

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning Jan 1, 2019, and ending Dec 31, 20 19

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Broward Organized Leaders Doing Justice**
 Doing business as **BOLD Justice**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 4662
 City or town, state or province, country, and ZIP or foreign postal code
Fort Lauderdale, FL 33338

D Employer identification number
20-4260344

E Telephone number
754-308-6932

F Name and address of principal officer:

G Gross receipts \$

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.boldjustice.org**

K Form of organization: Corporation Trust Association Other ▶ Non-profit **L** Year of formation: **2008** **M** State of legal domicile: **FL**

Part I Summary

| | | | | |
|-------------------------|---|---|-----------|------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: BOLD Justice is a congregation based community organization whose purpose is to powerfully address community problems in Broward County through a self-sustaining, interfaith, interracial organization rooted in religious congregations. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 33 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 33 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 3 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 500 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 | |

| Revenue | | Prior Year | Current Year |
|--|---|--|--------------|
| | | 8 Contributions and grants (Part VIII, line 1h) | 226,297 |
| 9 Program service revenue (Part VIII, line 2g) | 0 | 0 | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 | |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 226,297 | 212,254 | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 117,793 | 166,909 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,444 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 41,764 | 69,647 | |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 159,557 | 236,556 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 66,740 | -24,302 | |

| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
|--|---------|--|-------------|
| | | 20 Total assets (Part X, line 16) | 171,096 |
| 21 Total liabilities (Part X, line 26) | 0 | 0 | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 176,096 | 146,794 | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: *[Signature]* Date: **11/1/2020**
 Type or print name and title: **Andy Lee, Lead Organizer**

Paid Preparer Use Only Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
BOLD Justice is a congregation based community organization whose purpose is to powerfully address community problems in Broward County through a self-sustaining, interfaith, interracial organization rooted in religious congregations.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 91,665 including grants of \$ 0) (Revenue \$ 0)
Building relationships across religious and racial lines. 539 participated in a 3 month relationship building process. This process involved training hosts to run house meetings with around 10 people attending. During the house meeting the host leads a discussion in which participates share stories of community problems impacting themselves, their family, and their friends. This process resulted in gathering of stories related to three priorities the organization had set the year before (criminal justice, mental health, and seniors). These stories provided context to continue the research into solutions for these community problems. These leaders continued relationship building throughout the year at various organizational meetings and on their own. In addition staff conducted more than 1,000 1-1 conversations to strengthen relationships

4b (Code:) (Expenses \$ 84,147 including grants of \$ 0) (Revenue \$ 0)
Learning about community problems: Research was conducted on the following community problems: juvenile arrests, adult arrests, seniors, and housing for people who are homeless and living with mental illness. A total of 46 research meetings were held on these four topics. Leaders sought to better understand the range and scope of these problems, as well as best practices for addressing the situations. Results of this research was presented to local decision makers to aid them in developing solutions

4c (Code:) (Expenses \$ 60,744 including grants of \$ 0) (Revenue \$ 0)
Leadership Development. 11 trainings (7 local and 4 national with organizations with common goals) were held to develop leaders skills. 320 leaders participated in these trainings. Topics covered include: relationship building, developing and maintaining networks, conducting research, planning and conducting meetings, evaluating activities, public speaking, and fundraising. In addition to the formal trainings, experienced leaders within member congregations are also trained to be able to help conduct the training events. Staff and experienced leaders work 1-1 with new leaders to help develop their skills in these areas

