DLN: 93493319217519 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 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 **Open to Public** Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 **C** Name of organization D Employer identification number **B** Check if applicable Project TF ☐ Address change 45-5026246 ☐ Name change Doing business as ☐ Initial return CODE2040 ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 785 Market Street No 850 ☐ Application pending (415) 513-0204 City or town, state or province, country, and ZIP or foreign postal code San Francisco, CA  $\,$  94103  $\,$ **G** Gross receipts \$ 3,883,386 Name and address of principal officer H(a) Is this a group return for Karla Monterroso □Yes ☑No subordinates? 785 Market Street No 850 H(b) Are all subordinates San Francisco, CA 94103 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or If "No," attach a list (see instructions) 501(c)( ) **◄** (insert no ) **H(c)** Group exemption number ▶ Website: ► www CODE2040 ORG L Year of formation 2012 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities Code2040 aims to build an innovation economy where Black and Latinx people are contributing at all levels in all roles, at a proportional rate to their demographics in the United States Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 8 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 39 800 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 7b **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . . 2,688,550 4,177,035 9 Program service revenue (Part VIII, line 2g) . . 1,408,500 1,151,992 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,141 1,955 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -3.711 40,889 3,883,386 5,582,965 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 582,833 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,647,611 2,932,599 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶629,996 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,104,338 2,386,269 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,334,782 5,318,868 -751,817 19 Revenue less expenses Subtract line 18 from line 12 . -1,435,482 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 4,805,341 3,499,691 255,112 384,944 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 4,550,229 3,114,747 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here Karla Monterroso Chief Executive Officer Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P01225144 Paid self-employed Firm's name > SQUARMILNERLLP Firm's EIN > 33-0835986 Preparer Use Only Firm's address ≥ 135 Main Street 9th floor Phone no (415) 781-2500 San Francisco, CA 94105 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>					
Pa	nt III Statemen	t of Program Servic	e Accomplis	hments							
	Check If Sch	edule O contains a respo	nse or note to a	any line in this Part III .		🗹					
1	Briefly describe the	organization's mission									
		, connect, and mobilize the property of Black and Latinx pe			to dismantle the structural bar	riers that prevent the full					
раги	cipation and leadersh	ip of black and Latinx pe	opie in the initio	vacion economy							
2	Did the organization undertake any significant program services during the year which were not listed on										
	the prior Form 990	or 990-EZ?				☐ Yes 🗹 No					
	If "Yes," describe th	nese new services on Sch	nedule O								
3	Did the organization	n cease conducting, or m	ake significant	changes in how it conducts	, any program						
	services?					🗆 Yes 🗹 No					
	If "Yes," describe th	nese changes on Schedul	e O								
4	Describe the organi	zation's program service	accomplishmer	nts for each of its three larg	gest program services, as meas	sured by expenses					
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported										
	expenses, and reve	nue, ir any, for each pro	gram service re	ported							
4a	(Code	) (Expenses \$	2,733,783	including grants of \$	) (Revenue \$	721,992 )					
<del>-</del> 7-a	See Additional Data										
4b	(Code	) (Expenses \$	246,384	including grants of \$	) (Revenue \$	100,000 )					
	See Additional Data										
4c	(Code	) (Expenses \$	298,522	including grants of \$	) (Revenue \$	330,000)					
	See Additional Data										
	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)					
					y to create more equitable systems,						
					st in the industry We do that throu- nd thinking about their place in the						
					needs to diversify their workforce C wnsizing and reorganization of the						
	on systems change thr	rough leadership developmer	nt and mobilization	This shift resulted in separatir	ng from some funding partnerships	while also creating new					
		funding in the future in the n I beyond - as they create a te			g of Code2040's journey is supporti	ng change makers - within our					
		,									
4d	Other program serv	vices (Describe in Schedu	ıle O )								
	(Expenses \$	ınclı	udıng grants of	\$	) (Revenue \$	)					
4e	Total program se	rvice expenses >	3,278,6	89							

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Nο 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? 5 Nο 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . . 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

Yes

Yes

Yes

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Νo

Nο

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

20a

20b

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

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

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

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

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

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

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

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\mathfrak D$	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
4	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		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
86	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	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		No
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			므
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 44			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			l

