DLN: 93493130000209 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury 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 RespectAbility D Employer identification number B Check if applicable □ Address change 46-2840232 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (202) 517-6272 City or town, state or province, country, and ZIP or foreign postal code Rockville, MD 20852 G Gross receipts \$ 1,087,546 Name and address of principal officer H(a) Is this a group return for Jennifer L Mizrahi □Yes ☑No subordinates? 11333 Woodglen Dr 102 Rockville, MD 20852 H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status □ 527 **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www respectabilityusa org L Year of formation 2013 M State of legal domicile **K** Form of organization \square Corporation \square Trust \square Association \square Other \blacktriangleright Summary 1 Briefly describe the organization's mission or most significant activities RespectAbility is a national, non-partisan organization that educates, advocates, and partners to achieve our mission to fight stigma and advance opportunities for people with disabilities so that they can fully participate in all aspects of community Since 2013, RespectAbility Activities & Governance has advocated for best practices so that the 1-in-5 people with disabilities can achieve economic independence 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) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 17 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,538,530 1,085,808 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,638 119 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 650 100 1,087,546 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,539,299 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 385,386 544,357 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶148,910 493,936 775,807 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 879,322 1,320,164 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 659,977 -232,618 19 Revenue less expenses Subtract line 18 from line 12 . Assets or d Balances **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) . 1,478,870 1,231,399 21 Total liabilities (Part X, line 26) . . 20,111 5,258 Net assets or fund balances Subtract line 21 from line 20 1,458,759 1,226,141 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 2019-05-07 Signature of officer Date Sign Here Jennifer L Mizrahi President Type or print name and title Preparer's signature Date 2019-05-**1**0 Print/Type preparer's name Check \square if P00105648 **Paid** self-employed Firm's EIN ▶ Preparer Use Only Firm's address ▶ 607 2nd Street NE Phone no (202) 547-2727 Washington, DC 200024909 ☑ 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 2
Pa	statement	of Program Service	Accomplis	hments		
	Check if Sche	dule O contains a respoi	nse or note to a	any line in this Part III		🗆
1	Briefly describe the o			·		
oppo	rtunities for people wit		y can fully par	ticipate in all aspects o	tners to achieve our mission to figi f community Since 2013, RespectA ince	
2	-	undertake any significar r 990-EZ?		· ,		☐ Yes ☑ No
	If "Yes," describe the	se new services on Sch	edule O			
3	Did the organization	cease conducting, or ma	ake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule	· O			
4	Section 501(c)(3) and		ns are required	to report the amount	largest program services, as measi of grants and allocations to others,	
4a	(Code) (Expenses \$	523,512	including grants of \$	0) (Revenue \$	0)
	See Additional Data	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,,,,	
4b	(Code) (Expenses \$	266,066	including grants of \$	0) (Revenue \$	0)
	See Additional Data					
4c	(Code) (Expenses \$	196,970	ıncludıng grants of \$	0) (Revenue \$	0)
	See Additional Data					
4d		ces (Describe in Schedul	e O)			
	(Expenses \$	ınclu	ding grants of	\$) (Revenue \$)
4e	Total program serv	rice expenses ▶	986,5	48		

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 No 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 If "Yes," complete Schedule C, Part III 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Nο 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 14h Nο valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

Nο

No

20a

20b

21

Part V

5	Section (Local Victor of Provinced Cabadalan (continued)			rage -
Pai	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? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			

Nο

Nο

No

37

38

49

0

1a

1b

Yes

Form **990** (2018)

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V .

13a

14a

14b

15

No

Form 990 (2018)

13b

13c

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

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?

Form	990 (2018)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 21			
	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			
	sımılar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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 by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
10-	Did the everywhere have least shoutons burnshas an affiliates?	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	form?	11a	Yes	
	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? <i>If "No," go to line 13</i>	12a	Yes	
	conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			1
	· · · · · · · · · · · · · · · · · · ·	16b		
Se 17	List the States with which a copy of this Form 990 is required to be filed			
	AK , AL , AR , CA , CO , CT , FL , GA , HI , MI , MN , MT , NH , NJ , NY , NC , OH , C VA , WV			
18				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
20	► State the name, address, and telephone number of the person who possesses the organization's books and records ► Jennifer L Mizrahi 11333 Woodglen Drive Rockville, MD 20852 (202) 744-0546			

