Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A	For the	2023 calend	dar year, or tax year beginnin	g 01/01/2023	and endi	ng	12/31/2	023					
В	Check if	applicable:	C Name of organization US RIGI	HT TO KNOW				D Emplo	oyer identification nu	ımber			
	Address	change	Doing business as						46-5676616				
	Name ch	ange	Number and street (or P.O. box	if mail is not delivered to st	reet address)	Roon	n/suite	E Teleph	none number				
\Box	Initial retu	urn	4096 PIEDMONT AVE NO 96	3					415-944-7350				
$\overline{\Box}$	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign	postal code	'							
$\overline{\Box}$	Amended		OAKLAND, CA 94611	,,				G Gross	receipts \$ 6	56,293			
$\overline{\Box}$		on pending	F Name and address of principal o	fficer: GARY RUSKIN			H(a) Is this a gro	up return fo	or subordinates? Yes	✓ No			
_			4096 PIEDMONT AVE 963, O				1		es included? Yes	_			
ī	Tax-exen	npt status:	✓ 501(c)(3)) (insert no.)	4947(a)(1) or 5	527	+ ` '	o," attach a list. See instructions.					
	_	usrtk.org		· · · · · · ·			†	Group exemption number					
ĸ		organization:		iation Other	L Year of	formation	· · · · · · · · · · · · · · · · · · ·		of legal domicile:	CA			
_	art I Summary												
	_		cribe the organization's mis	sion or most significa	ant activities: U	S. RIGH	T TO KNOW	IS A NO	ONPROFIT				
ě	-		ATIVE RESEARCH GROUP FO										
Activities & Governance				OCCED CIVITIONICII	110 110 1101 71112				·				
Ë	2	Check this	box if the organization of	discontinued its oper	ations or dispos	ed of m	ore than 25	% of it	s net assets				
Š	1		voting members of the gov		-			3		3			
<u>ھ</u>	1		independent voting member					4		3			
es	1		per of individuals employed					5		6			
ΞĘ	1		per of volunteers (estimate if	-	•			6		20			
₽cti	1		ated business revenue from					7a		0			
•	1		ted business taxable income					7b		0			
		- I VOL GITTOIGI	Prior Year		Current Year								
	8	Contributio	ons and grants (Part VIII, line	1h)				62,991		38,320			
Revenue	1		ervice revenue (Part VIII, line	•				02,991	0	30,32 <u>0</u> 0			
Ver	1	_	t income (Part VIII, column (<u> </u>			
Be			nue (Part VIII, column (A), lir					5,550		17,973			
							7,	0		0			
			ue—add lines 8 through 11 (· · · · · · · · · · · · · · · · · · ·				68,541	Ь	56,293			
			d similar amounts paid (Part					4,900		0			
	1 4		aid to or for members (Part I					0		0			
ses	15		her compensation, employee	•			38	89,993	4	86,652			
Expenses	16a		al fundraising fees (Part IX,					0		0			
х	b 1		raising expenses (Part IX, co		16,9								
_	17		enses (Part IX, column (A), li		•			79,529		18,717			
	1	-	nses. Add lines 13–17 (musi	-		• 📙		74,422		05,369			
. "		Revenue le	ess expenses. Subtract line	18 from line 12				94,119		50,924			
Net Assets or Fund Balances		-	(D. 1.)(II. 40)			Beg	ginning of Curre		End of Year				
Sse	20		- (,)			•		13,243	5	53,773			
et A	21		()			. —		13,500		0			
_			or fund balances. Subtract	line 21 from line 20			49	99,743	5	53,773			
_	art II		re Block										
			, I declare that I have examined this e. Declaration of preparer (other tha						my knowledge and be	eliet, it is			
	.,	,		y Ruskin				•	18/2024				
Sig	an	Cianatura		y Kurkin			Dete		10, 2021				
	_	Signature		_			Date	=					
не	ere	GARY RUSKIN, EXECUTIVE DIRECTOR											
			int name and title	D			1		DT:N				
Pa	nid		preparer's name	Preparer's signature	Conh	Date 04/	10/0004	Check [olayad PTIN				
	epare	r JEREMY		Jeremy (JUILE	04/.		self-emp	7 1 013440	350			
	se Only	Lives's see					Firm's	EIN	26-2176601				
	•	Firm's add					Phone	no.	208-287-4777				
Ma	v the IR	S discuss t	this return with the preparer	shown above? See i	nstructions				. ✓ Yes	∣No			