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

13c

14a

14b

15

No

Nο

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c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If "Yes," has it filed a Form 720 to report these payments If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

rorm	990 (2018)			Page <b>6</b>					
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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	•	onse to	lines 🗹					
Se	ection A. Governing Body and Management								
1a	Enter the number of voting members of the governing body at the end of the tax year	8	Yes	No					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent  1b	8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employee?			No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person? .	ion 3		No					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or momembers of the governing body?	re <b>7a</b>		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	у							
а	The governing body?	<b>8</b> a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b		No					
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code							
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates			110					
	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	V						
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes						
11a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b							
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes Yes						
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes						
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes						
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes						
11a b 12a b c	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes						
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	11a 12a 12b 12c 13	Yes Yes Yes						
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes						
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes						
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No					
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemption to evaluate its participation in your venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemption to evaluate its participation to evaluate its participation to evaluate its participation to evaluate its participation in your venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemption.	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes						
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation.	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes						
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemptatus with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes						
11a b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes						
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes						
11a b 12a b c 13 14 15 a b See	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempstatus with respect to such arrangements?  Estition C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes						
11a b 12a b c 13 14 15 a b See	and branches to ensure their operations are consistent with the organization's exempt purposes?  It has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participating in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed.  CA  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes						

Senior Director, Student Programs

Compensation C	of Officers, Directors, frustee:	s, key ciliployees, nighe:	si compensateu empioyees,
and Independer	ent Contractors		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

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

organization, more than \$10,000 of reportable co List persons in the following order individual trus compensated employees, and former such perso	stees or directo		_					_			
Check this box if neither the organization no		ʻganıza	tion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee		
( <b>A</b> ) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) Tristan Walker Chair	0 50	Х		x				0	0	0	
(2) Marc Hedlund Treasurer	0 50	х		x				0	0	0	
(3) Kristen Titus Member	0 50	х						0	0	0	
(4) Nicole Sanchez Vice Chair	0 50	Х		х				0	0	0	
(5) Sinohe Terrero Member	0 50	х						0	0	0	
(6) Amber Saloner-Tenant Secretary (part year)	0 50	х		х				0	0	0	
(7) Ben Horowitz Director (part year)	0 50	х						0	0	0	
(8) Susan Colby Vice Chair (part year)	0 50	х		х				0	0	0	
(9) Laura Weidman Powers CEO (Through 8/2018)	40 00			х				152,349	0	11	
(10) Karla Monterroso CEO	40 00			х				199,200	0	9,979	
(11) Michelle Fox Sr Director,Community Mobilization	40 00					×		149,127	0	8,788	
(12) Allison Jones Sr Director of Marketing and Communications	40 00					x		126,537	0	7,324	
(13) Derek Gutierrez Director, Community Engagement	40 00					x		109,301	0	7,873	
(14) Cherizza Lundy VP,Operations	40 00					х		128,699	0	3,964	
(15) Christian Simamora	40 00										

116,533

Form 990 (2018) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) any hours organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Officer Highest compensatemployee Former Individual trustee organizations related Institut⊩onal Trust⊷⊷ director below dotted organizations employee line) 1b Sub-Total . . . . • c Total from continuation sheets to Part VII, Section A . •

d Total (add lines 1b and 1c) . 981,746

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 8

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

37,950 line 1a? If "Yes," complete Schedule J for such individual .

3 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Nο

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

from the organization Report compensation for the calendar year ending with or within the organization's tax year (B) (C) Name and business address Description of services Compensation Diedra Barber Consulting Corporation Curriculum Design 124,900

1714 Franklin Street 100-156 Oakland, CA 94612

Pablo Navarro **Business Operations** 114,021 206 24th Ave

East Seattle, WA 98112

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

Form 990 (2018)