Part VII

(17) Richard Phillips Jr

Board Member (8/5/18

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and Title	(B) Average hours per week (list any hours for related	pers and	n on on is	e bo both ecto	t che ox, u n an or/tr	nless office ustee)	er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) Calvın Harrıs Chairman (7/11/17 - 10/2/18)	2 00	X		×				0	0	0	
(2) Steve Bartlett VP (1/1-18 -) Chairman (10/2/18 -	1 00	×		х				0	0	0	
(3) Shelley Cohen Secretary	1 00	X		x				0	0	0	
(4) Ronald Glancz Treasurer (7/11/17 - 7/31/18)	1 00	X		×				0	0	0	
(5) Linda Burger Treasurer (7/31/18 -	1 00	X		×				0	0	0	
(6) Vivian Bass Board Member	1 00	X						0	0	0	
(7) Olegario Cantos VII Board Member (1/30/18 -	1 00	X						0	0	0	
(8) Eleanor Clift Board Member	1 00	×						0	0	0	
(9) Judith Creed Board Member	1 00	×						0	0	0	
(10) Heidi Daroff Board Member	1 00	×						0	0	0	
(11) Andrew Egan Board Member	1 00	Х						0	0	0	
(12) Gabrielle Einstein-Sim Board Member	1 00	Х						0	0	0	
(13) Neil Jacobson Board Member	1 00	Х						0	0	0	
(14) Evelyn Kelley Board Member	1 00	X						0	0	0	
(15) Jonathan Murray Board Member	1 00	х						0	0	0	
(16) Aaron Orlofsky Board Member	1 00	Х						0	0	0	

1 00

0

compensation from the organization ▶

Part VII

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Form 990 (2018)

سحسا		,,,	-,	<u> </u>		<u></u>									
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	than o	one bo ooth a direct	ox, u an off tor/ti	ot che unles fficer truste		rson a	com fi orgar	(D) eportabe npensale from the nization .099-MI	tion e n (W-	(E) Reportable compensatio from relate organizatior (W- 2/1099 MISC)	on d ns	(F) Estima amount of compen from organizat relat organiza	ated of other sation the tion and ted
		line)	Individual trustee or director	Institutional Trustee	<u> </u>	employee	Highest compensated emptovee	ner						Ol game.	đuono
(18)	Gerard Robinson	1 00	×								0		0		
Doard	Member	<u> </u>	<u> ^_'</u>	<u> </u>	⊥_'	<u></u>	<u> </u>	⊥_'							
(19) R	Robert Schwartz	1 00	×	1 1	'	'	'	'			0		0		0
board	Пешре	<u> </u>	<u> </u> '	<u> </u>	⊥_'	⊥_'	<u> </u>	⊥_'	<u> </u>						
(20) J	Ilm Sinocchi	1 00	×	1 1	1 '	'	'	'			0		0		0
board	Member (10/17/16 -	Ĺ	<u> '</u>	<u> </u>	⊥_'	⊥_'	<u> </u> '	⊥_'	<u> </u>				·		
	Thomas Sweitzer	1 00		1 1	1 '	'	1 '	'			0		ا		0
Board	Member	•··	<u> </u> '	<u> </u>	⊥_'	⊥_'	<u> </u>	⊥_'	<u> </u>						
(22) [Delbert Whetter	1 00	×	1 1	1 '	'	1 '	'			0		ا		0
Doard	Member	[<u> ^_'</u>	<u> </u>	Ш'	⊥'	<u> '</u>	⊥'	<u> </u>		-			<u> </u>	
` '	lennıfer Laszlo Mızrahı	60 00	×	1 1	l _x	'	1 '	'			0		ا		0
	k President	••••	<u> ^_'</u>	<u> </u> '	<u> </u>	⊥'	<u> </u>	⊥'							
İ	,	1	1 '	1 1	1 '	'	1 '	'							
			\Box		\Box	\vdash		\vdash					\neg		
 		\vdash	 '	$+\!\!-\!\!\!-$	<u>—</u> '	₩'	 	₩'	—						
			L'	'	'	'	L'	'							
						•	<u>-</u>						I		
	Total from continuation sheets to Part V	•				•	<u>•</u>	_			\square	<u> </u>	Ţ		
dΤ	Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u></u>	<u>. </u>	>	<u>* </u>			0		-	0		0
2	Total number of individuals (including but of reportable compensation from the orga		those lis	sted a	yod _£	/e) w	vho red	ceive	ed mor	re than	ı \$100 	,000			_
						_		_						Yes	No
3	Did the organization list any former office line 1a ⁷ If "Yes," complete Schedule J for			key є	≞mpl •	loye	e, or h	າເgh€	est cor	npensa	ited er	nployee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations graindividual											he 	4		No
5	Did any person listed on line 1a receive o services rendered to the organization? If "	•			,	,		_	_	tion or	ındıvı	dual for	5		No
Se	ection B. Independent Contractors				_	_		_							
1	Complete this table for your five highest of from the organization. Report compensation	compensated in											npen	nsation	
		(A) business address								Γ,	Descrip'	(B) tion of services		(C) Compen	
1									\longrightarrow						

