Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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 Inspection

Ā	For the	e 2018 calendar year, or tax year beginning 05/01, 2018, and endir	ng		04	/30, 20 19			
		C Name of organization		D Employer ide	ntıfica	tion number			
В	Check if B	AMERICA WORKS USA		45-231	5353	3			
	Addre								
		change Number and street (or P O box if mail is not delivered to street address) Room/suite	•	E Telephone number					
	_	return 2201 WISCONSIN AVE, NW #320	1	(202) 77	0-0	872			
	Final	return/ City or town, state or province, country, and ZIP or foreign postal code							
_	Amen	ded WASHINGTON, DC 20007		G Gross receipt	s \$	7,559,877.			
	Applic	F Name and address of principal officer STEPHEN HILL		H(a) Is this a gro		n for Yes X No			
	pendi	2201 WISCONSIN AVE, NW #320, WASHINGTON, DC 2000	71 1	subordinates H(b) Are all subore		cluded? Yes No			
ī	Tax-ex		27	If "No " a	ltach a lı	st (see instructions)			
 J		te· ▶ N/A		H(c) Group exem	ption nu	ımber >			
K			r of formati	ion 2011 M					
Î.	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities THE ORGANIZA	ATION	WAS ESTA	BLIS	HED TO			
نه		PROMOTE ADVOCATING FOR PUBLIC POLICIES THAT WILL LEAD	TO FI	SCALLY					
Governance		RESPONSIBLE GOVERNMENT, ECONOMIC DEVELOPMENT, AND JOB							
erna	2	Check this box ▶ if the organization discontinued its operations or disposed of more			s				
Š	1 2		_		3	2.			
		Number of voting members of the governing body (Part VI) line 1a) FOR THE PROPERTY (PART VI) line 1a) FOR VI) line 1a) FOR THE PROPERTY (PART VI) line 1a) FOR THE PROPERTY (P	7 · · · ·		4	2.			
Activities &	-		i		5	0.			
ž	ء ا	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	ľ · · · · ·		6				
Act	70				7a	0.			
•		Total unrelated business revenue from Part VIII, column (¢), line 12			7b				
	D	Net unrelated business taxable income from Form 990-T, line 380GDEN; UT	. ;	Prior Year	1/0	Current Year			
				3,812,50	00.	6,555,690.			
en:	8	Contributions and grants (Part VIII, line 1h)	I I	3,012,0	0.	0.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.		497.			
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d),			0.	0.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,812,50	٠,١	6,556,187.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,655,00		5,281,000.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,033,00	0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.			
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	•		- ' 				
Ext	, b	Total fundraising expenses (Part IX, column (D), line 25) ▶	-	2,357,00	50	1,276,268.			
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,012,00		6,557,268.			
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		-199,50					
- v		Revenue less expenses Subtract line 18 from line 12				-1,081.			
Net Assets or Fund Balances				ning of Current		End of Year 8,685.			
sse	20	Total assets (Part X, line 16)		9,7	0.				
A P	21	Total liabilities (Part X, line 26)	•	9,70		8,685.			
		Net assets or fund balances Subtract line 21 from line 20		9,7	36.	0,003.			
	art II	Signature Block				1.1			
Un	ider per e. corre	nalties of perjury. I declare that I have examined this return, including accompanying schedules and statict, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.	tements, a has any kn	na to the best o lowledge	r my K	nowledge and belier, it is			
				2	4/1	.070			
Sig	ın			Date		.0 20			
He	-	Signature of officer			•				
		STEPHEN HILL TREASURER/DIM	RECTOR	·					
		Type or print name and title			T 10	TIN			
Pai	d	Print/Type preparer's name Preparer's signature Date	. ~-	Check	ן יי נ	TIN DOODE CE ZB			
	parer		3.50	self-employ	- 1	P00956578			
	Only	Firm's name ▶GILBERT & WOLFAND, P.C.		Firm's EIN					
	•	Firm's address ▶2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007	1	Phone no 4	202-	342-6000			
		RS discuss this return with the preparer shown above? (see instructions)	<u></u>	· · · · · · · · ·		X Yes No			
For	Paper	work Reduction Act Notice, see the separate instructions.	ノー	-25		Form 990 (2018)			
		72		\supset					