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **236,556**

ABCD

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 | | |
| | 2a <input type="text" value="3"/> | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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). | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | <input type="checkbox"/> | <input type="checkbox"/> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7d <input type="text" value=""/> | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | <input type="checkbox"/> | <input type="checkbox"/> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | <input type="text" value=""/> | <input type="text" value=""/> |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | <input type="text" value=""/> | <input type="text" value=""/> |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | <input type="text" value=""/> | <input type="text" value=""/> |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | <input type="text" value=""/> | <input type="text" value=""/> |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | <input type="text" value=""/> | <input type="text" value=""/> |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="text" value=""/> | <input type="text" value=""/> |
| c | Enter the amount of reserves on hand | <input type="text" value=""/> | <input type="text" value=""/> |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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. | | |
| | 1a 33 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 33 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | <input checked="" type="checkbox"/> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | <input checked="" type="checkbox"/> | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | <input checked="" type="checkbox"/> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | <input checked="" type="checkbox"/> |

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? | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | <input checked="" type="checkbox"/> |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | | <input checked="" type="checkbox"/> |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| b | Other officers or key employees of the organization | <input checked="" type="checkbox"/> | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► Florida
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 ►
 Andy Lee, 1400 N Federal Highway, Ft. Lauderdale, FL 33304, 754-308-6932

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Andy Lee Lead Organizer | 40 | ✓ | | | | | \$55,000 | 0 | \$13,000 | |
| (2) Paige Shortsleeves Associate Organizer | 40 | ✓ | | | | | \$37,999 | 0 | \$5,000 | |
| (3) Nicole Manu Associate Organizer | 40 | ✓ | | | | | \$37,999 | 0 | \$5,000 | |
| (4) Janean Baumal Co-President | 8 | | | ✓ | | | 0 | 0 | 0 | |
| (5) Rev. Andrea Byer-Thomas Co-President | 8 | | | ✓ | | | 0 | 0 | 0 | |
| (6) Rev Bancroft Williams Vice President | 6 | | | ✓ | | | 0 | 0 | 0 | |
| (7) Roland Abel Treasurer | 8 | | | ✓ | | | 0 | 0 | 0 | |
| (8) Mary Ellen Fowler Secretary | 6 | | | ✓ | | | 0 | 0 | 0 | |
| (9) Rev Michael Anderson At-Large | 4 | | | ✓ | | | 0 | 0 | 0 | |
| (10) Rev Ty Bradley At-Large | 4 | | | ✓ | | | 0 | 0 | 0 | |
| (11) Denise Stanchak At-Large | 4 | | | ✓ | | | 0 | 0 | 0 | |
| (12) Pastor Noel Rose At-Large | 4 | | | ✓ | | | 0 | 0 | 0 | |
| (13) Rev. David Range At-Large | 4 | | | ✓ | | | 0 | 0 | 0 | |
| (14) Jean Anderson Board Representative | 2 | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) Lisa Montalchi Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (16) Donna Simms Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (17) Dr Bennie Moultry Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (18) Gail Davison Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (19) Yvrose Charles Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (20) Carrie Roach Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (21) Marie Turner Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (22) Betty Brantley Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (23) Joe Lawrence Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (24) Louise Hardenburg Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| (25) Lewis Tunnage Board Representative | 2 | | | ✓ | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | \$139,998 | 0 | \$23,000 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | \$139,998 | 0 | \$23,000 |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | ✓ |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | ✓ |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | ✓ |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|--|--|--------------------------------------|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 0 | | | | |
| | b | Membership dues | 1b 33,901 | | | | |
| | c | Fundraising events | 1c 0 | | | | |
| | d | Related organizations | 1d 0 | | | | |
| | e | Government grants (contributions) | 1e 0 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 178,353 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 0 | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 212,254 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | NA | | 0 | 0 | 0 | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f ▶ | | 0 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 0 | 0 | 0 | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | |
| | 6a | Gross rents | (i) Real | 0 | | | |
| | | | (ii) Personal | 0 | | | |
| | | | 6c | Rental income or (loss) | 0 | | |
| | d | Net rental income or (loss) ▶ | | 0 | 0 | 0 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 0 | | | |
| | | | (ii) Other | 0 | | | |
| | | | 7c | Gain or (loss) | 0 | | |
| | d | Net gain or (loss) ▶ | | 0 | 0 | 0 | |
| | 8a | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | 8a 0 | | | | |
| | b | Less: direct expenses | 8b 0 | | | | |
| | c | Net income or (loss) from fundraising events ▶ | | 0 | 0 | 0 | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a 0 | | | | |
| b | Less: direct expenses | 9b 0 | | | | | |
| c | Net income or (loss) from gaming activities ▶ | | 0 | 0 | 0 | | |
| 10a | Gross sales of inventory, less returns and allowances | | 0 | | | | |
| | | 10b | Less: cost of goods sold | 0 | | | |
| | | c | Net income or (loss) from sales of inventory ▶ | | 0 | 0 | 0 |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | NA | 0 | 0 | 0 | 0 | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d ▶ | | 0 | | | | |
| 12 | Total revenue. See instructions ▶ | | 212,116 | 0 | 0 | 0 | |