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

Part	VIII	Statement of							
		Check if Schedule	e O contains a	a respo	nse or note to any	line in this Part VIII (A)	(B)	(C)	⊔ (D)
						Total revenue	Related or exempt	Unrelated business	Revenue excluded from
							function	revenue	tax under sections
	1a	Federated campaigr	ns	1a			revenue		512 - 514
tributions, Gifts, Grants Other Similar Amounts	Ь	Membership dues .		1 b					
Gra mo	С	Fundraising events		1c					
fs, <u>A</u>	d	Related organization	ns	1d					
	е	Government grants (co	ontributions)	1e					
ons Sir	f	All other contributions, and similar amounts no	gifts, grants, ot included		1 005 000				
inti her		above		1f	1,085,808				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution in lines 1a - 1f \$	ns included						
Cont	h	Total. Add lines 1a-	1f		•	1,085,808			
<u>1</u>					Business				
Program Service Revenue	2a _			_					
æ	Ь			_					
.¥	C ·								
<u>*</u>	d · e ·								
)ran	_	All other program ser							
δ		F otal. Add lines 2a-2			>				
		nvestment income (ir			nterest, and other	T		Ι .	
		milar amounts) . ncome from investme				_	3	0	1,638
		come from investme			ond proceeds				
		[(ı) Rea		(II) Personal				
	6a	Gross rents							
	Ь	Less rental expenses				-			
		Rental income or				4			
	C	(loss)							
	d	Net rental income or	r (loss)						
	7-	Gross amount	(ı) Securit	ies	(II) Other	4			
		from sales of assets other							
		than inventory							
	b	Less cost or other basis and							
	С	sales expenses Gain or (loss)				-			
		Net gain or (loss)			•				
		Gross income from fu			-				
nue		(not including \$ contributions reporte	d on line 1c)	of					
e v		See Part IV, line 18		a		_			
ت. چ		Less direct expenses Net income or (loss)		b ina eve	ents				
Other Revenue	9a	Gross income from g	amıng actıvıtı						
0		See Part IV, line 19		a					
	b	Less direct expenses	5	ь		1			
	c	Net income or (loss)	from gaming	activiti	es >				
		Gross sales of inventional returns and allowance							
				a		_			
		Less cost of goods s		ь					
	С	Net income or (loss) Miscellaneous		invent	ory ▶ Business Code				
	11a	^a Mıscellaneous reven			90009	9 100	100	0	o
	b								
	c								
		All other revenue . Total. Add lines 11a-			•				
		Total revenue. See				100			
		Total levellue, 5ee	THE UCHOUS	• •	• • • •	1,087,546	5 100	0	1,638 Form 990 (2018)

Forr	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses Ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comm	lete column (A)	
Jeci	Check if Schedule O contains a response or note to any	_	·	• •	П
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	474,600	358,291	49,684	66,625
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	27,786	18,561	7,331	1,894
10	Payroll taxes	41,971	28,268	8,473	5,230
11	Fees for services (non-employees)				
a	Management				
Ŀ	Legal				
c	Accounting	15,800	0	15,800	0
c	ILobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	276,387	210,482	37,091	28,814
12	Advertising and promotion	32,803	31,049	560	1,194
13	Office expenses	73,442	65,924	4,113	3,405
14	Information technology	33,507	10,440	23,067	0
15	Royalties				
16	Occupancy	134,865	91,924	29,333	13,608
17	Travel	139,985	125,780	3,615	10,590
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,373	25,244	500	13,629
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,428	973	311	144
23	Insurance	8,890	6,059	1,934	897
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a Other	19,327	13,553	2,894	2,880
	b				
	c				
	d				
	e All other expenses	1 220 161	006 540	104 705	140.010
	Total functional expenses. Add lines 1 through 24e	1,320,164	986,548	184,706	148,910
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities

Assets or Fund Balances

Net

persons Complete Part II of Schedule L .