For	m 990 (2018) Page 2
Ρ	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
	THE ORGANIZATION WAS ESTABLISHED TO PROMOTE SOCIAL WELFARE BY
	ADVOCATING FOR PUBLIC POLICIES THAT WILL LEAD TO FISCALLY RESPONSIBLE
	GOVERMENT, ECONOMIC DEVELOPMENT, AND JOB CREATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$6,546,555 including grants of \$5,281,000.) (Revenue \$)
	AMERICA WORKS USA WORKED TO ADVANCE PUBLIC POLICIES THAT WILL LEAD
	TO FISCALLY RESPONSIBLE GOVERNMENT, ECONOMIC DEVELOPMENT AND JOB
	CREATION
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4 _C	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	/(Louis/(Louis to/(Louis
	
A =2	Other program gerwees (Describe in Schedule O.)
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 6,546,555.
164	Total program service expenses P 0,040,000.

Form 990 (2018)

	IV Checklist of Required Schedules		Yes	N.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
	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? If "Yes," complete Schedule C, Part II	4		
	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X	
	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		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ł	×
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	†		
	complete Schedule D, Part III	8		
	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? If "Yes," complete Schedule D, Part IV	9		x
	Did the organization, directly or through a related organization, hold assets in temporarily restricted	۲	<u> </u>	Ť
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10)
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		سُون	
	VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		١,
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a	_	<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		×
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
			_	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		_
	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		X
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	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	4 4 1		x
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5	' I	X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		- 2
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_^
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ــ ا		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		į	v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			٠
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
ı	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	demands accompany to a Dest IV coloury (A) has 40 fell/on the models to Ochanical L. Dente Land II.	21	X	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	

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Par	t IV 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		<u> </u>
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		<u>X</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			.,
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>x</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ <u>x</u> _
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ĺ	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			v
20	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		İ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20	ļ	х
27	disqualified persons? If "Yes," complete Schedule L, Part II	_26_		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		- 1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
2	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	100		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	 -		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>x</u>
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ŀ	X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		ليا
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		Ţ	
	reportable gaming (gambling) winnings to prize winners?	1c	X	2015:
JSA		rom	990 (∠∪18)