Part	VIII Statement of I	Revenue								rage 9
	Check if Schedule	O contains a	respo	nse or note to any					<u> </u>	<u> </u>
					( <b>A)</b> Total rev		( <b>B</b> ) Related exemple function	l or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns	s	1a				reveni	ue		512 - 514
ints ints	<b>b</b> Membership dues .	. [	1b	_						
Gra not	c Fundraising events		1c							
_, g	d Related organization:	s	1d							
<u>a</u> 21	e Government grants (con	ntributions)	1e							
ıns, Sir	f All other contributions, g									
utio e r	and similar amounts not above	Included	<b>1</b> f	2,688,550						
를 돌 전 등	g Noncash contribution		F01	- 600						
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a - 1f \$ <b>h Total.</b> Add lines 1a-1			5,690 •						
O P	II Total. Add lilles 1a-1			Business		688,550				
RI e	<b>2a</b> Program Service Fees					1,1	51,992	1,151,992	2	+
Program Service Revenue					900099					
e B	b ————		-							
er vic	c —		-							
r S	u		_							
grar	<b>f</b> All other program serv	vice revenue								
Ρ̈́	<b>gTotal.</b> Add lines 2a-2f			▶ 1,1	51,992					
	3 Investment income (inc	cluding divide	nds, ıı	nterest, and other						
	sımılar amounts)			<b>•</b>	<u> </u>	1,955				1,955
	<b>4</b> Income from investmen <b>5</b> Royalties									
	5 Royaldes	(ı) Real	·	(II) Personal						
	<b>6a</b> Gross rents	.,								
	<b>b</b> Less rental expenses									
	<b>D</b> 2000 Female expenses									
	c Rental income or (loss)									
	<b>d</b> Net rental income or	(loss)			1					
	Γ	(ı) Securiti	es	(II) Other						
	<b>7a</b> Gross amount from sales of									
	assets other than inventory									
	<b>b</b> Less cost or				_					
	other basis and sales expenses									
	<b>C</b> Gain or (loss)				]					
	<b>d</b> Net gain or (loss)			<b>•</b>	<u> </u>					
ə	<b>8a</b> Gross income from fur (not including \$	ndraising evei o								
Other Revenue	contributions reported See Part IV, line 18	on line 1c)								
}e^	<b>b</b> Less direct expenses		a b		-					
er F	c Net income or (loss) fi		L	ents 🕨	_					
)th	9a Gross income from ga	ming activitie	s [							
•	See Part IV, line 19 .	• •	a							
	<b>b</b> Less direct expenses		ь							
	<b>c</b> Net income or (loss) fi	rom gaming a	ıctıvıtı	es <b>&gt;</b>	-					
	10aGross sales of invento returns and allowance									
			a							
	<b>b</b> Less cost of goods so		b							
	© Net income or (loss) fi Miscellaneous R		nvent	Business Code						
	11aMiscellaneous receipt			900099	<del>,</del>	40,889				40,889
	scallaricous receipt	· <del>-</del>				•				,
	b									
	с		$\dashv$							
	<b>d</b> All other revenue .		$\dashv$							
	e Total. Add lines 11a-	11d				40,889				
	<b>12 Total revenue.</b> See I	instructions				3,883,386		1,151,992		42,844
						5,005,300	ı	-,1,774		Form <b>990</b> (2018)

272,658

26,542

16,273

107,353

11,680

6,101

60,121

41,587

24,070

2,262

3,568

2,351

11,069

629,996

Form 990 (2018)

574,503

55,926

34,288

48.900

33,852

226,199

24,610

12,855

126,678

87,625

50,717

4,767

7,517

4,954

23,320

1,410,183

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all $c$	olumns All other org	anızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	y line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
<b>4</b> Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and	361,539	223,706	93,472	44,361

Compensation of current officers, directors, trustees, and key employees .

defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . .

6 Compensation not included above, to disqualified persons (as

**9** Other employee benefits .

**d** Lobbying . . . . . . .

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

16 Occupancy . **17** Travel .

23 Insurance .

**b** Stipends

c Recruitment

14 Information technology

**20** Interest . . . .

21 Payments to affiliates . . .

expenses on Schedule O )

a Bad Debt Expense

d Dues and Membership

e All other expenses

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

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

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

federal, state, or local public officials . 19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column

10 Payroll taxes . . . . 11 Fees for services (non-employees) a Management . . .

**b** Legal .

c Accounting .

2,222,122

216,315

132,623

48.900

33,852

874,916

95,189

49,721

489,979

338,926

196,168

18,438

58,195

43,542

29,075

19,162

90,206

5,318,868

1,374,961

133,847

82,062

541,364

58,899

30,765

303,180

209,714

121,381

11,409

58,195

43,542

17,990

11,857

55,817

3,278,689

Form 990 (2018)

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Total liabilities. Add lines 17 through 25 . .

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

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . .