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

and other liabilities not included on lines 17 - 24)

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

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

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

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

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

P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			141,505	1	249,993
	2	Savings and temporary cash investments .		[400,119	2	651,757
	3	Pledges and grants receivable, net			882,080	3	263,990
	4	Accounts receivable, net		[19,218	4	22,089
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
s		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and f section 501(c)(9) structions) Complete		6		
še	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges			21,911	9	25,242
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	11,167			
	ь	Less accumulated depreciation	10b	2,658	4,218	10 c	8,509
	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		[9,819	15	9,819
	16	Total assets.Add lines 1 through 15 (must equ	al line :	34)	1,478,870	16	1,231,399
	17	Accounts payable and accrued expenses			11,160	17	5,258
	18	Grants payable				18	
	19	Deferred revenue				19	

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	9,819	15	
16	Total assets.Add lines 1 through 15 (must equal line 34)	1,478,870	16	
17	Accounts payable and accrued expenses	11,160	17	
18	Grants payable		18	
19	Deferred revenue		19	

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

5.258

-99.138

1,325,279

1,226,141

1,231,399

Form **990** (2018)

8.951

20.111

6.777

1,451,982

1,458,759

1,478,870

Form	990 (2018)				Page 12
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			,087,546
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,320,164
3	Revenue less expenses Subtract line 2 from line 1	3			-232,618
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,458,759
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,226,141
Pa	rt 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				
Ь	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	basis,			
	☑ 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		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle	3a		No
_			\vdash		

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

Additional Data

Software ID: 18007482

Software Version:

EIN: 46-2840232

Name: RespectAbility

Form 990 (2018)

Form 990, Part III, Line 4a:

inclusion in the philanthropy sector

Education and Employment - Public Policy and Practices - We advocate for best practices in education and employment for people with disabilities and work with employers, educators, the workforce system, policy makers, service providers, and the nonprofit sector. We uniquely focus on systems change and best practices in disability employment. We have met 1-on-1 with 46 governors, testified in every state, and published toolkits, webinars, and articles on best employment practices. We helped create, with our allies, and unprecedented fourfold improvement in new jobs for people with disabilities (343,483 vs 87,201 jobs) through partnership explicitly employment, stigma media representation of disabilities, criminal justice reform, and disability employment, stigma media representation of disabilities.

Form 990, Part III, Line 4b: Talent Pipeline/Leadership Training/Civic Engagement We prepare a talent pipeline by recruiting, training, and placing young leaders with disabilities into competitive employment (careers) in communications, acting, public policy, advocacy and the nonprofit sector. We recruited and trained 140 young leaders with disabilities. While some

of our graduates are still completing their educations, we have already achieved a 65% employment rate for them in competitive, integrated employment. We also recruit, train and place adults with disabilities and their allies to serve in leadership roles in civic engagement.

Community Outreach Partnerships (Hollywood) We fight against implicit bias by promoting positive and accurate portrayals of people with disabilities in the media, film, and TV to raise expectations about what people with disabilities CAN do Studies show that when employers see positive and accurate portrayals of people with disabilities at work, employers are more likely to hire them. We created and disseminated the first Hollywood Disability Inclusion Toolkit and worked behind the scenes for more positive.

portrayals of people with disabilities. We helped create TV's Born This Way, which stars seven diverse people with Down syndrome who succeeded at work. It won 13 Emmy nominations and 3 wins, and is inspiring employers. We train major studies on disability inclusion and consult on scripts and inclusion for the accurate representation of

Form 990, Part III, Line 4c:

people with disabilities (Disney/Pixar, Netflix, and NBC)