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b If "Yes." has it filed a Form 990-T for this year? If "No" is line 35, provide an explanation in Schedule O 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 accountry. 5 If "Yes," enter the name of the foreign country ▶ 5ee 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 V X Stee organization aparty to a prohibited tax shelter transaction at any time during the tax year?. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c C Tese's to line 5a or 5b, did the organization file Form 8886-T? 6a Desi the organization rauli gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions? 6b X 7 Organizations that may receive deductible contributions under section 170(c). 6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c If "Yes," did the organization notity the donor of the value of the goods or services provided? 6c If "Yes," indicate the number of Forms 2822 filed during the year. 6d If "Yes," indicate the number of Forms 2822 filed during the year. 6d If "Yes," indicate the number of Forms 2822 filed during the year. 6d If "Yes," indicate the number of Forms 2822 filed during the year. 6d If "Yes," indicate the number of Forms 2822 filed during the year. 6d If Yes, "Indicate the number of Forms 2822 filed during the year. 6d If Yes, "Indicate the number o	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0				Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 990-T for this year? If "No" to fire 3b, provide an explanation in Schedule O. 3c 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 accounts?). 3c If "Yes," has if filed a Form 990-T for this year? If "No" to fire 3b, provide an explanation in Schedule O. 3c If "Yes," has if filed a Form 990-T for this year? If "No" to fire 3b, provide an explanation in Schedule O. 3c If "Yes for the time and of the foreign country № 3c Was the organization are party to a prohibited tax shelter transaction? or If Yes for line fax or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 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 charactible contributions? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the very solicitation an express statement that such contributions or gifts were not tax deductible? 5c Does the organization that have receive deductible contributions under section 170(c). 5d Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 5c Did the organization that may receive deductible contributions under section 170(c). 5d Did the organization receive a profess of the payor of the payor of the value of the goods or services provided? 7d Did the organization receive a contribution of qualified intellectual property, did the organization fi	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3 Did the organization have unrelated business gross income of \$1,000 or more during the year?. 4 At Atany time during the calendary sure, ind the organization have an interest in, or a signature or other authority over a handle account in a foreign country! When the sa bank account, securities account, or other authority over a handle account in a foreign country! Per 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 sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited she shelter transaction? 6c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization that were not tax deductible as charitable contributions? 6d If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Uniformal transaction self, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 2282 filed during the year 7 Did the organization self, exchange, or otherwise dispose of targible personal benefit contract? 7 Did the organization self, exchange, or otherwise dispose of targible personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization will be self-account or of the value of the goods or services provided? 7 Did the organization received a contribution of dispose that the contract of the payor of the payor of the payor		Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has if tied a Form 90-1 for this year? If "Mo" to fine 80, provide an explanation in Schedule O. 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts)? 5c If "Yes," enter the name of the foreign country Securities account, or other financial accounts (PBAR) Sa Was the organization and the organization have an interest in, or a signature or other a uthority over, a financial account in a foreign country Securities account, securities account, or other financial accounts (PBAR) Sa Was the organization in the foreign country Securities account, securities account, or other financial accounts (PBAR) Sa Was the organization in the foreign selected tax sheller transaction? 5c If "Yes" (in line 5a of 5b, of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes", did the organization include with every solicitation an express statement that such contributions solicit any contributions that were not tax deductible as charitable contributions? 5d Des the organization state with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d Des the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prowded to the payor? 5d If "Yes," did the organization notity the donor of the value of the goods or services prowded? 5d If "Yes," did the organization notity the donor of the value of the goods or services prowded? 6d If "Yes," did the organization notity the donor of the value of the goods or services prowded? 6d If "Yes," did the organization notity the donor of the value of the goods or services prowded? 6d If "Yes," did the organization notity the donor of the value of the goods or services prowded? 6d If "Yes," indicate the number of Forms 8282 filed during the year. 6d If "Yes,"	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other in an organization and in the organization in the organization in the organization and in the organization in the organization in the organization and in the organization in the organization in the organization in the organization and in the organization organiz		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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, eventhes account, or other financial account)? Let I' Yes, "enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)? So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Let I' Yes' to line 5a or 5b, did the organization file Form 8888-17? Bo Dod any taxable party notify the organization file Form 8888-17? Bo 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? Let I' Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Do Granizations that may receive deductible contributions under section 170(c). 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? Did the organization to the payor? Let I' Yes," did the organization notify the donor of the value of the goods or services provided to the payor. Let I' Yes," did the organization of the payor or otherwise dispose of tangible personal property for which it was required to file Form 8282? Let I' Yes," indicate the number of Forms 8282 filed during the year. Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? Let I' Yes," indicate the number of Forms 8282 filed during the year. Did the organization received a contribution of care, boats, eriplanes, or other vehicles, did the organization file Form 899 as required the sponsoring organization make a distribution to adonor advised funds. Did adonor advised funds. Did adonor advised funds. Did adonor advised	3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?. b If "Yes," either 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 aparty to a prohibited tax shelter transaction at any time during the tax year?. 5a. Dos the organization hose and in the same of the same	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u></u>
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,	ľ	İ
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			122		
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 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 Enter the amount of reserves on hand. 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Dif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		• • • • • • • • • • • • • • • • • • • •			
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 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			13a		
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		•			
the organization is licensed to issue qualified health plans		· · · · · · · · · · · · · · · · · · ·	.		1
c Enter the amount of reserves on hand				Ì	
14a Did the organization receive any payments for indoor tanning services during the tax year?		1			;
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		x
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?		bid the organization receive any payments for indeed tarning sorriods during the tax years.			
excess parachute payment(s) during the year?		in ted, had telled at only 25 to report these payments in the, provide an explanation in consecute 5			
If "Yes," see 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?			15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
is the organization an educational institution subject to the section 4300 excise tax on het investment income.			16		<u>x</u>