Part		• Accomplishments response or note to any line in this Pa	art III	🗆
1	FOR DURING HEALTH	ion: NVESTIGATIVE RESEARCH GROUP FOC		
2	Did the organization undertake any sig	nificant program services during the ye	ar which were not listed on the	Voc. Z No
3	If "Yes," describe these new services of Did the organization cease conducting	n Schedule O. ng, or make significant changes in h	ow it conducts, any program	
4	If "Yes," describe these changes on Sc			Yes V No
4		ervice accomplishments for each of its (4) organizations are required to report for each program service reported.		
4a	(Code:) (Expenses \$	564,289 including grants of \$ GATIVE RESEARCH, WHICH MAY BE OF	0) (Revenue \$	<u>o</u> _)
	ACADEMICS, POLICYMAKERS, MEDICA BOTH IN THE UNITED STATES AND ACR	L AND HEALTH PROFESSIONALS, CONSI	JMERS, AND THE GENERAL PUBLI	
4b				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on S (Expenses \$ 0 including		\$ 0)	
4e	Total program service expenses	564,289		

orm 99	0 (2023)		F	Page
art	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		'
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	~	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		ν ν
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b		<i>'</i>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	16		<u>۷</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		<i>'</i>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		\(\tau \)
20a	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	20a		7

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

Part l	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		~
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			•
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		Ť
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	_	
Part	· · · · · · · · · · · · · · · · · · ·	•		•
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<i>\</i>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	UD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 1/12	Enter the amount of reserves on hand	14a		•/
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a 14b		/
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b 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 on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Upon request Other (explain on Schedule O) ✓ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. GARY RUSKIN, (415)944-7350

Part VI

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	a org	anız	atio	n c	ompe	nsa	ited any current (officer, director,	or trustee.
		(C)								
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below	box, office or directo	unles	ss pe	rson	e than of the state of the stat	n an	Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	Reportable compensation from related	Estimated amount of other compensation
	dotted line)	96	stee			nsated				
GARY RUSKIN	40.00									
EXECUTIVE DIRECTOR				~				120,006	0	0
EMILY KOPP	40.00									
INVESTIGATIVE REPORTER				~				95,294	0	0
STACY MALKAN	18.00									
MANAGING EDITOR				~				67,354	0	0
CHARLIE CRAY	1.00									
TREASURER		~						0	0	0
LISA GRAVES	1.00									
SECRETARY		~						0	0	0
BEN LILLISTON	1.00									
BOARD MEMBER		~						0	0	0

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continue	d)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o	n an	(D) Reportable compensation	(E) Reporta		(F) Estimated amount of other	:
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/1099-NEC)	from rela organization 1099-MI 1099-NI	ited s (W-2/ SC/	compensation from the organization and related organization	ıs
			-				ed						_
													_
			-										_
													_
			-										_
			-										_
													_
1b	Subtotal		<u> </u>			<u> </u>			282,654		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•			 		282,654		0		0
2	Total number of individuals (including reportable compensation from the organi		limite	ed t	:o t	thos	se list	ted	above) who re	eceived m	nore t		of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3							-	loyee, or highes	-		Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or indi		5	
Secti	on B. Independent Contractors											-	_
1	Complete this table for your five high compensation from the organization. Report												
	(A) Name and business add	ress							(B) Description of serv	vices	((C) Compensation	
None													_
													_
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	e) who			