SCHEDUL Form 990 or 90EZ)		Complete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or e trust. 90-EZ.	a section	2018		
epartment of the T	rvice	► Go to	www.irs.gov/Form		Open to Public Inspection				
ame of the or espectAbility	rganization						Employer identification number		
Part I Re	eason for Pu	blic Charity Stat	us (All organization	s must comple	ete this part.) S	46-2840232 See instructions.			
e organization	ı ıs not a prıvat	e foundation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)				
1	hurch, conventi	on of churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).			
2	chool described	In section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))				
A h	ospital or a coo	perative hospital ser	vice organization desci	nbed in section	170(b)(1)(A)(iii).			
	nedical research ne, city, and sta	•	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
	-	erated for the benefi complete Part II)	t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170		
			governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).			
sec	tion 170(b)(1	l)(A)(vi). (Complete			-	ınıt or from the gener	al public described ir		
3 □ A c	ommunity trust	described in section	170(b)(1)(A)(vi)	(Complete Part I	II)				
			escribed in 170(b)(1) ee instructions Enter				ege or university or		
fror Inv	n activities rela estment income	ted to its exempt fur	(1) more than 331/3% actions—subject to cert less taxable income (le complete Part III)	taın exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
			d exclusively to test fo	r public safety S	See section 509	(a)(4).			
□ mo	re publicly supp	orted organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a			
Typ org	De I. A supporti anization(s) the	ing organization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
ma	nagement of th		pervised or controlled in ation vested in the sare and C.						
			supporting organizatio ions) You must com				ted with, its		
I Typ	De III non-fun ctionally integra	ctionally integrate ated The organizatio	 d. A supporting organi in generally must satisfier rt IV, Sections A and 	zation operated fy a distribution	in connection wi requirement and	th its supported orgar			
: ☐ Che	eck this box if the	ne organization recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally		
_		e III non-functionally ported organizations	integrated supporting	organization	,		•		
			upported organization(1			I		
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)		
				Yes	No				
tal									
	Doduction Ac	t Notice, see the I	notructions for	L Cat No 1128!	<u> </u>	 Schedule A (Form 9	00 000 F7\ 201		

instructions

Schedule A (Form 990 or 990-EZ) 2018

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.)										
ection A. Public Support										
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				

	(or fiscal year beginning in) ▶	(a) 2014	(D) 2013	(C) 2010	(u) 2017	(e) 2010	(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	327,760	1,620,876	549,684	1,538,530	1,085,808	5,122,658
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						
4	Total. Add lines 1 through 3	327,760	1,620,876	549,684	1,538,530	1,085,808	5,122,658
5	The portion of total contributions by each person (other than a governmental unit or publicly						1 520 069

•	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)						1,539,06
5	Public support. Subtract line 5 from line 4						3,583,59
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f)Total
7	Amounts from line 4	327,760	1,620,876	549,684	1,538,530	1,085,808	5,122,658
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				119	1,638	1,75
9	Net income from unrelated business						

S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	327,760	1,620,876	549,684	1,538,530	1,085,808	5,122,658
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				119	1,638	1,757
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital	460	200	5,000	650	100	6,410

7	Amounts from line 4	327,760	1,620,876	549,684	1,538,530	1,085,808	5,122,658	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				119	1,638	1,757	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	460	200	5,000	650	100	6,410	
11	Total support. Add lines 7 through 10						5,130,825	
12	2 Gross receipts from related activities, etc. (see instructions)							
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,							
	check this box and stop here					<u> ▶</u> [

Section C. Computation of Public Support Percentage

14

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

69 840 %

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

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

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

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

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

organization

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 gualifies as a publicly

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

20

P	Support Schedule for					d to avalety way	day Dayt II If
	(Complete only if you c the organization fails to						der Part II. II
		quality under	the tests listed	below, please co	ompiete Part II.)	
	ction A. Public Support Calendar year		I	Ι	I	1	
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
_	under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
	ction B. Total Support				1	T	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6						
10a	Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
С							
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
-	11, and 12)						
14	First five years. If the Form 990 is fo	r the organizatior	n's first, second, t	hırd, fourth, or fıft	th tax year as a se	ection 501(c)(3)	organization,
	check this box and stop here						▶ □
Se	ction C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2018 (lin			column (f))		15	0 %
16	Public support percentage from 2017 S	,		. , ,		16	
	., , ,		*			10	
	Investment income percentage for 201			line 13 column /	F\\	1 4 7 1	
17				ime 13, column (1	<i>11</i>	17	0 9
18	Investment income percentage from 2					18	
19a	331/3% support tests—2018. If the	organization did i	not check the box	on line 14, and lir	ne 15 is more thai	า 33 1/3%, and li	ne 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

ightharpoonsPrivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

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

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

10a

answer line 10b below

the organization had excess business holdings)

Sections A and D, and complete Part V) 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 2

(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

6 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

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,"

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

8

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.

