# Form 1023

(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

# Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

less with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

OMB No. 1545-0056

Note: If exempt status is approved, this

**Note:** If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

| Pai   | t I Identification of Applicant  |  |  |              |                |               |
|-------|--|--|--|--------------|----------------|---------------|
| 1     | Full name of organization (exactly as it appears in your organizing  | document)  | 2 c/o Name (i  | f applical   | ble)           |               |
| US    | Right to Know  |  |  |              |                |               |
| 3     | Mailing address (Number and street) (see instructions)   | Room/Suite   | e 4 Employer Ident   | ification Nu | mber (EIN)     |               |
| 602   | 6A Harwood Ave.  |  |  | 46-567       | 6616           |               |
|       | City or town, state or country, and ZIP + 4  |  | 5 Month the annu   | ual account  | ing period end | ds (01 – 12)  |
| Oak   | land, CA 94618   |  | 12   |              |                |               |
| 6     | Primary contact (officer, director, trustee, or authorized represa Name: Gary Ruskin   | entative)  | <b>b</b> Phone:  |              | 5-944-7350     | )             |
|       |  |  | c Fax: (optional   | al)          |                |               |
| 8     | representative's firm. Include a completed Form 2848, <i>Power of Representative</i> , with your application if you would like us to confide the person who is not one of your officers, directors, trusted representative listed in line 7, paid, or promised payment, to he the structure or activities of your organization, or about your find provide the person's name, the name and address of the person promised to be paid, and describe that person's role. | mmunicate wi<br>es, employees<br>elp plan, mana<br>ancial or tax | th your represent<br>, or an authorized<br>age, or advise yomatters? If "Yes," | d<br>u about | ☐ Yes          | ✓ No          |
| 9a    | Organization's website: www.usrighttoknow.org  |  |  |              |                |               |
|       | Organization's email: (optional)   |  |  |              |                |               |
|       |  | /F 000   |  |              |                |               |
| 10    | Certain organizations are not required to file an information retu<br>are granted tax-exemption, are you claiming to be excused from<br>"Yes," explain. See the instructions for a description of organization<br>Form 990-EZ.   | m filing Form  | 990 or Form 990  | -EZ? If      | ☐ Yes          | <b>∠</b> No   |
| 11    | Date incorporated if a corporation, or formed, if other than a co  | orporation. (  | (MM/DD/YYYY)   | 05 /         | 02 /           | 2014          |
| 12    | Were you formed under the laws of a <b>foreign country?</b> If "Yes," state the country.   |  |  |              | ☐ Yes          | ✓ No          |
| Fau 1 | Denominals Deduction Act Notice and page 24 of the instructions  | 0  | No. 17100/   |              | 1022           | (Day 12 2012) |

| Form        | 1023 (Rev. 12-2013)  | (00) Name: US Right to Know   |  | EIN:                          | 46 _ 567                              | 661                   | 6                 | Pa              | age |
|-------------|--|---|--|-------------------------------|---------------------------------------|-----------------------|-------------------|-----------------|-----|
| Par         | t II Organiza  | tional Structure  |  |                               |                                       |                       |                   |                 |     |
| You<br>(See | must be a corpora instructions.) <b>DO</b> I               | ion (including a limited liability co   | mpany), an unincorporated associating check "Yes" on lines 1, 2, 3, or 4   | on, or                        | a trust to                            | be                    | tax ex            | empt.           |     |
| 1           | of filing with the   |   | our articles of incorporation showing copies of any amendments to your a   |                               |                                       |                       | Yes               |                 | No  |
| 2           | certification of filing<br>a copy. Include co              | with the appropriate state agency. Dies of any amendments to your arti  | tach a copy of your articles of organiz<br>Also, if you adopted an operating agre<br>cles and be sure they show state filing<br>C should not file its own exemption a              | eement<br>g certifi           | t, attach<br>ication.                 |                       | Yes               |                 | N   |
| 3           | constitution, or ot  |   | attach a copy of your articles of assinat is dated and includes at least two<br>ts.  |                               |                                       |                       | Yes               |                 | N   |
|             | and dated copies   | of any amendments.  | d copy of your trust agreement. Inclu  |                               |                                       |                       | Yes               |                 | N   |
| b           | Have you been fun  | ded? If "No," explain how you are fo  | ormed without anything of value placed   | d in tru                      | ıst.                                  |                       | Yes               |                 | No  |
| 5           |  | I bylaws? If "Yes," attach a currer directors, or trustees are selected                                       | nt copy showing date of adoption. If<br>I.   | "No,"                         | explain                               |                       | Yes               |                 | No  |
| Par         | t III Required   | <b>Provisions in Your Organizin</b>   | g Document   |                               |                                       |                       |                   |                 |     |
| to me       | eet the organizationa<br>not meet the organi               | test under section 501(c)(3). Unless zational test. <b>DO NOT file this applic</b>                            | file this application, your organizing doc<br>you can check the boxes in both lines<br>ation until you have amended your or<br>ang certification if you are a corporation          | 1 and 2<br><b>rganizi</b>     | , your orgaing docum                  | anizi<br><b>ent</b> . | ng doci<br>Submit | iment<br>t your |     |
| 1           | religious, education meets this require a reference to a p | nal, and/or scientific purposes. Chement. Describe specifically where articular article or section in your of | ment state your exempt purpose(s), neck the box to confirm that your or your organizing document meets thorganizing document. Refer to the inge, Article, and Paragraph):  Page 1, | ganizir<br>is requ<br>structi | ng docum<br>uirement, s<br>ions for e | ent<br>such           | n as<br>pt        |                 |     |
| 2a          | for exempt purpose confirm that your of                    | es, such as charitable, religious, edu<br>rganizing document meets this requ                                  | organization, your remaining assets n icational, and/or scientific purposes. C irement by express provision for the d provision, do not check the box on lire                      | heck tl                       | he box on<br>tion of ass              | line<br>ets           | 2á to<br>upon     |                 |     |
| 2b          | If you checked the Do not complete                         | box on line 2a, specify the locations 2c if you checked box 2a.   | on of your dissolution clause (Page, age 1, article 6.   | Article                       | e, and Pa                             | ragra                 | aph).             |                 |     |