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

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

Retained earnings, endowment, accumulated income, or other funds

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments	(	1,985,949	2	1,671,740
	3	Pledges and grants receivable, net		2,088,253	3	645,482
	4	Accounts receivable, net		40,767	4	567,506
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated employees Complete		5	
s	6	Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L	n 4958(c)(3)(B), and ations of section 501(c)(9) (see instructions) Complete		6	
ssets	7	Notes and loans receivable, net		7		
Ass	8	Inventories for sale or use		8		
~	9	Prepaid expenses and deferred charges		49,377	9	63,773
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 747,429			
	ь	Less accumulated depreciation	<b>10b</b> 363,494	473,740	10c	383,935
	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		167,255	15	167,255
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	4,805,341	16	3,499,691
	17	Accounts payable and accrued expenses		255,112	17	150,636
	18	Grants payable			18	
	19	Deferred revenue			19	234,308
	20	Tax-exempt bond liabilities			20	
c۸	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ap		persons Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24			25	

255,112

3,255,864

1,294,365

4,550,229

4,805,341

26

27

28

29

30

31

32

33

34

384,944

1,820,382

1,294,365

3,114,747

3,499,691 Form **990** (2018)

	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	167,255	15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	4,805,341	16	3,
	17	Accounts payable and accrued expenses	255,112	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ſΛ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation 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			,883,386
2	Total expenses (must equal Part IX, column (A), line 25)	2			,318,868
3	Revenue less expenses Subtract line 2 from line 1	3			,435,482
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	,550,229
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		3	,114,747
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

**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

3b

Form **990** (2018)

### Additional Data

Software ID:

Software Version:

Name: Project TF

**EIN:** 45-5026246

Form 990 (2018)

building an equitable and inclusive work environment

Form 990, Part III, Line 4a: Student Programs - Student Programs is committed to seeing our students launch careers in the innovation economy, persist in the sector, and become champions for equity and inclusion within the sector as their careers unfold. We are also committed to providing company experiences that inspire and catalyze our company partners to prioritize

Form 990, Part III, Line 4b: Community Mobilization Department - CMD focuses on growing and empowering a broad community to expand Code2040's impact Building engagement and content for Black and Latinx professionals in the tech industry is the core of the department's work

#### Form 990, Part III, Line 4c:

next level while cultivating diversity intheir own communities. Our EIRs get support from CODE2040, Google forEntrepreneurs, and from the tech hubs, which are all

Residency - EIR - The CODE2040 Residency, powered by Google for Entrepreneurs, is designed to empower Black and Latinx entrepreneurs totake their companies to the

committed tocreating and growing strong, diverse, and inclusive entrepreneurialecosystems in the cities they call home

SCHEDULE A (Form 990 or co 990EZ)				Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form		2018		
	of the Treasury		► Go to	www.irs.gov/Forms				Open to Public Inspection
	the organiza	tion					Employer identific	cation number
Dowl T	Donas -	far Dublic C	havite Ctat	(All ouggesteen	- mat aamanla	+	45-5026246	
Part I The organ				<b>us</b> (All organization e it is (For lines 1 thro			see instructions.	
1	A church, c	onvention of c	hurches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2 🗆		scribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ) )		
3 🗆	·   A hospital o	or a cooperativ	e hospital ser	vice organization desci	nbed in <b>section</b>	170(b)(1)(A)(	iii).	
4	A medical r name, city,	_	ızatıon operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	Enter the hospital's
5		ation operated ( <b>iv).</b> (Complet		t of a college or univei	rsity owned or op	perated by a gov	ernmental unit descr	ibed in <b>section 170</b>
6 🗆		• • • •	,	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7 🗸	section 17	'0(b)(1)(A)(	<b>vi).</b> (Complete	•		_	ınıt or from the gener	al public described in
8	A communi	ty trust descri	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)		
9 🗆				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
10	from activit	les related to income and u	its exempt fur nrelated busir	(1) more than 331/3% actions—subject to cert ess taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
11 🗆	•			d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12 🗆	more public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or se	ction <b>509</b> (a)(2	). See section 509(	
a 🗌	Type I. A s organizatio	supporting org	anization oper r to regularly	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
ь 🗆	manageme		orting organiz	pervised or controlled in ation vested in the sar and C.			- · · · · ·	_
c 🗌				supporting organizatio ions) <b>You must com</b>				ated with, its
d 🗆	Type III n functionally	on-functiona integrated T	i <b>lly integrate</b> he organizatio	<ul> <li>d. A supporting organi n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
е 🗀	Check this	box if the orga	nızatıon recei	ved a written determir	ation from the I		pe I, Type II, Type II	II functionally
<b>f</b> Ent	integrated, er the number			integrated supporting	organization			
<b>g</b> Pro	vide the follow	ing informatio	n about the si	upported organization(	s)			
(i)	Name of supp organization		orted (ii) EIN (iii) Type of organization listed in your governing document? (described on lines 1- 10 above (see instructions))				(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Гotal								
	rwork Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	990 or 990-EZ) 2018