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

9b

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. 9с

Pa	Supporting Organizations (continued)			
			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		
Ь	A family member of a person described in (a) above?	11b		
	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		
	Section 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 elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in IVI 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 of trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Part r		
_		. 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
_				
S	Section 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	s of	103	
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section 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 organizatio tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of 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?			
		1		
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 Part VI 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 organization's investment policies and in directing the use of the organization's income or assets at all times during the year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
<u>S</u>	Section E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst a The organization satisfied the Activities Test Complete line 2 below	ructions)		
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		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 Part VI identify those supports organizations and explain 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	ed 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement	n's 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI .	h of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Page **6**

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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 (Schedule A (Form 990 or 990-EZ) 2018 Page 8							
	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								
990 Sched	dule A, Supplemen	ital Information						
Reti	Return Reference Explanation							
Pt II Ln 10		Other Income Part II, Line 10 Description Miscellaneous revenue 2014 460 2015 200 2016 5000 20: 650 2018 100	ı 17					

Additional Data



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

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.

Open to Public

DLN: 93493130000209 OMB No 1545-0047

Inspection

Department of the Treasury

(Form 990)

8

(ii) Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** RespectAbility 46-2840232 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 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of 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

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2018

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

Par	t IIII	Organizations Ma	aintaining Col	lections o	of Art, Hi	istori	cal T	reasu	ıres, or	Other	Similar A	ssets (c	:ontinue	ed)	
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other	records, o	check a	any of	the fo	llowing th	nat are a	significant	use of its	collect	ion	
а		Public exhibition				d		Loan	or excha	nge pro	grams				
b		Scholarly research				e		Othe	r						
С		Preservation for future	generations												
4	Provi Part :	de a description of the XIII	organization's col	lections and	explain h	ow the	ey furtl	ner the	e organiza	ation's e	xempt purpo	ose in			
5		ng the year, did the orga ts to be sold to raise fur									nılar	☐ Y e	s [□No	
Par	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forn	n 990	, Part	IV, lı	ne 9, or	report	ed an amo	unt on F	orm 9	90, P	art
1a		e organization an agent ded on Form 990, Part)		an or other	ıntermedıa	ary for	contri	bution	s or othe	r assets	not	☐ Y e	s [□No	
b	b If "Yes," explain the arrangement in Part XIII and complete the following table Amount														
c	Begir	nning balance								1c					
d	Addıt	ions during the year							L	1 d					
е	Dıstrı	ibutions during the year	•						L	1e					
f	Ending balance 1f														
2a	Did tl	he organization include	an amount on Fo	rm 990, Pai	t X, line 2	1, for	escrov	or cu	stodial ad	count li	abılıty?	☐ Ye	s [□No	
b	If "Y∈	es," explain the arrange	ment in Part XIII	Check here	e if the exp	planati	on has	been	provided	ın Part	XIII	. 🗆			
Pa	rt V	Endowment Fund	ds. Complete ıf	the organ	ızatıon ar	nswer	ed "Y	es" or	ո Form 9	90, Pa	rt IV, lıne :	10.			
	_			(a)Currer	it year	(b) Pr	rior yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four	years	back_
	-	ning of year balance .						-							
		butions						-							
		vestment earnings, gair	*					+				+			
		or scholarships						-							
	and pr	expenditures for facilitie ograms	=5												
		istrative expenses .						_							
g	End of	year balance													
2		de the estimated percei	-	ent year end	l balance (line 1g	g, colu	mn (a))) held as	i					
а		d designated or quasi-e	ndowment ▶												
b		anent endowment 🕨													
С		porarily restricted endov			• • •										
3a		percentages on lines 2a, here endowment funds		•		on that	are h	eld an	d adminis	stered fo	or the				
-		nization by	mot in the posses		or gamzacio	on char		cia aii	a aannin	, corea re			Y	'es l	No
	(i) uı	nrelated organizations											a(i)		
		related organizations .											(ii)		
ь 4		es" on 3a(II), are the rel ribe in Part XIII the inte	_		•			•					3b		
	rt VI	Land, Buildings,			ii s eiidowi	illelic i	unus								
F C I	4.4	Complete if the or			" on Forn	n 990	, Part	IV, lı	ne 11a.	See Fo	rm 990, Pa	art X, lın	e 10.		
	Descr	iption of property	(a) Cost or oth (investme	er basıs	(b) Cost o						depreciation		d) Book	value	
1a	Land			0				0							0
	Buildin			0				0							0
		nold improvements		0				0							0
d	Equipn	ment		0			:	11,167			2,658				8,509