#### **Narrative Description of Your Activities** Part IV

Using an attachment, describe your past, present, and planned activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

#### Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Part V **Employees, and Independent Contractors**

2c See the instructions for information about the operation of state law in your particular state. Check this box if

you rely on operation of state law for your dissolution provision and indicate the state: not applicable

1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

| Name         | Title                     | Mailing address                               | Compensation amount (annual actual or estimated) |
|--------------|---------------------------|---|--|
| Charlie Cray | Director, Treasurer       | 1827 Kilbourne Pl. NW<br>Washington, DC 20010 | none   |
| Lisa Graves  | Director, Secretary       | 409 E. Main Street, #100<br>Madison, WI 53703 | none   |
| Juliet Schor | Director, Chair           | 5 Stuart Rd.<br>Newton, MA 02459              | none   |
| Gary Ruskin  | <b>Executive Director</b> | 6026A Harwod Ave.<br>Oakland, CA 94618        | not yet determined                               |
|              |                           |   |  |

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|------|---|--|---|------------|-----------------------|-------------|----------|
| Par  |   | Other Financial Arrange dependent Contractors (  | ments With Your Officers, Directo<br>Continued)   | rs, Trus   | tees,                 |             |          |
| b    | receive compensation of more                                      | e than \$50,000 per year. Use  | our five highest compensated employees<br>the actual figure, if available. Refer to t<br>include officers, directors, or trustees list          | he instruc | tions f               | will<br>for |          |
| Name |   | Title  | Mailing address   |            | ensatior<br>al actual |             |          |
| Plea | se see attached statement   |  |   |            |                       |             |          |
|      |   |  |   |            |                       |             |          |
|      |   |  |   |            |                       |             |          |
|      |   |  |   |            |                       |             |          |
|      |   |  |   |            |                       |             |          |
| С    |   | mpensation of more than \$50   | ses of your five highest compensated <b>in</b> 0,000 per year. Use the actual figure, if a sation.  |            |                       |             |          |
| Name |   | Title  | Mailing address   |            | ensatior<br>al actual |             |          |
| Plea | se see attached statement   |  |   |            |                       |             |          |
|      |   |  |   |            |                       |             |          |
|      |   |  |   |            |                       |             |          |
|      |   |  |   |            |                       |             |          |
|      |   |  |   |            |                       |             |          |
|      |   |  | ned relationships, transactions, or agreemen apensated independent contractors listed in  |            |                       |             |          |
| 2a   | Are any of your officers, direct relationships? If "Yes," identif | ors, or trustees <b>related</b> to early the individuals and explain                       | ach other through <b>family</b> or <b>business</b> the relationship.  |            | Yes                   |             | No       |
|      | Do you have a business relati                                     | onship with any of your officificer, director, or trustee? If                              | ers, directors, or trustees other than "Yes," identify the individuals and descr  |            | Yes                   |             | No       |
| С    |   | ndent contractors listed on lir  | our highest compensated employees or nes 1b or 1c through family or business the relationship.  |            | Yes                   |             | No       |
| 3a   |   | ntractors listed on lines 1a,  | pensated employees, and highest b, or 1c, attach a list showing their nan   | ne,        |                       |             |          |
| b    | compensated independent co<br>other organizations, whether t      | ntractors listed on lines 1a, ax exempt or taxable, that a individuals, explain the relati | nsated employees, and highest lb, or 1c receive compensation from an re related to you through <b>common</b> onship between you and the other . |            | Yes                   |             | No       |
| 4    | employees, and highest comp                                       | pensated independent contra<br>mended, although they are n                                 | rs, trustees, highest compensated ctors listed on lines 1a, 1b, and 1c, the ot required to obtain exemption. Answe                              | r          |                       |             |          |
|      | -   |  | ngements follow a conflict of interest police advance of paying compensation?   | , —        | Yes<br>Yes            |             | No<br>No |

**c** Do you or will you document in writing the date and terms of approved compensation arrangements?

Yes

 $\square$  No

| Par | Compensation and Other Financial Arrangements With Your Officers, Directors, Employees, and Independent Contractors (Continued)   | Trus | tees, |    |
|-----|---|------|-------|----|
| d   | Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  |      | Yes   | No |
| е   | Do you or will you approve compensation arrangements based on information about compensation paid by <b>similarly situated</b> taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  |      | Yes   | No |
| f   | Do you or will you record in writing both the information on which you relied to base your decision and its source?   |      | Yes   | No |
| g   | If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is <b>reasonable</b> for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.   |      |       |    |
| 5a  | Have you adopted a <b>conflict of interest policy</b> consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.   |      | Yes   | No |
| b   | What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?   |      |       |    |
| С   | What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?   |      |       |    |
|     | <b>Note:</b> A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.   |      |       |    |
| 6a  | Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through <b>non-fixed payments</b> , such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.   |      | Yes   | No |
| b   | Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. |      | Yes   | No |
| 7a  | Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine that you pay no more than fair market value. Attach copies of any written contracts or other agreements relating to such purchases.  |      | Yes   | No |
| b   | Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.  |      | Yes   | No |
| 8a  | Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.   |      | Yes   | No |
|     | Describe any written or oral arrangements that you made or intend to make.  |      |       |    |
|     | Identify with whom you have or will have such arrangements.  Explain how the terms are or will be negotiated at arm's length.   |      |       |    |
|     | Explain how the terms are or will be negotiated at arm's length.  Explain how you determine you pay no more than fair market value or you are paid at least fair market value.  |      |       |    |
|     | Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.  |      |       |    |
| 9a  | Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f   |      | Yes   | No |