Part II

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part										
III. If the organization fails to qualify under the tests listed below, please complete Part III.)										
Section A. Public Support										
Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total				
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	2,029,563	7,022,624	3,305,667	4,177,035	2,688,550	19,223,43				
Tay rayaning layed for the										

1 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to

the organization without charge 2,029,563 7,022,624 **Total.** Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year

12 Gross receipts from related activities, etc (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 Schedule A, Part II, line 14

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

(or fiscal year beginning in) ▶

assets (Explain in Part VI) 11 Total support. Add lines 7 through

organization

instructions

supported organization

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital

Amounts from line 4 Gross income from interest, dividends, payments received on

(a)2014 (b)2015

2.029.563

6,787

7,022,624

223

5,995

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

3.305.667

354

21,723

(c)2016

3,305,667

(d)2017

4,177,035

1,141

8,473

2,688,550

(e)2018

12

14

2.688.550

1,955

40,889

Schedule A (Form 990 or 990-EZ) 2018

4,177,035

13,362,289 (f)Total 19,223,439

3,673

83,867

19,310,979

2,849,873

69 200 %

65 000 %

▶ 🗸

▶□

19,223,439

5,861,150

Ρ	art III	Support Schedule for						
		(Complete only if you c the organization fails to						der Part II. If
Se	ection A. I	Public Support	quality under t	.ne tests listeu	below, please co	ompiete Part II.)		
	C	alendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(4) 2017	(e) 2018	(f) Total
	(or fiscal	year beginning in) 🕨 📗	(a) 2014	(B) 2015	(6) 2016	(d) 2017	(e) 2018	(I) Iotai
1		its, contributions, and hip fees received (Do not						
		y "unusual grants ")						
2		eipts from admissions,						
		se sold or services , or facilities furnished in						
	,	y that is related to the						
		on's tax-exempt purpose						
3		eipts from activities that are						
	not an unr under sect	related trade or business						
4		ues levied for the						
		on's benefit and either paid						
_		nded on its behalf						
5		of services or facilities by a governmental unit to						
		zation without charge						
6	Total. Add	d lines 1 through 5						
7a		ncluded on lines 1, 2, and						
h		from disqualified persons ncluded on lines 2 and 3						
		rom other than disqualified						
		at exceed the greater of						
	\$5,000 or 13 for the	1% of the amount on line						
c	Add lines	· .						
8		pport. (Subtract line 7c						
	from line 6							
Se		Total Support		ı	1	, ,		
		alendar year year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	•	from line 6						
L0a	Gross inc	ome from interest,						
		, payments received on						
		loans, rents, royalties and om similar sources						
Ь		business taxable income						
		ion 511 taxes) from						
	businesse 1975	es acquired after June 30,						
c		10a and 10b						
11		ne from unrelated business						
		not included in line 10b,						
		or not the business is carried on						
12		ome Do not include gain or						
	loss from	the sale of capital assets						
12		n Part VI) pport. (Add lines 9, 10c,						
13	11, and 1							
14		years. If the Form 990 is fo	r the organization	's fırst, second, t	hird, fourth, or fift	h tax year as a sec	tion 501(c)(3)	organization,
	check this	box and <b>stop here</b>						▶ 🗆
		Computation of Public s			1 (6))			
15		port percentage for 2018 (lin		•	column (f))		15	
16 S	· · · · · · · · · · · · · · · · · · ·	port percentage from 2017 S					16	
		Computation of Investint income percentage for 201			line 13. column (f	7))	17	
1 <i>7</i> 18		nt income percentage from 2			,(1	,,	18	
		upport tests—2018. If the	•	•	on line 14, and lin	ne 15 is more than		ne 17 is not
		33 1/3%, check this box and s						<b>▶</b> □
		support tests—2017. If the	-					· —
,		than 33 1/3%, check this box	_					▶□
20		nundation. If the organization		-				▶ □

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

Schedule A (Form 990 or 990-EZ) 2018

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents?