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments—Other Securities. Complete if t See Form 990, Part X, line 12.	the organization ar	nswered "Yes" on F	orm 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Bool value	Cost	c) Method of valuation or end-of-year market value
(1) Financial derivatives (2) Closely-held equity interests (3)Other	:::		
(A)			
B)			
C)			
D)			
Ε)			
F)			
(G)			
(H)			
Total. (Column (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, Part IV		
(a) Description of investment	(b) Book val	ue (o	c) Method of valuation or end-of-year market value
1)			
2)			
3)			
4)			
(5)			
6)			
77)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answere	od 'Vos' on Form 000	Part IV June 11d. So	o Form 000 Park V line 15
(a) Description		raiciv, iiile iiu Se	(b) Book value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Part X Other Liabilities. Complete if the organization		Form 990, Part IV	
See Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
1) Federal income taxes	,		
Deferred lease obligation 2)		0	
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of	of the footnote to the	organization's financ	rial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC		-	_

Add lines 4a and 4b .

Part XI

2

b

b

c 5

1

2

c

d

e 3

b

C 5

Part XIII

4

Part XII

Schedule D (Form 990) 2018

Page 4

100,000

1,087,546

1,087,546

1,420,164

100,000

1,320,164

1.320.164

Schedule D (Form 990) 2018

е	Add lines 2a through 2d .										
3	Subtract line 2e from line 1										
4	Amounts included on Form 99	90.	Part	VIII	. line	12.	but	not	on li	ine :	1

Donated services and use of facilities . .

Prior year adjustments

Subtract line 2e from line 1

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Other (Describe in Part XIII)

Donated services and use of facilities . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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 . .

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

2b Recoveries of prior year grants

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d 4a

2a

4h

2a 2b

2c

2d

4a 4h

Explanation

2e 3 40

1

100,000

100.000

2e

3

4c

5

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007482

Software Version:

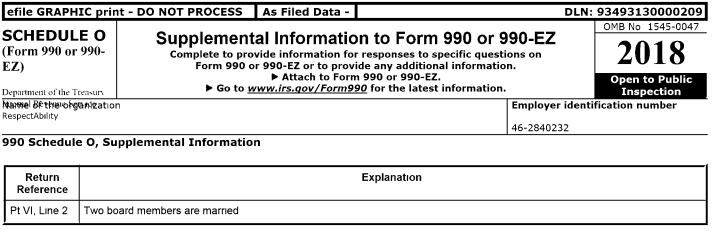
EIN: 46-2840232 **Name:** RespectAbility

Supplemental Information Return Reference

Pt X, Line 2

<u> </u>
The organization is exempt from income taxes under Internal Revenue Code 501(c)(3) and app licable Maryland statutes. No provision for income taxes is required at December 31, 2018, as the Organization had no net unrelated business income. The organization follows FASB A SC 740 Income Taxes, the authoritative guidance relating to accounting for uncertainty in income taxes. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Organization performed an evaluation of uncertain tax positions for the year ended December 31, 2018, and determined that there were no mat ters that would require recognition in the financial statements or which may have any effect on its tax- exempt status. As of December 31, 2018, the statute of limitations for tax years 2015 through 2017 remains open with federal and Maryland authorities.

Explanation



Return Explanation

990 Schedule O, Supplemental Information

Reference	:·p······
Pt VI, Line	A copy of the draft Form 990 was provided to all Board members for review and approval prior to filing with the IRS

Return Explanation

990 Schedule O, Supplemental Information

Reference	
Pt VI, Line	Board members are asked at the annual meeting and when new members are elected if there ar
12c	e any conflicts of interst that need to be disclosed

Return Explanation
Reference

No compensation was paid to the CEO/President of RespectAbility during 2018

990 Schedule O, Supplemental Information

Pt VI, Line

15a

Return Explanation

990 Schedule O, Supplemental Information

Reference	
Pt VI, Line	No compensation was paid to the CEO/President of RespectAbility during 2018