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#### Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Part V **Employees, and Independent Contractors** (Continued)

- **b** Describe any written or oral arrangements you made or intend to make.
- **c** Identify with whom you have or will have such arrangements.
- **d** Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.

| f   | Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.   |       |         |       |     |
|-----|--|-------|---------|-------|-----|
| Pa  | rt VI Your Members and Other Individuals and Organizations That Receive Benefits Fr  | om    | You     |       |     |
|     | following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and or our activities. Your answers should pertain to past, present, and planned activities. (See instructions.)   | rgani | zations | as pa | art |
| 1a  | In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.   |       | Yes     |       | No  |
| b   | In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.   |       | Yes     |       | No  |
| 2   | Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.   |       | Yes     |       | No  |
| 3   | Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.  |       | Yes     |       | No  |
|     | rt VII Your History  |       |         |       |     |
| The | following "Yes" or "No" questions relate to your history. (See instructions.)  | _     |         |       |     |
| 1   | Are you a <b>successor</b> to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G.  |       | Yes     |       | No  |
| 2   | Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.  |       | Yes     |       | No  |
| Pa  | rt VIII Your Specific Activities   |       |         |       |     |
|     | following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropri vers should pertain to past, present, and planned activities. (See instructions.)   | ate b | ox. Yo  | ur    |     |
| 1   | Do you support or oppose candidates in <b>political campaigns</b> in any way? If "Yes," explain.   |       | Yes     |       | No  |
| 2a  | Do you attempt to <b>influence legislation</b> ? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.  |       | Yes     |       | No  |
| b   | Have you made or are you making an <b>election</b> to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.   |       | Yes     |       | No  |
| 3а  | Do you or will you operate bingo or <b>gaming</b> activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. <b>Revenue and expenses</b> should be provided for the time periods specified in Part IX, Financial Data.   |       | Yes     |       | No  |
| b   | Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. |       | Yes     |       | No  |
| С   | List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.  |       |         |       |     |

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|-----|---|-----------------|---------|-------------|
| Pa  | rt VIII Your Specific Activities (Continued)  |                 |         |             |
| 4a  | Do you or will you undertake <b>fundraising</b> ? If "Yes," check all the fundraising programs you do conduct. (See instructions.)  | or will         | ☐ Yes   | ☐ No        |
|     | ☐ mail solicitations ☐ phone solicitations  |                 |         |             |
|     |   |                 |         |             |
|     | personal solicitations  | zation's        | website |             |
|     | ☐ vehicle, boat, plane, or similar donations ☐ government grant solicitations   |                 |         |             |
|     | foundation grant solicitations   Other  |                 |         |             |
|     | Attach a description of each fundraising program.   |                 |         |             |
| b   | Do you or will you have written or oral contracts with any individuals or organizations to raise f for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements.   | ies             | ✓ Yes   | □ No        |
| С   | Do you or will you engage in fundraising activities for other organizations? If "Yes," describe the arrangements. Include a description of the organizations for which you raise funds and attached of all contracts or agreements.   |                 | ☐ Yes   | <b>∠</b> No |
| d   | List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for aronganization, or another organization fundraises for you.   | nother          |         |             |
| е   | Do you or will you maintain separate accounts for any contributor under which the contributor the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide on the types of investments, distributions from the types of investments, or the distribution from donor's contribution account. If "Yes," describe this program, including the type of advice that be provided and submit copies of any written materials provided to donors. | advice<br>m the | ☐ Yes   | <b>∠</b> No |
| 5   | Are you <b>affiliated</b> with a governmental unit? If "Yes," explain.  |                 | ☐ Yes   | ✓ No        |
|     | Do you or will you engage in <b>economic development</b> ? If "Yes," describe your program.   |                 | ☐ Yes   | ✓ No        |
|     | Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.   |                 |         |             |
| 7a  | Do or will persons other than your employees or volunteers <b>develop</b> your facilities? If "Yes," deeach facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees.  | escribe         | ☐ Yes   | <b>∠</b> No |
| b   | Do or will persons other than your employees or volunteers <b>manage</b> your activities or facilities "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees.   | ? If            | ☐ Yes   | <b>∠</b> No |
| С   | If there is a business or family relationship between any manager or developer and your officer directors, or trustees, identify the individuals, explain the relationship, describe how contracts a negotiated at arm's length so that you pay no more than fair market value, and submit a copy contracts or other agreements.  | are             |         |             |
| 8   | Do you or will you enter into <b>joint ventures</b> , including partnerships or <b>limited liability compan</b> treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate.  | ies             | ☐ Yes   | <b>∠</b> No |
| 9a  | Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answering 9b through 9d. If "No," go to line 10.   | ver             | ☐ Yes   | ✓ No        |
| b   | Do you provide child care so that parents or caretakers of children you care for can be <b>gainful employed</b> (see instructions)? If "No," explain how you qualify as a childcare organization descript section 501(k).   |                 | ☐ Yes   | □ No        |
| С   | Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain by you qualify as a childcare organization described in section 501(k).   |                 | ☐ Yes   | □ No        |
| d   | Are your services available to the general public? If "No," describe the specific group of people whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).   | of for          | ☐ Yes   | □ No        |
| 0   | Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreograp scientific discoveries, or other <b>intellectual property</b> ? If "Yes," explain. Describe who owns or youn any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees determined, and how any items are or will be produced, distributed, and marketed.  | will            | ✓ Yes   | ☐ No        |