Page 8

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to an	y line in this Pa	rt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	0				
عَ ق	С	Fundraising events 1c	0				
fts,	d	Related organizations 1d	0				
ਲੂ 'ਛੂ∣	е	Government grants (contributions) 1e	0				
Sin.	f	All other contributions, gifts, grants,					
ig je		and similar amounts not included above 1f	638,320				
현 된	g	Noncash contributions included in					
اع کا		lines 1a-1f 1g \$	0				
ā ŏ	h	Total. Add lines 1a–1f		638,320			
		Bu	siness Code				
<u>i</u>	2 a						
e ez	b						
Program Service Revenue	С						
	d						
g H	е						
Ճ	f	All other program service revenue					
	<u>g</u>	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, int other similar amounts)			_	_	
		•		17,973	0	0	17,973
	4	Income from investment of tax-exempt bond p	roceeds	0	0	0	0
	5	Royalties	i) Personal	0	0	0	0
	60		i) Fersonal				
	6a	Gross rents 6a Less: rental expenses 6b					
	b	Rental income or (loss) 6c 0	0				
	c d	Not vental in some out (leas)	- 0				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
o	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
e e	С	Gain or (loss) 7c 0	0				
	d	Net gain or (loss)					
Other	8a	Gross income from fundraising					
ਠ∣		events (not including \$ 0					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less returns and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory .	siness Code				
Snc	11a	Bu	siriess code				
scellaneo Revenue	b						
ella Ver	C						
Miscellaneous Revenue	d	All other revenue					
Ξ		Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions	 	656.293	0	0	17.973

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6h. 7h	(A)	(B)	(C)	(D)					
Check if Schedule O contains a response	Check if Schedule O contains a response or note to any line in this Part IX								
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									

Check if Schedule O contains a response	e or note to any line	e in this Part IX .		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .			<u> </u>	
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 	282,654	268,521	11,307	2,826
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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 	59,485	56,511	2,379	595
9 Other employee benefits	1,651	1,568	66	17
10 Payroll taxes	142,862	135,719	5,714	1,429
11 Fees for services (nonemployees): a Management				
b Legal	2,847	2,847		
c Accounting	7,460	7,087	298	75
d Lobbying	7,100	.,,,,		
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.)	3,853	3,627	181	45
12 Advertising and promotion	3,033	3,027	101	73
13 Office expenses	3,382	3,212	136	34
14 Information technology	36,220	34,409	1,449	362
15 Royalties	30,220	34,407	1,447	302
16 Occupancy	0			
17 Travel	U			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization .				
23 Insurance	2,027	1,926	81	20
24 Other expenses. Itemize expenses not covered	2,027	1,720	0.	
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a CONTRACTORS	62,306	48,271	2,492	11,543
h DANKEEC	622	591	25	6
	522	371	23	
4				
All other expenses				
25 Total functional expenses. Add lines 1 through 24e	605,369	564,289	24,128	16,952
26 Joint costs. Complete this line only if the	555,567	33.,207		.5,762
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)				
	1			Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	50,750	1	124,752
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	462,493	12	429,021
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	513,243	16	553,773
	17	Accounts payable and accrued expenses	13,500	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	13,500	26	0
ces		Organizations that follow FASB ASC 958, check here value and complete lines 27, 28, 32, and 33.			
an	27		24 / 07	27	145.072
Bal	27 28	Net assets without donor restrictions	-31,687	28	145,973
Þ	20	Organizations that do not follow FASB ASC 958, check here	531,430	20	407,800
Ξ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ţ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
μ	32	Total net assets or fund balances	499,743	32	553,773
Š	33	Total liabilities and net assets/fund balances	513,243		553,773

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			656	6,293	
2	Total expenses (must equal Part IX, column (A), line 25)	2			605	5,369	
3	Revenue less expenses. Subtract line 2 from line 1	3		50,92		0,924	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			499	9,743	
5	Net unrealized gains (losses) on investments	5		0			
6	Donated services and use of facilities	6				0	
7							
8	Prior period adjustments	8			3	3,106	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10			553	3,773	
Part	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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expenses the organization of the organization changed its method of accounting from a prior year or checked "Other," expenses the organization of	nloin					
	Schedule O.	фап	OII				
•							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were cor			2a		~	
	reviewed on a separate basis, consolidated basis, or both.	iplied	or				
	•						
h	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?			2b		~	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audi	 tad a		20			
	separate basis, consolidated basis, or both.	ieu o	'' a				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of				
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c			
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo		$\overline{}$			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b			
						(0000)	