Page 6

Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	X
Sect	ion A. Governing Body and Management			T
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		1
	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		i I	ļ
	committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			x
	any other officer, director, trustee, or key employee?	2_		ļ^
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		$\frac{x}{x}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	- -	$\frac{1}{x}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		 ``
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	, a		 -
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
0	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on 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		X
	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	Х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			l
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
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?			x
а	The organization's CEO, Executive Director, or top management official	15a		<u>x</u> —
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46.		x
	with a taxable entity during the year?	16a		_
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?	16ь		
Secti	on C. Disclosure	100		Щ
17 18	List the states with which a copy of this Form 990 is required to be filed ►	/\$00	tion F	01/0
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(380)	1011 0	J ((C)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erpet :	ممانت	and
	financial statements available to the public during the tax year	JJ [, J., Oy	, 5,10
20		s >		
	State the name, address, and telephone number of the person who possesses the organization's books and record THE ORGANIZATION 2201 WISCONSIN AVE, NW #320 WASHINGTON, DC 20007 202-770-0872			
		Form	990	(2018)

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

Γx

- 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individu	unles	Pos heck ss pe	rson	Highest compensated employee	an	(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
(1)JOHN BLANDFORD DIRECTOR	1.00	x						0.	0.	0
(2)STEPHEN HILL	1.00	_						_	_	
DIRECTOR/TREASURER (3)	0.	Х		Х				0.	0.	0
(4)										
(5)		-								
(6)										
(7)										
(8)										
(9)										
(10)										
(11)						 :-				
(12)										
(13)										
								-		
(14)										

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(A) Name and title	(B) Average hours per			Pos heck	C) sition more	e than o	one	hest Compensat (D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		er and		irect	b Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	- 									
	_									
	-									
					_					
										-
b Sub-total	ction A						* * *	0.	0. 0.	(
Total number of individuals (including but not li reportable compensation from the organization	mited to th		ıste				o re	ceived more than	\$100,000 of	· · · · · · · · · · · · · · · · · · ·
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the si organization and related organizations greated individual	le J for suc um of rep ater than	h indi ortab \$15	vidu le c 0,00	ual com 002	 pen If	 satıoı "Yes	ar nar	nd other compens	ation from the	Yes No
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes	accrue cor	npens	satio	on f	rom	any	unr	related organization	n or individual	5 X
Section B. Independent Contractors Complete this table for your five highest comp compensation from the organization Report co year										
(A) Name and business addri	ess							(B) Description of se	vices ((C) Compensation
ATTACHMENT 1							<u> </u>			
							F			
? Total number of independent contractors (inc	aludina bir	t not	lim	ited	1 +0	thos		eted ahove) who	received	

_	990 (ORKS USA		···-	45-2315	353 Page 9
Pa	rt VII	Statement of Revenue Check if Schedule O contains a response	anco or noto to a	ny lino in this Part \	701		[
		Check it Schedule O contains a respi	onse of note to a	(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	d	Federated campaigns		6,555,690.			
enne,			Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue		0.			
	3	Total Add lines 2a-2f	ends, interest,	0.	-		1
	4 5	and other similar amounts)	d proceeds . ▶	0. 0.			
	6a b	Gross rents					- ap 11
		Ret rental income or (loss)	(II) Other	0.			
		and sales expenses					
	d	Net gain or (loss)	·	497			497.
Other Revenue	Ba b	events (not including \$ of contributions reported on line 1c) See Part IV, line 18	0.				
:	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19		0.			
	b	Lcss direct expenses	n		er aper dage dage agende om om annemen and annemen and and anne der	Fisher to have recognite continues to the dept. (If you have not to the continues to the co	Similar para (A.) (A.) (A.)
		Gross sales of inventory, less returns and allowances		0.			
	b	Less' cost of goods sold	. ب	0.	·	,	
		Miscellaneous Revenue	Business Code				
	11a						

d All other revenue

Total revenue. See instructions

6,556,187.

497.