If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
	-			
S	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		162	140
•	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
_	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ions)		
_	The organization satisfied the Activities Test. Complete line 2 below	,		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	c  The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	ınctru	ctions)	
	The organization supported a governmental entity Describe in Part VI now you supported a government entity (see	ii isti ui	ctions)	
2	Activities Test Answer (a) and (b) below.	I	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

instructions)

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount	·		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	d Type III supporting oi	ganization (see

Page 6

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . . d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (Form	chedule A (Form 990 or 990-EZ) 2018 Page <b>8</b>							
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)								
		Facts And Circumstances Test						
<u>J</u>								
990 Schedule	A, Supplement	al Information						
Return Re	Return Reference Explanation							
Schedule A, Part	ichedule A, Part II, Line 10, Miscellaneous receipts - 2014 Amount \$ 6,787 2015 Amount \$ 5,995 2016 Amount \$ 21,723 2017							

Amount \$8,473 2018 Amount \$40,889

Explanation of Other Income

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**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.

OMB No 1545-0047

DLN: 93493319217519

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** 45-5026246 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Maintainin	g Collections o	of Art, Histor	ical Tı	easui	es, or Other	Similar Ass	ets (cc	ntınued)	
3		the organization's acquisition, ac (check all that apply)	cession, and other	records, check	any of	the foll	owing that are a	significant us	e of its o	collection	
а		Public exhibition		d		Loan d	or exchange prog	ırams			
b		Scholarly research		е		Other					
С		Preservation for future generation	ns								
4		de a description of the organizatio		explain how th	ney furth	er the	organization's ex	kempt purpose	e in		
5	Part ) Durin	XIII Iq the year, did the organization s	olicit or receive do	nations of art I	historica	l treasi	ires or other sim	ular			
_		s to be sold to raise funds rather t							☐ Yes	□ <b>N</b>	<u> </u>
Pa	rt IV	Escrow and Custodial Arr Complete if the organization X, line 21.		" on Form 990	0, Part	IV, lın	e 9, or reporte	ed an amoun	ıt on Fc	rm 990, I	Part
1a		e organization an agent, trustee, c ded on Form 990, Part X?	ustodian or other	intermediary fo	r contril	outions	or other assets I		☐ Yes	□ <b>n</b> ∈	o
b	If "Y€	es," explain the arrangement in Pa	rt XIII and comple	ete the following	g table			Am	nount		_
С	Begir	nning balance					1c				
d	Addıt	ions during the year					1d				_
е	Dıstrı	butions during the year					1e				_
f	Endır	ng balance					1f				_
2a	Did tl	he organization include an amount	t on Form 990, Pai	t X, line 21, for	escrow	or cus	todial account lia	ability?	☐ Yes		)
b	If "Y∈	es," explain the arrangement in Pa	rt XIII Check her	e if the explana	tion has	been p	provided in Part >	XIII			
Pa	rt V	Endowment Funds. Comp	lete if the organ	ızatıon answe	red "Ye	es" on	Form 990, Par	t IV, line 10	ī.		
			(a)Currer	t year (b)	Prior yea	. (	<b>c)</b> Two years back	(d)Three years	s back (	<b>e)</b> Four year	s back_
1a	Beginn	ing of year balance	•								
b	Contrib	outions									
С	Net inv	estment earnings, gains, and loss	ses								
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admini	strative expenses									
g	End of	year balance									
2 a		de the estimated percentage of th d designated or quasi-endowment		l balance (line 1	Lg, colui	mn (a))	held as				
b	Perm	anent endowment ►									
С	Temp	oorarily restricted endowment <b>&gt;</b>									
	The p	percentages on lines 2a, 2b, and 2	c should equal 100	0%							
3a	orgar	here endowment funds not in the nization by	possession of the	organization tha	at are h	eld and	administered for	r the		Yes	No
	• •	nrelated organizations							3a( 3a(		
b		elated organizations es" on 3a(ii), are the related organ	 nzations listed as r	equired on Sch	 edule R	· ·			3l		
4	Desci	ribe in Part XIII the intended uses	of the organizatio	n's endowment	funds						
Pa	rt VI	Land, Buildings, and Equi		U 00/	0 0	T) (   1	- 11- C F	000 D	- V - L	10	
	Descri	peron or property	i answered "Yes st or other basis nvestment)	(b) Cost or othe			e 11a. See For (c) Accumulated d			10. ) Book value	•
	Land										
		gs									
		nold improvements			13	5,567		65,382			70,185
		nent				0,630		85,366			115,264
	Other					1,232		212,746			198,486
		lines 1a through 1e (Column (d) r	must equal Form 9	l 90, Part X, colu			O(c) )	<b>&gt;</b>			383,935