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

US RIGHT TO KNOW 46-5676616									
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The o	_	zation is not a private founda		,		-	•		
1		church, convention of church					0(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	=								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5		n organization operated for		college or university	owned o	r operate	ad by a government	al unit describ	had in
·		ection 170(b)(1)(A)(iv). (Com		conege of university	owned c	Ороган	a by a government	ar arm accorn	oca III
6		federal, state, or local govern	•	mental unit described	l in secti o	on 170(b)	(1)(A)(v).		
7		n organization that normally	•					the general	public
		escribed in section 170(b)(1)				J		3	•
8	\square A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	☐ Ar	n agricultural research organi	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant coll	ege
	ur	university or a non-land-gra		,	,			· ·	
10	☐ Ar	n organization that normally receipts from activities related	receives (1) more	than 33 ¹ /3% of its su	pport fro	m contrib	outions, membership	fees, and gro	oss
	SL	apport from gross investment	t income and uni	related business taxal	ble incon	nė (less se	ection 511 tax) from	businesses	
		equired by the organization a		•		•	•		
11		n organization organized and	•		-				
12		n organization organized and ne or more publicly supported							
		e box on lines 12a through 12							OHECK
а		Type I. A supporting organ		,, ,,				,	ivina
	_	the supported organization							9
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•			
b		Type II. A supporting organ							
		control or management of				persons	that control or mana	age the suppo	orted
		organization(s). You must	-	•					
С		Type III functionally integ its supported organization(illy integrated	with,
d		Type III non-functionally i		•		-		rtad arganiza	tion(a)
u	Ш	that is not functionally integ							
		requirement (see instructio						a an attornivo	11000
е		Check this box if the organ	ization received	a written determination	on from t	he IRS th	at it is a Type I. Type	e II. Type III	
		functionally integrated, or						, . , , , ,	
f	Ente	er the number of supported o	organizations .						
g	Pro	vide the following information	about the supp	orted organization(s).					
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount other support	
				above (see instructions))	,	ment?	instructions)	instructions	•
					Yes	No			
					162	NO			
(A)									
(B)									
(C)									
()									
(D)									
(E)									
Tota	<u> </u>								

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 279,578 596,999 762,991 318,301 638,320 2,596,189 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 596,999 4 279,578 318,301 762,991 638,320 2,596,189 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 467,638 **Public support.** Subtract line 5 from line 4 2,128,551 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 279,578 318,301 596,999 762,991 638,320 2,596,189 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2,619 159 5,550 17,973 1,126 27,427 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.) **Total support.** Add lines 7 through 10 11 2,623,616 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 81.13 % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. 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 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	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						
3	organization's tax-exempt purpose						
3	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 .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(0,7 = 0 + 0	(0) = 0 = 0	(0, 2021	(0, 2022	(0, =0=0	(-)
10a							
	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	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	L s first second	L L third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				· · · · · ·
17	Investment income percentage for 2023 (-			%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than 331/3%, check this box		_	-		=	_
b	33 ¹ / ₃ % support tests—2022. If the organiz						
	line 18 is not more than 331/3%, check this l	_	=		-		_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . \square

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	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.			
С	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.	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	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 supervised by or in connection with its supported organizations.	4b		
С	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		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 amendment to the organizing document).	5a		
b	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) 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 (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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 .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of 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 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 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 instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 supported 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. 2a b Did the activities described on line 2a, above, 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's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
7	☐ Check here if the current year is the organization's first as a non-functional	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number US RIGHT TO KNOW** 46-5676616 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." 2 Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 . 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . Yes No Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5) (6)