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, (A) Total expenses Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 5,281,000 5,281,000 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals See Part IV, lines 15 and 16 Ο. 4 Benefits paid to or for members Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 0. 11 Fees for services (non-employees) 0 0. 9,278 9,278 c Accounting ο. 0 e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees g Other (if line 11g amount exceeds 10% of line 25 column 0 (A) amount, list line 11g expenses on Schedule (). 0. Advertising and promotion 12 0. Office expenses 13 0 Information technology. 0. Royalties....... 15 0. 16 0. 17 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0. Conferences, conventions, and meetings 19 Ō. 20 0. 21 0. 22 Depreciation, depletion, and amortization 0. 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) aBANK FEES 1,435. 1,435. 1,247,755 1,247,755. DIRECT MAIL cRESEARCH SERVICES 17,800 17,800 e All other expenses 6,557,268. 6,546,555 10,713. Total functional expenses Add lines 1 through 24e 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

following SOP 98-2 (ASC 958-720)

0

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	9,766.	1	8,685.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.		0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
			0.	5	ō.
	6		- - 0.	-	0.
ts	,	organizations (see instructions) Complete Part II of Schedule L	0.	_	0.
Assets	7	Notes and loans receivable, net	0.		0.
Ä	8	Inventories for sale or use	0.	י	0.
	9	Prepaid expenses and deferred charges		9	
	IVa	Land, buildings, and equipment cost or			
	_	other basis Complete Part VI of Schedule D	0	10c	0.
	11	Less accumulated depreciation	0.		0.
	12	Investments - publicly traded securities		12	0.
	13	Investments - other securities See Part IV, line 11	0.	13	0.
	14	Investments - program-related See Part IV, line 11		14	0.
	15	Intangible assets		15	0.
	16	Other assets See Part IV, line 11	9,766.	15	8,685.
	17			17	0.
	18	Accounts payable and accrued expenses		18	0.
	19	Grants payable		19	0.
	20		0.	20	0.
	21	Tax-exempt bond liabilities	0.		0.
ω.	22	Loans and other payables to current and former officers, directors,			
Ĕ.	~~	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L	0.	22	` 0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		· · · · · · · · · · · · · · · · · · ·	0.	25	0.
	26	of Schedule D	0.	26	0.
se		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			ŗ
auc	27	Unrestricted net assets	9,766.	27	8,685.
Sal	28	Temporarily restricted net assets	0.	28	0.
9	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			i 1
ţ	30	Capital stock or trust principal, or current funds	•	30	•
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	9,766.	33	8,685.
	34	Total liabilities and net assets/fund balances	9,766.	34	8,685.
					Form 990 (2018)

Form 9	90 (2018)					gc
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					لبل
1	Total revenue (must equal Part VIII, column (A), line 12)	1				187.
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,5		268.
3	Revenue less expenses Subtract line 2 from line 1	3				081.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9,	766.
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 in Schedule O)					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	<u> </u>		8,	685.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					$\perp \perp$
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			}		;
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaıı	n in			١ ،
	Schedule O			-	٠ .	$\frac{1}{x}$
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or to			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					- <u>-</u> -
b	Were the organization's financial statements audited by an independent accountant?			2b	-	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted c	n a			
	separate basis, consolidated basis, or both					
	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					
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in			
	Schedule O	_				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in	,		x
	the Single Audit Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	3b		1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits		 	990	(2018)
						120101

