efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492261007059 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization SHOWING UP FOR RACIAL JUSTICE ☐ Address change ACTION INC 81-2081153 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 10428 BLUEGRASS PARKWAY 544 ☐ Final return/terminated (716) 245-4764 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return LOUISVILLE, KY 40299 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☐ Cash ☑ Accrual Other (specify) ► G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www surjaction org **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I  $\checkmark$ 1 65,967 2 2 Program service revenue including government fees and contracts . . . . . . . . . 3 Membership dues and assessments . . . . . . . 3 4 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 65,967 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 41,293 13 13 Professional fees and other payments to independent contractors 50,614 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 327 16 Other expenses (describe in Schedule O) 16 106.045 17 17 Total expenses. Add lines 10 through 16 198,279 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -132,312 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 160,747 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 28,435 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

Par	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements	in the	Э	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V		🛚	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   3,819			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
		1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
42a				
The	organization's books are in care of Delephone no Delephon	(716)	245-476	4
	Located at ▶ 10428 BLUEGRASS PARKWAY 544 LOUISVILLE , KY ZIP + 4 ▶	40299	)	
			Yes	No
	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)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	At any time during the calendar year, did the organization maintain an office outside the U S ?	<b>42</b> c		No
	If "Yes," enter the name of the foreign country		_	
	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•		
i	and enter the amount of tax-exempt interest received or accrued during the tax year		Vas	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770		INO
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No
	<u> </u>			

								Yes	No
	organization engage, directly or indirectly				opposition to	)			
	tes for public office? If "Yes," complete	<u> </u>		•			46		No
	<b>Section 501(c)(3) organizatior</b> All section 501(c)(3) organizations	-	ons 47- 49b and 52	. and	complete ti	ne table	s for li	nes 50	and
	51.	· ·			•				
	Check if the organization used Schedul	e O to respond to any q	uestion in this Part VI				· · · · i	Yes	_ No
5 1 11			N4 (1) 1 1 55 1			_			
	organization engage in lobbying activit " complete Schedule C, Part II	ties or have a section 50	ol(h) election in effect	during	the tax year	• •	47		
Is the c	rganization a school as described in se	ction 170(b)(1)(A)(ii)?	[f "Yes," complete Sch	edule E			48		
<b>a</b> Did the	organization make any transfers to an	exempt non-charitable	related organization?				49a		
	" was the related organization a section	·					49b		
·	te this table for the organization's five	-	mployees (other than	officers	directors to	ustees a	nd key	employ	<i>-</i>
who ea	ch received more than \$100,000 of con	npensation from the org	janization If there is n	one, er	nter "None "		<u> </u>		
(a) N	ame and title of each employee	(b) Average hours per week	(c) Reportable compensation	contri	) Health ben butions to ei	mployee		imated r compe	
		devoted to position	(Forms W-2/1099- MISC)		enefit plans, erred comper				
						1541.511			
f Total	number of other employees paid over \$	s100,000				<b>-</b>			
Comple	te this table for the organization's five	highest compensated in	dependent contractors	· · · s who e	• • • ach received	►	an \$100	0,000 of	 
Comple	, , ,	highest compensated in s none, enter "None "			ach received			0,000 of	
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None "							_
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization. If there is a large of the control of	highest compensated in s none, enter "None " each independent contra	actor						
Comple	te this table for the organization's five isation from the organization If there i	highest compensated in s none, enter "None " each independent contra	actor						
Comple comper	te this table for the organization's five isation from the organization. If there is a sation from the organization is five is a sation from the organization. If there is a sation from the organization to the organization complete Schedule A?	highest compensated in s none, enter "None " each independent control of the seach independent control of the seach receiving over seach receiving over seach receiving over seach seach seach seach seach seach seach receiving over seach receiving over seach receiving over seach seach receiving over seach seach receiving over seach seach receiving over seach s	\$100,000	(b) Ty	rpe of service	e (c)	Compe	ensation	
Comple comper	te this table for the organization's five isation from the organization. If there is a sation from the organization is a sation of the organization of the organizatio	highest compensated in s none, enter "None " each independent control of the seach independent control of the seach receiving over seach receiving over seach receiving over seach seach seach seach seach seach seach receiving over seach receiving over seach receiving over seach seach receiving over seach seach receiving over seach seach receiving over seach s	\$100,000	(b) Ty	rpe of service	e (c)	Compe		
Comple comper	te this table for the organization's five isation from the organization. If there is a sation from the organization is there is a sation from the organization and business address of organization complete Schedule A? Is a sationary or the organization complete Schedule A? Is a set of perjury, I declare that I have example to the sationary of th	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Ty	h a	e (c)	✓ Ye to the	s \( \bar{\text{N}} \)	
Comple comper  d Total  Did t compered to the	te this table for the organization's five isation from the organization. If there is a state of the contract of the organization is a state of the contract of the organization complete Schedule A? I letted Schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Ty	h a	e (c)	✓ Ye to the	s \( \bar{\text{N}} \)	do my
Comple comper  I Total  Did t compered to the	te this table for the organization's five isation from the organization. If there is a state of the contract of the organization is a state of the contract of the organization complete Schedule A? I letted Schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Ty	rpe of service	e (c)	✓ Ye to the	s \( \bar{\text{N}} \)	do my
Total  Did total  comper  per penalticy wiedge an any know	te this table for the organization's five isation from the organization. If there is a sation from the organization is the organization and business address of organization completes a schedule A letted Schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Ty	h a	e (c)	✓ Ye to the	s \( \bar{\text{N}} \)	do my
Comple comper	number of other independent contractor of organization and business address of organization and business address of organization complete. Schedule A? Eleted Schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Ty	th a and statement on all info	e (c)	✓ Ye to the	s \( \bar{\text{N}} \)	do my
Comple comper	number of other independent contractors of perjury, I declare that I have exampled belief, it is true, correct, and complete dedge  ****** Signature of officer CARLA WALLACE SECRETARY Type or print name and title	nighest compensated in s none, enter "None " each independent control each independent control each receiving over s  NOTE. All section 501(c  mined this return, include Declaration of prepair	\$100,000	(b) Ty	th a and statement on all info	e (c)	✓ Ye to the	s \( \bar{\text{N}} \)	
Comple comper	number of other independent contractor of organization and business address of organization and business address of organization complete. Schedule A? Eleted Schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Ty	the of service and statement on all info	e (c)	Ye to the of which	s \( \bar{\text{N}} \)	
Comple comper	number of other independent contractor of perjury, I declare that I have exampled belief, it is true, correct, and completed belief.	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over seach receiving	\$100,000	(b) Ty	th a and statement of all info	e (c)	Ye to the of which	s \( \bar{\text{N}} \)	
Comple comper	number of other independent contractors of perjury, I declare that I have exampled belief, it is true, correct, and complete ledge  ******  Signature of officer  CARLA WALLACE SECRETARY  Type or print name and title  Print/Type preparer's name TERRY K MICKELSON	highest compensated in s none, enter "None " each independent control of the seach receiving over the seach receiving ove	\$100,000	(b) Ty	the a and statement of a line of a l	PTIN P01483	Ye to the of which	s \( \bar{\text{N}} \)	
Comple comper	number of other independent contractors of the organization complete. Schedule A? eleted Schedule A	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over some seach receiving over seach receiving over some seach receiving over seach	\$100,000	(b) Ty	the of service of serv	PTIN P01483	Ye to the of which	s \( \bar{\text{N}} \)	
Comple comper	number of other independent contractors of perjury, I declare that I have exampled belief, it is true, correct, and complete dedge  ******  Signature of officer  CARLA WALLACE SECRETARY Type or print name and title  Print/Type preparer's name TERRY K MICKELSON  Firm's name  ALLEN STREET CONS	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over some seach receiving over seach receiving over some seach receiving over seach	\$100,000	(b) Ty	the a and statement of a line of a l	PTIN P01483	Ye to the of which	s \( \bar{\text{N}} \)	