Part IX Statement of Functional Expenses

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0 | 0 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 156,315 | 117,236 | 23,447 | 15,632 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 0 | 0 | 0 | 0 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 Other employee benefits | 0 | 0 | 0 | 0 |
| 10 Payroll taxes | 10,594 | 7,416 | 1,907 | 1,271 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 0 | 0 | 0 | 0 |
| c Accounting | 0 | 0 | 0 | 0 |
| d Lobbying | 295 | 295 | 0 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 0 | 0 | 0 | 0 |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 0 | 0 | 0 | 0 |
| 12 Advertising and promotion | 0 | 0 | 0 | 0 |
| 13 Office expenses | 10,558 | 8,488 | 939 | 1,131 |
| 14 Information technology | 1,143 | 0 | 759 | 384 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 4,000 | 0 | 4,000 | 0 |
| 17 Travel | 10,674 | 10,674 | 0 | 0 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 22,495 | 22,495 | 0 | 0 |
| 20 Interest | 0 | 0 | 0 | 0 |
| 21 Payments to affiliates | 19,984 | 13,989 | 3,969 | 2,026 |
| 22 Depreciation, depletion, and amortization | 0 | 0 | 0 | 0 |
| 23 Insurance | 498 | 0 | 498 | 0 |
| 24 Other expenses. Itemize expenses not covered 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 NA | 0 | 0 | 0 | 0 |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 236,556 | 180,593 | 35,519 | 20,444 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 170,396 | 1 | 146,094 |
| | 2 Savings and temporary cash investments | 0 | 2 | 0 |
| | 3 Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 Accounts receivable, net | 0 | 4 | 0 |
| | 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 | 0 | 5 | 0 |
| | 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) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 0 | 9 | 0 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 0 | | |
| | b Less: accumulated depreciation | 10b 0 | 10c | 0 |
| | 11 Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 700 | 15 | 700 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 171,096 | 16 | 146,794 | |
| Liabilities | 17 Accounts payable and accrued expenses | 0 | 17 | 0 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to 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 | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 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 | 0 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 142,140 | 27 | 138,768 |
| | 28 Net assets with donor restrictions | 28,956 | 28 | 8,026 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 171,096 | 32 | 146,794 |
| 33 Total liabilities and net assets/fund balances | 171,096 | 33 | 146,794 | |

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 | 212,254 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 236,556 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -24,302 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 171,096 |
| 5 | Net unrealized gains (losses) on investments | 5 | 0 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 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 | 146,794 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Broward Organized Leaders Doing Justice