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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), the Section 501(c)(4), (5), or (6) org				,
Name of organization			Employer ide	ntification number
AMERICA WORKS USA			45-231	5353
Part I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1 Provide a description of the	organization's direct and indirect i	political campaign a	ctivities in Part IV (see in	structions for
definition of "political campa	aign activities")			
2 Political campaign activity e	expenditures (see instructions)		▶ \$	2,940,663.
3 Volunteer hours for political	campaign activities (see instructio	ns) <u> </u>	<u></u> .	
Part I-B Complete if the	organization is exempt under	section 501(c)(3).		
1 Enter the amount of any exc	cise tax incurred by the organization	n under section 495	55 ▶ \$	
2 Enter the amount of any exc	cise tax incurred by organization m	anagers under sect	ion 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 c	organization is exempt under	section 501(c), e	xcept section 501(c)(3	<u>). </u>
1 Enter the amount directly e	expended by the filing organization	n for section 527 e	xempt function	
activities			▶\$	115,663.
	ng organization's funds contributed			
527 exempt function activit	ıes		▶\$	2,825,000.
	enditures Add lines 1 and 2 En			0 040 660
5 Enter the names, addresses organization made payment	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, en	er (EIN) of all section iter the amount pair	on 527 political organiza d from the filing organiz	ations to which the filing ation's funds. Also enter
	tributions received that were prom nd or a political action committee (
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1) DEMOCRATIC GOVERNORS	1225 I ST NW STE 1100			
ASSOCIATION	WASHINGTON, DC 20005	52-1304889	2,265,000.	0.
(2)				
(3)				
(4)				
		<u> </u>		
(5)				
(6)				
	<u> </u>		<u></u>	<u> </u>
For Paperwork Reduction Act Notice	e, see the Instructions for Form 990 or	990-EZ.	Schedule	C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018	AMERICA WORKS	USA		45-2	315353	Page 2
	rganization is exe	mpt under sectio	n 501(c)(3) and	filed Form 5768 (elec	ction under	,
A Check ▶ If the filing organ	nization belongs to an xpenses, and share o			ach affiliated group mem	ber's name,	
B Check ▶ if the filing organ	nization checked box	A and "limited contr	ol" provisions app	ly		
Limit	s on Lobbying Exper litures" means amou	nditures		(a) Filing organization's totals	(b) Affilia group to	
1a Total lobbying expenditures to	influence public opir	nion (grass roots lob	bying)			
b Total lobbying expenditures to			[7			
c Total lobbying expenditures (a	•	* '				
d Other exempt purpose expend	•		Г			,
e Total exempt purpose expend					•	
f Lobbying nontaxable amount	•		Г			
columns		_				
If the amount on line 1e, column	(a) or (b) is: The lobbyi	ng nontaxable amount	is:			
Not over \$500,000		amount on line 1e				
Over \$500,000 but not over \$1,0	00,000 \$100,000 p	olus 15% of the excess	s over \$500,000			
Over \$1,000,000 but not over \$1	,500,000 \$175,000 p	olus 10% of the excess	s over \$1,000,000			
Over \$1,500,000 but not over \$1	7,000,000 \$225,000 p	olus 5% of the excess	over \$1,500,000			
Over \$17,000,000	\$1,000,000)				
g Grassroots nontaxable amour	nt (enter 25% of line 1	f)				
h Subtract line 1g from line 1a	If zero or less, enter -0	0				
i Subtract line 1f from line 1c l						
j If there is an amount other reporting section 4911 tax for					Yes	No
		raging Period Unde				
(Some organizations th		01(h) election do no te instructions for			ns below.	
	Lobbying Expe	nditures During 4-Y	ear Averaging Pe	riod		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Tot	;al
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))	,				_	
c Total lobbying expenditures		::			_	
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	For	m 576	8		<u>-</u>
	and "Yes" resource on these to through the helest provide in Part IV a detailed	(8	1)		(b)	
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed cription of the lobbying activity	Yes	No		Amo	unt	
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?						
j	Total Add lines 1c through 1i			-			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			-	•		
b	If "Yes," enter the amount of any tax incurred under section 4912						
ď	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- }					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	C)(5)	Or S	ection		–	
	501(c)(6).	(C)(C)	, 01 3	COLIO	•		
	33.(3)(3).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	Х	
	till-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (I	o) Pa		, line		, 690
1	Dues, assessments and similar amounts from members		- 1				, 030
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts d	of				
_	political expenses for which the section 527(f) tax was paid).			2a	2,	940	, 663
a	Current year			2b			, 436
b	Total			2c	3,		,099
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due		1	3			, 690
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible to and political expenditure next year?	bbyın	9	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5	-3,	428	, 591
_	t IV Supplemental Information						
Pro	ride the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated se instructions), and Part II-B, line 1. Also, complete this part for any additional information	l grou	p list)), Part	I-A, lı	nes 1	and
PAI	T 1-A, LINE 1						
THI	ORGANIZATION HAD RESEARCH SERVICES, DIRECT MAIL SERVICES, AND				·		
POI	ITICAL CONTRIBUTIONS.						
		_			<u> </u>		

Page 4

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2018

> ▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Open to Public Inspection

Employer identification number 45-2315353

A	Seneral Information on Grants and Assistance
USA	Infor
WORKS	Seneral
AMERICA	Part (
-	