| Pai | rt VIII Your Specific Activities (Continued)  |       |              |
|-----|---|-------|--------------|
| 11  | Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. | ☐ Yes | <b>∠</b> No  |
|     | Do you or will you operate in a <b>foreign country</b> or <b>countries?</b> If "Yes," answer lines 12b through 12d. If "No," go to line 13a.  | ☐ Yes | <b>∠</b> No  |
|     | Name the foreign countries and regions within the countries in which you operate.   |       |              |
|     | Describe your operations in each country and region in which you operate.   |       |              |
|     | Describe how your operations in each country and region further your exempt purposes.   |       |              |
| 13a | Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.  | ∐ Yes | <b>∠</b> No  |
| b   | Describe how your grants, loans, or other distributions to organizations further your exempt purposes.  | _     | _            |
| С   | Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.   | ☐ Yes | ☐ No         |
|     | Identify each recipient organization and any <b>relationship</b> between you and the recipient organization.  |       |              |
|     | Describe the records you keep with respect to the grants, loans, or other distributions you make.   |       |              |
| Ť   | Describe your selection process, including whether you do any of the following:   | □ v   |              |
|     | <ul><li>(i) Do you require an application form? If "Yes," attach a copy of the form.</li><li>(ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your</li></ul>   | ☐ Yes | ⊔ No<br>□ No |
|     | responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.   | □ les | _ NO         |
| g   | Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.   |       |              |
| 14a | Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.   | ☐ Yes | ✓ No         |
| b   | Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.   |       |              |
| С   | Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.   | ☐ Yes | ☐ No         |
| d   | Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.  | ☐ Yes | ☐ No         |
| е   | Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.  | ☐ Yes | □ No         |
| f   | Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.   | ☐ Yes | □ No         |

| orm | 1 1023 (Rev. 12-2013) (00) Name: US Right to Know EIN: 46   | _ 5676616   | Page 8      |
|-----|---|-------------|-------------|
| Pa  | rt VIII Your Specific Activities (Continued)  |             |             |
| 15  | Do you have a close connection with any organizations? If "Yes," explain.   | ☐ Yes       | ✓ No        |
| 16  | Are you applying for exemption as a <b>cooperative hospital service organization</b> under section 501(e)? If "Yes," explain.   | ☐ Yes       | ✓ No        |
| 17  | Are you applying for exemption as a <b>cooperative service organization of operating educations organizations</b> under section 501(f)? If "Yes," explain.  | al Yes      | ✓ No        |
| 18  | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain.   | ☐ Yes       | ✓ No        |
| 19  | Do you or will you operate a <b>school</b> ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.                                      | ☐ Yes       | ✓ No        |
| 20  | Is your main function to provide hospital or medical care? If "Yes," complete Schedule C.   | ☐ Yes       | ✓ No        |
| 21  | Do you or will you provide <b>low-income housing</b> or housing for the <b>elderly</b> or <b>handicapped</b> ? If "Yes," complete Schedule F.   | ☐ Yes       | ✓ No        |
| 22  | Do you or will you provide scholarships, fellowships, educational loans, or other educational gran individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | ts to 🗌 Yes | <b>∠</b> No |
|     | <b>Note: Private foundations</b> may use Schedule H to request advance approval of individual grant procedures.   |             |             |

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### Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

|          |    |   | A. Statement of  | of Revenues and                | Expenses              |             |                       |
|----------|----|---|------------------|--------------------------------|-----------------------|-------------|-----------------------|
|          |    | Type of revenue or expense  | Current tax year |                                | years or 2 succeeding | g tax years |                       |
|          |    |   | (a) From 1/1/14  |                                | (c) From 1/1/16       | (d) From    | (e) Provide Total for |
|          |    |   | To 12/31/14      | (b) From 1/1/15<br>To 12/31/15 | To 12/31/16           | To          | (a) through (d)       |
|          | 1  | Gifts, grants, and contributions received (do not include unusual grants)   | 100000           | 200000                         | 200000                |             | 500000                |
|          | 2  | Membership fees received  | 0                | 0                              | 0                     |             | 0                     |
|          | 3  | Gross investment income   | 25               | 50                             | 50                    |             | 125                   |
|          |    |   |                  |                                |                       |             |                       |
|          | 4  | Net unrelated business income   | 0                | 0                              | 0                     |             | 0                     |
|          | 5  | Taxes levied for your benefit   | 0                | 0                              | 0                     |             | 0                     |
| Revenues | 6  | Value of services or facilities<br>furnished by a governmental<br>unit without charge (not<br>including the value of services<br>generally furnished to the<br>public without charge) | 0                | 0                              | 0                     |             | 0                     |
| Rev      | 7  | Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)   | 0                | 0                              | 0                     |             | 0                     |
|          | 8  | Total of lines 1 through 7  | 100025           | 200050                         | 200050                |             | 400125                |
|          | 9  | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)    | 0                | 0                              | 0                     |             | 0                     |
|          | 10 | Total of lines 8 and 9  | 100025           | 200050                         | 200050                |             | 400125                |
|          | 11 | Net gain or loss on sale of capital assets (attach schedule and see instructions)   | 0                | 0                              | 0                     |             | 0                     |
|          | 12 | Unusual grants  | 0                | 0                              | 0                     |             | 0                     |
|          |    | Total Revenue Add lines 10 through 12   | 100025           | 200050                         | 200050                |             | 400125                |
|          | 14 | Fundraising expenses  | 0                | 0                              | 0                     |             |                       |
|          | 15 | Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)  | 0                | 0                              | 0                     |             |                       |
|          | 16 | Disbursements to or for the benefit of members (attach an itemized list)  | 0                | 0                              | 0                     |             |                       |
| Expenses | 17 | Compensation of officers, directors, and trustees   | 0                | 0                              | 0                     |             |                       |
| en       | 18 | Other salaries and wages  | 85025            | 185050                         | 185050                |             |                       |
| Хp       | 19 | Interest expense  | 0                | 0                              | 0                     |             |                       |
| ш        | 20 | Occupancy (rent, utilities, etc.)   | 0                | 0                              | 0                     |             |                       |
|          | 21 | Depreciation and depletion  | 0                | 0                              | 0                     |             |                       |
|          | 22 | Professional fees   | 0                | 0                              | 0                     |             |                       |
|          | 23 | Any expense not otherwise classified, such as program services (attach itemized list)   | 15000            | 15000                          | 15000                 |             |                       |
|          | 24 | Total Expenses<br>Add lines 14 through 23   | 100025           | 200050                         | 200050                |             | 1023 (7) (2) (2)      |