Schea	ule C (Form 990) 2023					Page ∠		
Part	II-A Complete if the organization section 501(h)).	ı is exempt u	nder section 50	11(c)(3) and file	d Form 5768 (ele	ction under		
A C	heck if the filing organization belongs to EIN, expenses, and share of exce			art IV each affiliate	ed group member's	name, address,		
B C	heck if the filing organization checked	oox A and "limit	ted control" provis	sions apply.				
	Limits on Lobb	ying Expenditu	ires		(a) Filing	(b) Affiliated		
	(The term "expenditures" me	ans amounts	paid or incurred.)		organization's totals	group totals		
1a	Total lobbying expenditures to influence	public opinion (grassroots lobbyir	ng)	100			
b	Total lobbying expenditures to influence	a legislative boo	dy (direct lobbying	1)	1,440			
С	Total lobbying expenditures (add lines 1a	and 1b)			1,540			
d	Other exempt purpose expenditures .				573,560			
е	Total exempt purpose expenditures (add	lines 1c and 1c	d)		575,100			
f	Lobbying nontaxable amount. Enter to columns.	he amount fro	om the following	table in both	111,265			
	If the amount on line 1e, column (a) or (b) is:	The lobbying r	nontaxable amount	is:				
	not over \$500,000,	20% of the am	ount on line 1e.					
	over \$500,000 but not over \$1,000,000,	\$100,000 plus	15% of the excess of	over \$500,000.				
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus	10% of the excess of	over \$1,000,000.				
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus	5% of the excess ov	ver \$1,500,000.				
	over \$17,000,000,	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25	% of line 1f) .		27,816				
h	Subtract line 1g from line 1a. If zero or le	ss, enter -0			. 0			
i	Subtract line 1f from line 1c. If zero or les	s, enter -0-			0			
j	If there is an amount other than zero reporting section 4911 tax for this year?					☐ Yes ☐ No		
	(Some organizations that made a sec	tion 501(h) ele	Period Under Sect ction do not have uctions for lines 2	to complete all	of the five columr	ns below.		
	Lobbying	Expenditures	During 4-Year Av	eraging Period				
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a	, , , , , , , , , , , , , , , , , , ,	66,209	75,549	90,189	111,265	343,212		
b	Lobbying ceiling amount (150% of line 2a, column (e))					514,818		
С	Total lobbying expenditures	850	900	1.000	1.540	4.290		

16,552

100

18,887

100

22,547

100

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

85,802

128,703

400

27,816

100

Schedule C (Form 990) 2023 Page **3**

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	
	iption of the lobbying activity.	Yes	No	Α	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
i	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part)(5) c	or se	ction		
	501(c)(6).	,,,,	, oo			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	_	-	3		
Part	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."		, line			
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year	•	2a			
b	Carryover from last year	•	2b			
С	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditures port year?					
_	and political expenditures next year?	•	4			
5	Taxable amount of lobbying and political expenditures. See instructions	•	5			
2 (see	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.					
		-				
					_	_

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number **US RIGHT TO KNOW** 46-5676616 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and 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 ☐ 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 (for example, recreation or education) Preservation of a 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 Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a . . . 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB 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. \$ 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 FASB ASC 958 relating to these items.