	Saa Form 990 Part V line 17					
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tied equity interests	<u> </u>				
(A)						
(B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	on (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990. P	art IV. line	11c. See Fo	rm 990. Parl	· X. line 13.
	(a) Description of investment		ok value		(c) Method of	valuation
(1)				Cost	or end-or-yea	r market value
(2)						
3)						
4)						
(5)						
6)						
(7)						
(8)						
(8) (9)						
(9)	nn (b) must equal Form 990. Part X, col (B) line 13 )	•				
(9) 「otal. (Colum	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
9)  Total. (Column  Part IX			m 990, Part	IV, line 11d S	See Form 990,	Part X, line 15  (b) Book value
otal. (Column Part IX	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
Part IX  1) 2)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	iee Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
9)  Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered (a) Description		n 990, Part	IV, line 11d S		
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered in the organization and the complete in the organization answered in the organization and	on .				(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description  amm (b) must equal Form 990, Part X, col (B) line 15	on .		 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Fotal. (Column Part X  1) Federal (1)  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Rederal (Column Part X 1) Federal (Column Part X	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X  1.	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Colum Part IX 1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

#### Add lines **4a** and **4b** . . . . . . . . . 40 n c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . 3,883,386 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 5,318,868 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . 2a 2b Prior year adjustments . . . . . 2c c Other (Describe in Part XIII ) . 2d d Add lines 2a through 2d . 2e e

3 Subtract line 2e from line 1 . 3 5,318,868 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4h b Add lines **4a** and **4b** . . . . . . . . . . . 4c C Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 5.318.868

5 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 Return Reference Explanation

See Additional Data Table

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

EIN: 45-5026246
Name: Project TF

## Supplemental Information

Return Reference	Explanation				
	Each year, management considers whether any material tax position the Organization has tak en is more likely than not to be sustained upon examination by the applicable taxing authority. Management believes that any positions the Organization has taken are supported by substantial authority and, hence, do not need to be measured or disclosed in these financial statements.				

efil	e GRAPHIC pr	rint - DO NOT PROCESS As File	ed Dat	a -	DLN: 934	19331	L9217	′5 <b>1</b> 9
Schedule J		Compe	nsat	ion Information	ОМ	1B No	1545-0	3047
•	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  ▶ Attach to Form 990.  ▶ Go to www.irs.gov/Form990 for instructions and the latest information.						blic
•	tment of the Treasury al Revenue Service	F GO to <u>www.ns.qov/10/m</u>	<del>990</del> 101	mstructions and the latest miori	ilation.		ectio	
	me of the organiza	ation			Employer identificat	ion nu	ımber	
PIOJ	ect TF				45-5026246			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		opiate box(es) if the organization provide ection A, line 1a Complete Part III to pro						
	_	s or charter travel		Housing allowance or residence for I				İ
		companions	片	Payments for business use of persor				
		nification and gross-up payments	片	Health or social club dues or initiation				
	□ Discretion	nary spending account		Personal services (e g , maid, chauf	reur, cner)			İ
b		xes in line 1a are checked, did the organ all of the expenses described above? If "N			ent or reimbursement	1b		
2		ation require substantiation prior to reiml			. 12	2		
	directors, truste	es, officers, including the CEO/Executive	Directo	or, regarding the items checked in line	: la'			
3		if any, of the following the filing organiza EO/Executive Director Check all that ap			ne			i
		ed organization to establish compensation			n Part III			İ
	<b>✓</b> Compensa	ation committee	~	Written employment contract				i
		ent compensation consultant	✓	Compensation survey or study				
		of other organizations	<b>✓</b>	Approval by the board or compensa:	tion committee			
4		, did any person listed on Form 990, Pari	: VII, Se	ection A, line 1a, with respect to the fi	ling organization or a			
	related organiza							
a		ance payment or change-of-control payn		16-1		4a		No
b c	•	r receive payment from, a supplemental r receive payment from, an equity-based		·		4b 4c		No No
·	•	of lines 4a-c, list the persons and provide		_	: III			110
								İ
		), 501(c)(4), and 501(c)(29) organiz		•				İ
5		ed on Form 990, Part VII, Section A, line ontingent on the revenues of	1a, dıd	the organization pay or accrue any				
а	The organization					5a		No
b	Any related orga	anızatıon? 5a or 5b, describe in Part III				5b		No
6	•	ed on Form 990, Part VII, Section A, line	15 did	the organization hav or accrue any				
Ū		ontingent on the net earnings of	ra, ulu	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga	anization? 6a or 6b, describe in Part III				6b		No
-	•	·	اسلما	the area was to a survival and a sur	<u>.</u>			İ
7		ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descri				7		No
8		nts reported on Form 990, Part VII, paid nitial contract exception described in Reg			escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the rel	outtable	presumption procedure described in	Regulations section	9		
Ear I	Danarwark Badı	iction Act Notice, see the Instruction	c for E	orm 990 Cat No 5	0053T Schedule 1	/Eorn	. 000)	2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