(00) Name: US Right to Know 46 \_ 5676616 Form 1023 (Rev. 12-2013) Page 10 Financial Data (Continued) Part IX 2014 B. Balance Sheet (for your most recently completed tax year) Year End: (Whole dollars) **Assets** 0 1 1 0 2 2 0 3 3 0 4 Bonds and notes receivable (attach an itemized list) . . . . 4 0 5 5 Corporate stocks (attach an itemized list) 0 6 6 0 7 7 0 8 8 Depreciable and depletable assets (attach an itemized list) . . . . . . 0 9 9 0 10 10 Total Assets (add lines 1 through 10) . . . . . . . . . . . 11 11 0 Liabilities 0 12 12 Accounts payable . . . . . . . . . . . . 0 13 Contributions, gifts, grants, etc. payable . . . . . . . . . . . . . 13 0 Mortgages and notes payable (attach an itemized list) . . . . . . . . . 14 14 0 15 15 0 16 Total Liabilities (add lines 12 through 15) . . . . . . . . . . . . . . . 16 **Fund Balances or Net Assets** 0 17 Total fund balances or net assets . . . . . . . . . . . . 17 0 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17) . 18 18 Have there been any substantial changes in your assets or liabilities since the end of the period 19 Yes ✓ No shown above? If "Yes," explain. Part X **Public Charity Status** Part X is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a private operating foundation. (See instructions.) 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. ✓ No Yes If you are unsure, see the instructions. b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. Are you a private operating foundation? To be a private operating foundation you must engage Yes ☐ No directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Have you existed for one or more years? If "Yes," attach financial information showing that you are a private Yes ☐ No operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion ☐ No ☐ Yes from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.

a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.

d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h

c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research

or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

organization operated in conjunction with a hospital. Complete and attach Schedule C.

The organization is not a private foundation because it is:

**b** 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B.

П

| Form   | 1023 (Rev. 12-2013) (00) Name: US Right to Kno  | ow   | EIN: 46 _ 5676616  | Page <b>11</b> |
|--------|---|--|--|----------------|
| Pai    | t X Public Charity Status (Continued)   |  |  | . ago          |
| e<br>f | 509(a)(4)—an organization organized and ope 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated by a governmental unit.   |  | -  |                |
| g      | 509(a)(1) and 170(b)(1)(A)(vi)—an organization of contributions from publicly supported orga  |  |  |                |
| h      | 509(a)(2)—an organization that normally receininvestment income and receives more than fees, and gross receipts from activities related   | one-third of its financial support from cont   | ributions, membership  |                |
| i      | A publicly supported organization, but unsure decide the correct status.  | e if it is described in 5g or 5h. The organiza   | ation would like the IRS to  |                |
| 6      | If you checked box g, h, or i in question 5 abov selecting one of the boxes below. Refer to the in  |  |  |                |
| a      | Request for Advance Ruling: By checking the Code you request an advance ruling and excise tax under section 4940 of the Code. That the end of the 5-year advance ruling period years to 8 years, 4 months, and 15 days beyon the extension to a mutually agreed-upon period you make. You may obtain Publication 1035 toll-free 1-800-829-3676. Signing this consent otherwise be entitled. If you decide not to extruling. | agree to extend the statute of limitations of the tax will apply only if you do not establised. The assessment period will be extended ond the end of the first year. You have the food of time or issue(s). Publication 1035, Explanation of your rights and the consequence of charge from the IRS web site at world will not deprive you of any appeal rights | on the assessment of sh public support status of for the 5 advance ruling right to refuse or limit stending the Tax quences of the choices ww.irs.gov or by calling to which you would |                |
|        | Consent Fixing Period of Limitations Upon   | Assessment of Tax Under Section 4940   | of the Internal Revenue Co   | ode            |
|        | For Organization  (Signature of Officer, Director, Trustee, or other authorized official)   | (Type or print name of signer)  (Type or print title or authority of signer)   | (Date)   |                |
|        | For IRS Use Only  |  |  |                |
|        |   |  |  |                |
|        | IRS Director, Exempt Organizations  |  | (Date)   |                |
| b      | Request for Definitive Ruling: Check this boyou are requesting a definitive ruling. To config in line 5 above. Answer line 6b(ii) if you che answer both lines 6b(i) and (ii).  | firm your public support status, answer line   | e 6b(i) if you checked box   |                |
|        | (i) (a) Enter 2% of line 8, column (e) on Part  | IX-A. Statement of Revenues and Expense  | es   |                |
|        |   | mount contributed by each person, comparts. If the answer is "None," check this box.   | ny, or organization whose  |                |
|        | (ii) (a) For each year amounts are included on Expenses, attach a list showing the national answer is "None," check this box.   | on lines 1, 2, and 9 of Part IX-A. Statement ame of and amount received from each <b>dis</b>   | of Revenues and qualified person. If the   |                |
|        | a list showing the name of and amoun  | on line 9 of Part IX-A. Statement of Revenuent received from each payer, other than a conf (1) 1% of line 10, Part IX-A. Statement of is "None," check this box.   | lisqualified person, whose   |                |
| 7      | Did you receive any unusual grants during an Revenues and Expenses? If "Yes," attach a li amount of the grant, a brief description of the   | ist including the name of the contributor, th  |  | <b>∠</b> No    |

#### Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

|              |                                |                               | ces at 1-877-829-5500 for current information.  |               |          |      |
|--------------|--------------------------------|-------------------------------|---|---------------|----------|------|
| 1            | Have your annual gross rec     | eipts averaged or are they    | expected to average not more than \$10,000?   | 1             | Yes      | ☐ No |
|              | If "Yes," check the box on I   | ine 2 and enclose a user fe   | e payment of \$400 (Subject to change—see above).   |               |          |      |
|              | If "No," check the box on li   | ne 3 and enclose a user fee   | payment of \$850 (Subject to change—see above).   |               |          |      |
| 2            | Check the box if you have      | enclosed the reduced user     | fee payment of \$400 (Subject to change).   |               |          |      |
| 3            |                                |                               | ent of \$850 (Subject to change).   |               | THE REST |      |
|              |                                |                               |   |               |          |      |
| Plea         | ase                            | g schedules and attachments,  | his application on behalf of the above organization and that<br>and to the best of my knowledge it is true, correct, and cor<br>Gary Ruskin | nplete.       | une 5,   |      |
| applie       | ase                            | g schedules and attachments,  | and to the best of my knowledge it is true, correct, and cor  | nplete.       |          |      |
| Plea<br>Sign | ase n (Signature of Officer, D | ig schedules and attachments, | Gary Ruskin  (Type or print name of signer)   | nplete.<br>Ji |          |      |

#### US Right to Know IRS form 1023 Responses to specific questions

#### **Part IV: Narrative Description of Your Activities**

US Right to Know is a new organization. At this time we have no past or present activities. We are planning the following activities.

We plan to promote the health of all Americans by working for a healthier, safer food system, and for increasing the transparency of our food system.

We plan to focus much of our research and investigative efforts attention on situations in which our food system is inadequately transparent; for example, where food labeling, restaurant labeling other food-related disclosure is inadequate or nonexistent.

We plan to educate the public about food and health issues, to help Americans choose foods that are safer and healthier, and to encourage an increased supply and availability of foods that are safer and healthier.

We plan to research and investigate the safety of certain food and other products. We plan to warn the public in cases where there are potentially dangerous, toxic, unsafe or unwholesome products in our food supply or in other products that consumers may use.

We plan to educate the public about how federal, state and local government decisions are made regarding issues of food and health.

We plan to distribute our investigative and research findings for free to citizens and consumers via our website, in articles, updates, blog posts, and through social media such as Twitter and Facebook. We will also distribute these findings to the news media. We may also write articles for publication in newspapers, magazines and other media outlets.

We plan to begin this work within the next month, and to continue it for as long as there is inadequate transparency in our food system.

Our work will be conducted by US Right to Know staff, consultants, volunteers and members of the general public.

We will fund our work through contributions from individual donors and charitable foundations. We hope and expect that there are many people and some charitable foundations that care about food and health that will support our cause. We will likely accept contributions from the public via our website as well.

#### **Part V: Compensation**

#### **Question 1a**

The board of directors of our newly formed nonprofit corporation has not yet decided the compensation for its executive director, Gary Ruskin. When it does, any such contract will provide for payment in commercially reasonable amounts in return for services related to the exempt functions of this nonprofit.

#### **Question 1b**

Our newly formed nonprofit corporation does not at this time pay anyone more than \$50,000 per year. If and when it does, any such contracts will provide for payment in commercially reasonable amounts in return for services related to the exempt functions of this nonprofit.

#### **Ouestion 1c**

This newly formed nonprofit corporation does not at this time pay anyone more than \$50,000 per year. If and when it does, any such contracts will provide for payment in commercially reasonable amounts in return for services related to the exempt functions of this nonprofit

#### Question 3a

Following are biographical sketches of the board of directors and officers of US Right to Know. All three directors will likely work an average of less than one hour per week, and they will receive no compensation. Their duties are to direct and oversee the operations of US Right to Know.

At the outset, the executive director of US Right to Know is expected to work approximately 30 hours per week. His duties are to execute the operations of US Right to Know, to supervise other staff, to conduct all necessary financial and program planning, and to conduct fundraising needed to carry out the operations of US Right to Know.

#### Bio of Lisa Graves, Director and Secretary

Lisa Graves is executive director of the Center for Media and Democracy. She has served as a senior advisor in all three branches of the federal government and other posts. She has also worked as a leading strategist on civil liberties advocacy in the area of national security and as an adjunct law professor at one of the top law schools in the country. Her former leadership positions include:

• Deputy Assistant Attorney General in the Office of Legal Policy/Policy Development at the U.S. Department of Justice (handling an array of civil and criminal policy issues as well as leading the working group on judicial nominations -- worked under both Attorneys General Janet Reno and John Ashcroft)

- Chief Counsel for Nominations for the U.S. Senate Judiciary Committee for the Chairman/Ranking Member
- Senior Legislative Strategist for the American Civil Liberties Union (on national security and surveillance policies)
- Deputy Director of the Center for National Security Studies
- Deputy Chief of the Article III Judges Division of the U.S. Courts (including oversight of the Financial Disclosure Office for judicial ethics)

Graves has testified as an expert witness on national security/homeland security and transparency issues before both the U.S. Senate and the House of Representatives. She has also appeared as an expert on CNN, ABC, NBC, CBS, MSNBC, CNBC, BBC, C-SPAN, and other news programs and on numerous radio shows, including National Public Radio, Democracy Now!, Air America, and Pacifica Radio. Her analysis has been quoted in *The New York Times, The Washington Post, The Los Angeles Times, The Chicago Tribune, The Boston Globe, The Associated Press, Reuters, USA Today, The Nation, The Progressive, In These Times, Mother Jones, Vanity Fair, Congressional Quarterly, Roll Call, National Journal, Legal Times, Newsday,* and *Wired*, among others, as well as online in The Huffington Post, Talking Points Memo, and other blogs. She has also helped with legal briefs and her analysis of national security issues has been published by the *Texas Law Review* and other publications. She was also the managing editor for the Clinton Administration's National Integrated Firearms Violence Reduction Strategy.

