi), (Comple	te Part II.)				
8		community trust described i						
9	or un	n agricultural research organ university or a non-land-gra iiversity:	int college of agi	riculture (see instructi	ons). Ent	er the nar	me, city, and state o	f the college or
10	re: su	n organization that normally ceipts from activities related ipport from gross investmen quired by the organization a	to its exempt fut tincome and un	inctions—subject to d irelated business taxa	ertain ex ble incor	ceptions, ne (less s	and (2) no more that ection 511 tax) from	ın 33½% of its
11		n organization organized and						
12	☐ Ar	organization organized and	operated exclus	sively for the benefit of	of, to perf	orm the f	unctions of, or to ca	rry out the purpose
		one or more publicly support						
	Ch	neck the box in lines 12a thro	ough 12d that de	scribes the type of su	pporting (	organızati	ion and complete line	es 12e, 12f, and 12g
а		Type I. A supporting organithe supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a m	ajority of	orted organization(s), the directors or trust	typically by giving lees of the
b		Type II. A supporting orga control or management of	nization supervis	sed or controlled in co	nnection	with its	supported organizat	ion(s), by having
	_	organization(s). You must	complete Part I	V, Sections A and C				
С		Type III functionally integ its supported organization(	<b>rated.</b> A suppor s) (see instructio	ting organization ope ins). <b>You must comp</b>	rated in d <b>lete Part</b>	onnectio	n with, and functions ions A, D, and E.	ally integrated with,
d		Type III non-functionally it that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribi	ition requirement an	orted organization(s d an attentiveness
	_	requirement (see instruction						
е		Check this box if the organ functionally integrated, or 1	zation received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III
f	Ente	r the number of supported of				or garnear		[
g		ide the following information						
		e of supported organization	(iı) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	••		(4,7	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	gocu	ment?	instructions)	instructions)
					Yes	No	1	
(A)					ļ — — —			
( <u>~</u> )					<u> </u>		<u> </u>	
(B)								
<del></del>					<u> </u>	<u> </u>		
(C)			-			{		
		<del></del>			ļ		<u> </u>	
(D)						1	1	
					-	<del> </del>		
(E)								
Total								

Doe	Cumpart Cabadula for Overnin	ations Doos	ibadia Cast	470/LV/4	VAVI-A	70/-1/41/41/	Page Z
Pari							
	(Complete only if you checked to						ality under
Cast	Part III. If the organization fails to	o quality unde	er the tests iis	sted below, pi	ease comple	te Part III.)	<del></del>
	on A. Public Support	1 1 2044	#10045	(1)0040	(4) 0047	(10040	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d</b> ) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not	1					
	include any "unusual grants.")	157,800	220,007	410,424	426,434	419,979	1,634,644
2	Tax revenues levied for the	1		İ		{	
	organization's benefit and either paid		{	1		Í	
	to or expended on its behalf						
3	The value of services or facilities			{		1	
	furnished by a governmental unit to the			ļ	İ	į	
	organization without charge						
4	Total. Add lines 1 through 3	157,800	220,007	410,424	426,434	419,979	1,634,644
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						240.057
6	• • • • • • • • • • • • • • • • • • • •						340,957 1,293,687
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support				<del>·</del>		1,293,667
	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	157,800	220,007	410,424	426,434	419,979	1,634,644
8	Gross income from interest, dividends,	10.7000		1,10,70			
· ·	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	{ !				22	22
9	Net income from unrelated business						
	activities, whether or not the business	1					
	is regularly carried on	1					
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,634,666
12	Gross receipts from related activities, etc					12	19,623
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<del> </del>	<del></del>	<u> </u>	· · <b>&gt;</b> []
	ion C. Computation of Public Suppo						
14	Public support percentage for 2018 (line		-			14	79 %
15	Public support percentage from 2017 Sc 331/3% support test—2018. If the organ					15	78 %
16a	box and <b>stop here.</b> The organization qua					5 73 76 OF HIGHE,	
b	331/3% support test—2017. If the organ						ore shock
D	this box and stop here. The organization					13 00 /3/0 01 111	ore, crieck
170	10%-facts-and-circumstances test—2	•	•	-		60 or 16b on	d has 14 is
17a	10% or more, and if the organization m	•					
	Part VI how the organization meets the						
	organization						. > [7
b	10%-facts-and-circumstances test2	017 If the ora	anization did r	not check a bo	x on line 13	16a 16b or 17	a and line
,	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization						▶ □
18	Private foundation. If the organization d	lid not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						▶ ┌

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Tax) (s	ee separate instructions), t		/ Tax) (see separati	e instructions) or Form 990	-EZ, Part V, line 350 (Proxy
	ection 501(c)(4), (5), or (6) orga of organization	anizations; Complete Part III.	<del></del>	Employer ider	ntification number
	•				45-3202280
Part	rs' Dignity Project  Complete if the	e organization is exempt und	er section 601/	c) or is a section 527 (	
1 2 3	Provide a description of definition of "political car Political campaign activitions"	f the organization's direct and in	direct political ca	mpaign activities in Part	V. (see instructions for
Part		e organization is exempt und			
1 2 3 4a b Part 1 2 3 4 5	Enter the amount of any If the organization incurred Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct activities	excise tax incurred by the organization excise tax incurred by organization ed a section 4955 tax, did it file Form IV.  The organization is exempt und the expended by the filing organization's funds contributions.  The expenditures Add lines 1 and 2 and file Form 1120-POL for this year is sea and employer identification numbers. For each organization listed, portributions received that were profund or a political action committee.	er section 501(action for section for section outed to other organization for section for	section 4955	(c)(3).  Yes No  Yes No  (c)(3).  Yes No  Izations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule C	(Form	gan or	990-671	2018
JOHN COUNTY	TL CHILL	330 01	フラひーにとり	2010