			y Employees, and Hig					
instructions, on row (ii) I	Do no	ot list any individuals that	rted on Schedule J, report t are not listed on Form 99 dividual must equal the to	90, Part VII				t individual
(A) Name and Title	13 (2)		n of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & Incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 Laura Weidman Powers CEO (Through 8/2018)	(i)	126,000	0	26,349	0	11	152,360	0
	(ii)	0	0	0	0	0	0	0
2 Karla Monterroso CEO	(i)	198,000	500	700	3,970	6,009	209,179	0
	(ii)	0	0	0	0	0	0	0
3 Michelle Fox Sr Director,Community	(i)	142,212	4,983	1,932	2,969	5,819	157,915	0
Mobilization	(ii)	0	0	0	0	0	0	0
	+							
	+							
	+							
	$\downarrow \downarrow \downarrow$							

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

DLN: 93493319217519 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Project TF 45-5026246 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles 7 Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 505,670 FMV 10 Securities—Closely held stock . **11** Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 26 27 Other ► ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018) Page <b>2</b>								
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete							
Return Reference	Explanation							
	Schedule M (Form 990) (2018)							

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493319217519
COLLEBIA	<u> </u>					OMB No 1545-0047
SCHEDULE O (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.					ions on	2018
Department of the T	Treasury	► Go to <u>u</u>		n 990 or 990-EZ. <u>90</u> for the latest information	•	Open to Public Inspection
Name 8 the of ganization Project TF					Employer ident	fication number
990 Schedul	e O, Supp	lemental Informatio	n			
Return Reference				Explanation		
Form 990, Organizati Part VI, Section A, Inne 8b		on does not have a comm	nttee with authority to	act on behalf of the governing b	ody	

Return Explanation

Form 990, Part VI,	Form 990 is emailed to full Board for each member's review, comment (as needed). The 990 approval is voted on at the fall Board Meeting.
Section B,	
line 11b	

Return Reference	Explanation	
Form 990, Part VI, Section B, line 12c	The organization regularly and consistently monitors compliance with the policy Annually in November, Board members, officers and all employess are given a certification and disclosure form with the organization's policy Each person is required to certify that they have 1) received the policy, 2) read and understood it, 3)agree to comply with the policy, 4) certify that they have no actual or possible conflict to report or describe any relations hips, transactions, or other circumstances that could result in a comflict between the organization interests and their personal financial or other interests. All forms are reviewed by the Director of Finance & Ops. A list of potentially conflicted entities and individuals is maintained for identifying possible conflicts.	

Return

Reference	
Form 990, Part VI,	The Process for determining compensation of the CEO involves using multiple sources of com parability data for like positions within the same geographical location, level of respons
Section B,	ibility, experience, education, revenue, and number of employees, coupled with an annual r
line 15	Leview given by the chair of the Roard. The CEO's performance and compensation is a Joint b

**Explanation** 

eview given by the chair of the Board. The CEO's performance and compensation is a Joint b oard process by which all board members review, provide input and approve compensation chainges before it's presented to the CEO. Latest review was in 2017. We use two sets of benchmarks, one from Payscale and a customized benchmarks of like-sized revenue not-for-profit organizations. For C-level positions, such adjustments and study were presented at board meeting so board members could review and approve. C-level employees' salaries are only adjusted if the board approved.

Return Explanation
Reference

line 19

Form 990,
Part VI,
Section C.

Return Explanation
Reference

Form 990,
Part IX, line
11g
Service expenses 531,706 Management and general e
xpenses 222,164 Fundraising expenses 105,438 Total expenses 859,308 Payroll Service Fee
s Program service expenses 9,658 Management and general expenses 4,035 Fundraising expenses 1,915 Total expenses 15,608