### Bio of Juliet Schor, Director and Chair

Juliet Schor is Professor of Sociology at Boston College. Before joining Boston College, she taught at Harvard University for 17 years, in the Department of Economics and the Committee on Degrees in Women's Studies. A graduate of Wesleyan University, Schor received her Ph.D. in economics at the University of Massachusetts.

Her most recent book is *Plenitude: The New Economics of True Wealth* (The Penguin Press 2010). She is also author of the national best-seller, *The Overworked American: The Unexpected Decline of Leisure* (Basic Books, 1992) and *The Overspent American: Why We Want What We Don't Need* (Basic Books, 1998). *The Overworked American* appeared on the best-seller lists of *The New York Times, Publisher's Weekly, The Chicago Tribune, The Village Voice, The Boston Globe* as well as the annual best books list for *The New York Times, Business Week* and other publications. The book is widely credited for influencing the national debate on work and family. *The Overspent American* was also made into a video of the same name, by the Media Education Foundation (September 2003).

Schor also wrote *Born to Buy:* The Commercialized Child and the New Consumer Culture (Scribner 2004). She is the author of *Do Americans Shop Too Much?* (Beacon Press 2000), co-editor of *Consumer Society: A Reader* (The New Press 2000) and co-editor of *Sustainable Planet: Solutions for the Twenty-first Century* (Beacon Press 2002). An essay collection, *Consumerism and Its Discontents* is forthcoming from Oxford University Press in 2011. She has also co-edited a number of academic collections.

She is a co-founder and co-chair of the Board of the Center for a New American Dream, a national sustainability organization.

She was a fellow at the John Simon Guggenheim Memorial Foundation in 1995-1996 for a project entitled "New Analyses of Consumer Society." In 2006 she received the Leontief Prize from the Global Development and Economics Institute at Tufts University for expanding the frontiers of economic thought. In 1998 Schor received the George Orwell Award for Distinguished Contributions to Honesty and Clarity in Public Language from the National Council of Teachers of English. Schor's scholarly articles have appeared in the Economic Journal, The Review of Economics and Statistics, World Development, Industrial Relations, The Journal of Economic Psychology, Ecological Economics, The Journal of Industrial Ecology, Social Problems and other journals. Schor has served as a consultant to the United Nations, at the World Institute for Development Economics Research, and to the United Nations Development Program.

In addition to the foregoing, Schor is a co-founder of the South End Press and the Center for Popular Economics. She is a former Trustee of Wesleyan University, an occasional faculty member at Schumacher College, and a former fellow of the Brookings Institution. Schor has lectured widely throughout the United States, Europe and Japan to a variety of civic, business, labor and academic groups. She appears frequently on national and international media, and profiles on her and her work have appeared in scores of magazines and newspapers, including *The New York Times, Wall Street Journal, Newsweek*, and *People* magazine. She has appeared on 60 Minutes, the Today Show, Good Morning America, The Early Show on CBS, numerous stories on network news, as well as many other national and local television news programs.

#### Bio of Charlie Cray, Director and Treasurer

Charlie has been a member of Greenpeace USA's research department since 2010.

Between 1989 and 1999, he also worked with Greenpeace as a member of the Greenpeace Toxics Campaign, organizing campaigns to shut down toxic waste incinerators and phase out PVC plastics.

Between 1999 and 2004, Charlie helped edit *Multinational Monitor* magazine and directed the Campaign for Corporate Reform at Citizen Works, which was co-founded by Ralph Nader after a series of corporate crime wave beginning with Enron.

He is the co-author of *The People's Business: Controlling Corporations and Restoring Democracy* (Berrett-Koehler, 2003), as well as numerous environmental and corporate accountability articles, reports, and blogs.

Between 2004 and 2010, Charlie directed the Center for Corporate Policy (corporatepolicy.org), researching and publishing numerous articles and reports about a variety of topics related to corporate power and accountability, including corporate tax dodging, executive compensation, contractor accountability and corporate crime. During that time he co-founded and maintained the watchdog web site, HalliburtonWatch.org, using it to press for government contractor accountability and reform.

Charlie is a graduate of Amherst College.

#### Bio of Gary Ruskin, Executive Director

During the 2012 election cycle, Gary Ruskin was campaign manager for Proposition 37, a statewide ballot initiative for labeling of genetically engineered food in California. For fourteen years, he directed the Congressional Accountability Project, which opposed corruption in the U. S. Congress. For nine years, he was executive director and co-founder of Commercial Alert, which opposed the commercialization of every nook and cranny of our lives and culture. He has often been quoted in major newspapers across the country and has appeared scores of times on national TV news programs.

He received his undergraduate degree in religion from Carleton College, and a master's degree in public policy from Harvard University's John F. Kennedy School of Government.

#### **Question 4a**

US Right to Know has adopted a conflict of interest policy that controls the approval of salaries to directors, officers and other "disqualified persons" as defined in Section 4958 of the Internal Revenue Code. See Article 9, as well as Article 3, Section 6, and Article 4, Section 9, of the bylaws attached to this application. Also, Article 9, Section 5, of the bylaws applies additional conflict of interest requirements on the board and compensation committee when approving compensation arrangements.