- X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

		-		-	•		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COALITION FOR A SAFE SECURE AMERICA							
1032 15TH ST NW #179 WASHINGTON, DC 20005	82-2980298	501(C)(4)	300,000.				GENERAL SUPPORT
(2) HIGH GROUND ACTION FUND							
544 E. OGDEN AVE MILWAUKEE, WI 53202	81-2132531	501(C)(4)	500,000.				SOCIAL WELFARE
(3) KANSAS VALUES INSTITUTE							
PO BOX 2124 TOPEKA, KS 66601	45-2621342	501 (C) (4)	1,550,000.				SOCIAL WELFARE
(4) REBUILD LOUISIANA							
352 NAPOLEON ST BATON ROUGE, LA 70802	81-1464694	501 (C) (4)	156,000.				SOCIAL WELFARE
(5) UNITED FOR A BETTER TOMORROW							
1100 MARKET ST S400 CHATTANOOGA, TN 47402	82-5337408	501(C)(4)	250,000.				SOCIAL WELFARE
(6) DEMOCRATIC GOVERNORS ASSOCIATION							
1225 I ST NW STE 1100 WASHINGTON, DC 20005	52-1304889	527	2,265,000.				GENERAL SUPPORT
(7) KANSAS VALUES INSTITUTE							
PO BOX 2124 TOPEKA, KS 66601	45-2621342	501 (C) (4)	260,000.				GENEERAL SUPPORT
(8)		<u> </u>					
(6)							_
(10)							
(11)					,		
(12)							
2 Enter total number of section 501(c)(3) and government orga	government o	organizations lis	inizations listed in the line 1 table.	ole		A	
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table		•			.9
ı				ı			

JSA 8E12881000 5208EE 7165

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV 9

Information PART I, LINE 2

3

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THE ORGANIZATION MAINTAINS ONGOING CONTACT WITH ITS GRANTEES AND THUS IS

ABLE TO MONITOR THE USE OF ITS GRANTS.

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

AMERICA WORKS USA

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

45-2315353

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household	•						
	qoods			***************************************				
6	Cars and other vehicles							
7	Boatş and planes						****	
8	Intellectual property	,		1 202 600				
9	Securities - Publicly traded	X	<u> </u>	1,003,690.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other		***************************************					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	-						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►() Number of Forms 8283 received	by the era	anization during the tax w	oar for contributions for	<u> </u>			
29	which the organization completed F				29			
	which the organization completed r	01111 0205,	Fait IV, Donee Acknowledg	jeinent			Yes	No
302	During the year, did the organizat	ion receive	hy contribution any prope	rty reported in Part I lines	s 1 through			
Jua	28, that it must hold for at least the							
	to be used for exempt purposes for					30a		X
h	If "Yes," describe the arrangement i		ording period					
31	Does the organization have a		ance policy that require	es the review of any r	nonstandard			
J 1	contributions?					31	l	X
322	Does the organization hire or use							
JZa	contributions?					32a		Х
h	If "Yes," describe in Part II						Ī	
33	If the organization didn't report an	amount in o	olumn (c) for a type of pro	perty for which column (a)	is checked.			
J J	describe in Part II			F = / 101 (u)		_		

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018)

Page 2

Part II Supple

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 45-2315353

Name of the organization

AMERICA WORKS USA

PART VI, SECTION B, LINE 11B PRIOR TO FILING THE FORM 990, THE ORGANIZATION'S DIRECTORS AND OUTSIDE LEGAL COUNSEL REVIEW THE TAX RETURN PREPARED BY AN OUTSIDE CPA FIRM.

PART VI, SECTION B, LINE 12C THE ORGANIZATION REQUIRES DIRECTORS AND OFFICERS TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY. THEY MUST CERTIFY IN WRITING THAT THEY HAVE COMPLIED WITH THE POLICY.

PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES THE 990 TAX RETURN UPON REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MISSION CONTROL, INC 642 HEBRON AVE STE 200 GLASTONBURY, CT 06033	DIRECT MAIL	913,724.
OURSO BEYCHOK 352 NAPOLEON ST BATON ROUGE, LA 70802	DIRECT MAIL	334,031.