Employer identification number

20-4260344

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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: 09
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|--------------|--------------|-----------|-----------|-----------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | \$130,699.07 | \$188,787.54 | \$208,514 | \$226,297 | \$212,254 | \$966,551.61 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Total. Add lines 1 through 5 | \$130,699.07 | \$188,787.54 | \$208,514 | \$226,297 | \$212,254 | \$966,551.61 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | \$966,551.61 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|--------------|--------------|-----------|-----------|-----------|--------------|
| 9 Amounts from line 6 | \$130,699.07 | \$188,787.54 | \$208,514 | \$226,297 | \$212,254 | \$966,551.61 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 0 | 0 | 0 | 0 | 0 | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | \$130,699.07 | \$188,787.54 | \$208,514 | \$226,297 | \$212,254 | \$966,551.61 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | 100 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | 100 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-----|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | 0 % |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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 Broward Organized Leaders Doing Justice | Employer identification number 20-4260344 |
|---|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 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 filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|---|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 0 | 0 | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 295 | 0 | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 295 | 0 | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 236,261 | 0 | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 236,556 | 0 | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 47,311 | 0 | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 11,828 | 0 | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | \$30,862 | \$32,780 | \$31,911 | 47,311 | 142,864 |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 214,296 |
| c Total lobbying expenditures | \$1,140 | \$842 | \$1,854 | \$295 | \$4,131 |
| d Grassroots nontaxable amount | \$7,716 | \$8,195 | \$7,978 | \$11,828 | \$35,717 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | \$53,576 |
| f Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | 0 |

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Broward Organized Leaders Doing Justice

Employer identification number

20-4260344

Part VI Section 1 1A. The board empowers several committees. A personnel committee supervises staff, finance committee to manage the finances of the organization, and research committees to conduct research on community problems Each committee makes reports back to the board.

Part VI Section B question 11A: The governing body was informed the 990 was being kept on file in the organization's office and was available for them to review upon request

Part VI Section B question 11B: The form was filled out and reviewed by the Lead Organizer as a part of his job responsibilities The final version was emailed to the treasurer and co-presidents prior to it being filed. Other board members have been informed they can obtain a copy upon request.

Part VI Section C question 19: governing documents, conflict of interests and financial statements are made available to the board of director at board meetings. Others within the organization, grantors, and other interested individuals can obtain a copy upon request

Part VII Section A: Officers, Directors, Trustees, Key Employees, and highest compensated employees; Question 1A

(A) Marva Franklin, board representative; (B) 2 hrs/wk (C) 0, (D) 0, (E) 0

(A) Marta Villacorta, board representative; (B) 2 hrs/wk, (C) 0, (D) 0, (E) 0

(A) Lori Rodriguez, board representative; (B) 2 hrs/wk, (C) 0, (D) 0, (E) 0

(A) Mary Kelley, board representative; (B) 2 hrs / wk, (C) 0, (D) 0

(A) Barbara Hassall, board representative; (B) 2hrs/wk, (C) 0, (D) 0

(A) Jen Hernandez, board representative; (B) 2hrs/wk, (C) 0, (D) 0

(A) Norma Sinclair, board representative; (B) 2hrs/wk, (C) 0, (D) 0

(A) Rose Farquharson, board representative, (B) 2 hrs/wk, (C) 0, (D) 0

(A) Fr Robes Charles, board representative, (B) 2hrs/wk, (C) 0, (D) 0

(A) Sandra Stien, board representative, (B) 2 hrs/wk, (C) 0, (D) 0

(A) Yolanda Hall, board representative, (B) 2hrs/wk, (C) 0, (D) 0

Part X Line 15 - we have one computer worth \$150, a printer worth \$150, and office furniture valued at \$400

Part VI 12c - the personnel committee and executive committee review potential conflicts of interest quarterly There were none during this

Name of the organization

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Broward Organized Leaders Doing Justice (BOLD Justice)

20-4260344

tax year

Part VI question 15b - officers are not compensated. Staff compensation is compared with other similar organizations with similar structures and missions. Recommendations for compensation are made to the personnel committee. For staff the Lead Organizer makes all recommendations to the personnel committee. The Lead Organizer's compensation is made directly by the personnel committee. These recommendations are made to the board for final approval.

Part VI section A question 6 - BOLD Justice has 25 religious institutions as its members. These congregations elect an executive committee for the organization, and representatives set priorities for the organization - for example what community problems we research