Schedu	le D (Form 990) 2023										P	age 2
Part												
3	Using the organization's acquisition, a collection items (check all that apply).		sion, and ot	ther recor	ds, chec	k any of the	e follov	ving that make	sign	ficant	use	of its
а	☐ Public exhibition			d	☐ Loan	or exchang	e prog	ram				
b	☐ Scholarly research			е	Other							
С	☐ Preservation for future generations											
4	Provide a description of the organizat	tion's	collections a	and expla	ain how t	hey further	the or	ganization's ex	empt	purpo	se in	Par
5	XIII. During the year, did the organization assets to be sold to raise funds rather									¬ v] Na
Davi				allieu as p	Jan Oi lin	e organizan	011 5 00	Dilection? .	•	Yes	<u> </u>	No
Part	Complete if the organization 990, Part X, line 21.			" on For	m 990, F	Part IV, line	e 9, or	reported an a	amou	nt on	Forn	n
1a									not	☐ Yes		
b	If "Yes," explain the arrangement in Pa								. '	16:	• ∟	No
D	ii res, explain the arrangement ii r	ait Aiii	rana compi	ete trie io	mowning to	abie.			Amo	ınt		
С	Beginning balance						10		7			
d	Additions during the year						10					
e	Distributions during the year						16	•				
f	Ending balance						11	f				
2a	Did the organization include an amour						ustodia	l account liabil	ity?	Ye	s \Box	No
b	If "Yes," explain the arrangement in Pa	art XIII	l. Check her	e if the ex	kplanatio	n has been	provid	ed in Part XIII]
Par	t V Endowment Funds											
	Complete if the organization	ansv	vered "Yes	" on For	m 990, F	Part IV, line	e 10.					
		(a) (Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ack (e) Four	years b	oack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the	he cui	rrent year er	nd balanc	e (line 1g	ı, column (a)) held	as:				
а	Board designated or quasi-endowmer	nt		%								
b	Permanent endowment	%										
С	Term endowment%											
	The percentages on lines 2a, 2b, and 2											
3a	Are there endowment funds not in the	e poss	session of th	ne organi	zation tha	at are held	and ac	lministered for	the			
	organization by:										Yes	No
										3a(i)	\rightarrow	
	(ii) Related organizations?									3a(ii)	\rightarrow	
b	If "Yes" on line 3a(ii), are the related or	_		•						3b		
4	Describe in Part XIII the intended uses			on's endo	wment to	unds.						
Part				" on Far	m 000 r	Dort IV/ lim	. 11.	200 Earm 00	Λ D-	r+ ∨ 1:	ino 4	0
	Complete if the organization	ansv										
	Description of property		(a) Cost or of (investm		1	or other basis ther)		Accumulated epreciation	(d) Book	value	
	Land				<u> </u>							
b	Buildings	[-	
С	Leasehold improvements	[
d	Equipment	[-	
е	Other	[
Total.	Add lines 1a through 1e. (Column (d) m		qual Form 9	90, Part)	K, line 10	c, column (E	3)) .					

Part VII	Investments – Other Securities		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other VA	NGUARD SHORT TERM TREASURY INDEX ADMIRAL	429,021	End-of-Year Market Value
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, line 12, col. (B))	429,021	
Part VIII	Investments—Program Related	429,021	
are viii	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11c. See Fo	orm 990. Part X. line 13.
-	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Decemption of infections.	(2) 2001. Talae	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(I)		
Part IX	mn (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
Partix	Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See F	orm 000 Part V line 15
	(a) Description	v, iiile 11a. dee 1	(b) Book value
(1)	(a) Decembrian		(a) Been value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities	V 15	0 F 000 D+ V
	Complete if the organization answered "Yes" on Form 990, Part I	v, line 11e or 11f.	See Form 990, Part X,
1.	line 25. (a) Description of liability		(h) Pook value
(1) Federal in			(b) Book value
	come taxes		
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colur	mn (b) must equal Form 990, Part X, line 25, col. (B))	<u> </u>	
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ		
organization's	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	een provided in Part XIII .

Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

	Complete if the organization answered "Yes" on Form 990, F	⊃art I\	/. line 12a.		•••
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	-
Part	Reconciliation of Expenses per Audited Financial Statem			er Ke	turn
	Complete if the organization answered "Yes" on Form 990, F			4	
1	'			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
a b	Prior year adjustments	2b			
C	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
b	Other (Describe III art XIII.)	-160			
b c	Add lines 4a and 4b			4c	
с 5	Add lines 4a and 4b			4c 5	
c 5 Part	Add lines 4a and 4b	 e 18.)		5	V 5 4 5 1 V 5
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa		5 o; Part	
5 Part Provid	Add lines 4a and 4b	 e 18.) d 4; Pa		5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	rt IV, lines 1b and 2b	5 ; Part forma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
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c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part forma	ation.
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c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
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c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
US RIGHT TO KNOW	46-5676616
Form 990, Part VI, Section B, Line 11b - A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE BOARD	OF DIRECTORS PRIOR TO
SUBMISSION TO THE IRS.	
Form 990, Part VI, Section C, Line 19 - GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY,	AND PRIOR YEARS' IRS
FORM 990 ARE MADE AVAILABLE TO THE PUBLIC VIA USRTK.ORG. IN ADDITION, THE 990 IS MADE AVA	
VIA GUIDESTAR.	
THE COLUMN TO TH	