Page 2

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).						ection under
A	Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check >	if the filing organization che			•		
		·	bbying Expendit			(a) Filing	(b) Affiliated
		(The term "expenditures"	means amounts	paid or incurred.	.)	organization's totals	group totals
1	a Total lo	obbying expenditures to influent	e public opinion	(grass roots lobby	/ing)		
	b Total lo	bbying expenditures to influent	ce a legislative bo	ody (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a and 1b)						
,	d Other exempt purpose expenditures						<del></del>
		xempt purpose expenditures (a					
1		ng nontaxable amount. Enter	the amount fr	om the following	table in both		
	columns.						
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  Not over \$500,000 20% of the amount on line 1e.			is:			
		30,000 but not over \$1,000,000		15% of the excess	over \$500,000		
	<u> </u>	000,000 but not over \$1,500,000		10% of the excess of			
	<u> </u>	500,000 but not over \$17,000,000	<del></del>	5% of the excess or			14
	Over \$1	7,000,000	\$1,000,000.		,		
	Grassr	oots nontaxable amount (enter 2	25% of line 1f)				
I	n Subtra	ct line 1g from line 1a. If zero or	less, enter -0-		'		
i		ct line 1f from line 1c. If zero or				L	
		e is an amount other than zering section 4911 tax for this yea			the organization		Yes No
	(Som	e organizations that made a s	ection 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five column	ns below.
		Lobbyi	ng Expenditures	During 4-Year A	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2	a Lobbyi	ng nontaxable amount					
	•	ng ceiling amount of line 2a, column (e))					
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					-
		oots ceiling amount of line 2d, column (e))			in all on the little	and the second	
	f Grassr	oots lobbying expenditures					_

Schedule C (Form 990 or 990-EZ) 2018

ρ	ac	e	2

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount					<del></del>	
e	Grassroots ceiling amount (150% of line 2d, column (e))	500x6		الأحمر الداحات المتراث المحترات			
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Part	11-3	Complete if the organization is exempt under section 501(c)(3) and has NOT ( election under section 501(h)).	filed	Form	1 5768	1	
For each "		Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(4	9)	) (b)		
		of the lobbying activity.	Yes	No	A	moun	t
1	legisla	the year, did the filing organization attempt to influence foreign, national, state, or local tion, including any attempt to influence public opinion on a legislative matter or indum, through the use of:		*	লক <u>এ</u> ক		
а	Volunt	-	1				"
b		taff or management (include compensation in expenses reported on lines 1c through 1i)?	1				
c		advertisements?		1			
d	Mailing	gs to members, legislators, or the public?	1				320
е		ations, or published or broadcast statements?		1			
f	Grants	to other organizations for lobbying purposes?		1			
g		contact with legislators, their staffs, government officials, or a legislative body?		1			
h	Rallies	, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<b>✓</b>				760
1	Other	activities?	1	A. (A		<del></del>	280
j		Add lines 1c through 1i		٠,		تعنف	1,360
2a	Did the	e activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓ ]			
ь		" enter the amount of any tax incurred under section 4912					
C		," enter the amount of any tax incurred by organization managers under section 4912 .			V	*\$ j. (6).	· · · Freedom
d	If the I	ling 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)		ation		المتكلفييونية
rait	III-A	501(c)(6).	(J), C	,, 3e	,		
						Yes	No
1		substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3		e organization agree to carry over lobbying and political campaign activity expenditures from the				<u> </u>	L
r di L	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."				line	3, is
1	Dues,	assessments and similar amounts from members		1			
2	politic	n 162(e) nondeductible lobbying and political expenditures (do not include amounts cal expenses for which the section 527(f) tax was paid).	of				
а		nt year		2a			
b	•	over from last year	•	2b			
C	Total			2c			
3		gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	exces	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of s does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying		İ		
_		oblitical expenditure next year?		4			
5	t IV	le amount of lobbying and political expenditures (see instructions)	<del></del>	5	L		
Provi	de the c	Supplemental Information escriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grotions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A,	lines	1 and
Part I	l-B. line	1 Description of lobbying activity.		- <b>-</b>			
Our fo	phying	activity consisted of canvasssing, conducting a forum, and sending e-mails to supporters in supp	ort of	a bill	for a		
Com	nunity O	versight Board.					
	<del>-</del>						
				·			

Schedule C (For	n 990 or 990-EZ) 2018	aye
Part IV	Supplemental Information (continued)	
- Color	- Cappionional morning (Common)	
		••
		- <b>-</b>
	•	
• •		
	,	

### 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.

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Workers' Dignity Project	45-3202280
Part VI, Section A, Line 8 b, Minutes for committees with authority to act on behalf of the governing bo	ody
We have no committees with authority to act on behalf of the governing body	
Part VI, Section B, Line 11b Process for reviewing the 990	
We review the 990 at a board meeting.	
Part VI, Section D, Line 19 Disclosure	
We hold copies of governing documents in the office of the organization. They are available for public	inspection, by request, during
regular business hours	
	•••••••••••••••••••••••••••••••••••••••
·····	
·	
·	
•	