#### **Question 4b**

Article 9, Section 3, of US Right to Know's bylaws requires the approval of compensation of directors, officers, and any "disqualified person" as defined in Section 4958 of the Internal Revenue Code in advance after full disclosure of the surrounding facts and approval by disinterested members of the governing board or committee and prior to entering into the compensation agreement or arrangement. Further, Article 9, Section 5(a) of US Right to Know's bylaws requires specific approval of compensation arrangements prior to the first payment of compensation under such arrangements.

#### **Question 4c**

Article 9, Section 4, of US Right to Know's bylaws, which are attached to this application, require the taking of written minutes of meetings at which compensation paid to any director, officer, or other "disqualified person" as defined in Section 4958 of the Internal

Revenue Code, are approved. The minutes must include the date and the terms of the approved compensation arrangements. Further, and specifically with respect to the approval by the board or compensation committee of compensation arrangements, Article 9, Section 5(d), of US Right to Know's bylaws requires the recordation of the date and terms of compensation arrangements as well as other specific information concerning the basis for the approval of compensation arrangements.

#### **Question 4d**

Article 9, Section 4, of US Right to Know's bylaws requires the written recordation of the approval of compensation and other financial arrangements between this organization and a director, officer, employee, contractor, and any other "disqualified person" as defined in Section 4958 of the Internal Revenue Code, including the names of the persons who vote on the arrangement and their votes. Further, and specifically with respect to the approval by the board or compensation committee of compensation arrangements, Article 9, Section 5(d), of the organization's bylaws requires the recordation of the board or committee who were present during discussion of the approval of compensation arrangements, those who voted on it, and the votes cast by each board or committee member.

#### **Question 4e**

Article 9, Section 5(c), of US Right to Know's bylaws requires that the board or compensation committee considering the approval of a compensation arrangement obtain compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions; the availability of similar services in the geographic area of this organization; current compensation surveys compiled by independent firms; and actual written offers from similar institutions competing for the services of the person who is the subject of the compensation arrangement. This article also provides that it is sufficient for these purposes to rely on compensation data obtained from three comparable organizations in the same or similar communities for similar services if this organization's three-years' average gross receipts are less than \$1 million (as allowed by IRS Regulation 53.4958-6).

#### **Question 4f**

Article 9, Section 5(d), of the organization's bylaws requires that the written minutes of the board or compensation committee meeting at which a compensation arrangement was discussed and approved include the terms of compensation and the basis for its approval. This bylaw provision includes a list of specific information that must be included in the required written minutes.

#### Question 5a-c

The board of directors of US Right to Know has adopted bylaws that contain a conflicts of interest policy. The policy is set out in Article 9 of the attached bylaws. This policy is based on the sample conflict of interest policy contained in Appendix A of the official instructions to IRS Form 1023. The organization has added additional requirements in Article 9, Section 5, of its bylaws for the approval of compensation arrangements that are

based on the additional requirements contained in IRS Regulation Section 53.4958-6 to help ensure that all compensation arrangements are made by disinterested members of the organization's board or a duly constituted compensation committee of the board and are fair, reasonable, and in furtherance of the tax-exempt purposes of this organization.

#### Part VI

#### **Question 1a**

Yes, US Right to Know plans to produce research and writings about the health and safety of food and other products in the United States. We plan to distribute this information free of charge to the public via our website and social media.

#### **Question 1b**

Yes, US Right to Know plans to produce research and writings about the health and safety of food and other products in the United States. We plan to distribute this information free of charge to the newspapers, magazines, radio and TV stations, and other media organizations and their journalists.

#### **Question 3**

US Right to Know will provide research and writings about the health and safety of food and other products to everyone for free via our website and social media. Since we will provide this information equally to everyone, inevitably this will mean that individuals who have a family or business relationship to our officers or directors will also receive these work products, because they are members of the general public. But our research and writings are offered equally and without charge to all people via the Internet. Individuals who have a family or business relationship to our officers or directors will receive no special benefits.

#### **Part VIII**

#### **Question 4a**

Email solicitations: We expect to develop an email list of readers and supporters, and we expect to ask those people to contribute to US Right to Know.

Personal solicitations: The board of directors, staff, consultants and allies of US Right to Know are familiar with many potential individual donors who may want to support our efforts. We expect to ask these people to make financial contributions to US Right to Know.

Foundation grant solicitation: There are many charitable foundations with program areas in food, health, agriculture and toxic chemicals. We plan to solicit foundations with programs in those areas.

Accept donations on your website: We expect to have at least one web page on our website where donors can make financial contributions to US Right to Know. We may also use social media and email solicitations to drive our readers and supporters to our website where they may contribute to US Right to Know.

#### **Question 4b**

At this time, we have not hired a fundraiser, and we do not contemplate hiring one within the next year. But, after that, we may (or may not) decide that we want to hire a fundraiser. We have not made any firm decisions on this matter, we have no specific plans to hire a fundraiser, and have not included any potential funds from a professional fundraiser in our revenue and expense projections.

#### **Question 4d**

We plan to conduct fundraising equally in all states and local jurisdictions throughout the United States.

#### **Question 10**

We plan to prepare and publish information, news, analyses, reports and other writings about the health and safety of food and other food and other products. We plan to release these to the public and the media free of charge via our website and social media. We may also prepare articles for publication in newspapers, magazines and other media outlets.

## Part IX

# **Question 23**

Access to database of media contacts: \$3,000 per year Website programming and development: \$7,000 per year Computer applications and software: \$5,000 per year

### Part X

### Line 5

US Right to Know is a new organization that expects to receive most of its operating revenue from contributions from persons and charitable foundations. We check line 5(i) to ask the IRS to decide whether line 5(g) or 5(h) is the appropriate charity classification for our organization.