Page 4

Form 990-EZ (2018)

## **Additional Data**

Software ID: Software Version:

**EIN:** 81-2081153

Name: SHOWING UP FOR RACIAL JUSTICE

**ACTION INC** 

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		`(c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
FROM A TEAM OF COACH	SUPPORT TO THE LOCAL GROUPS AND ACTIVISTS THROUGH ONE-ON-ONE SUPPORT IES THESE COACHES SUPPORTED LOCAL GROUPS ACROSS THE COUNTRY TO TAKE TICE THROUGH MENTORING AND CONNECTING LOCAL GROUPS TO NATIONAL ITIES	28a	119,989	
(Grants \$ )	If this amount includes foreign grants, check here $\ldots$ . $\blacktriangleright$ $\Box$			

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)

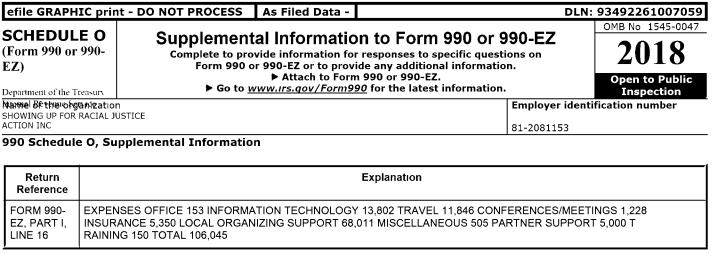
Form 990EZ, Part III - Statement of Program Service Accomplishments

29		29a	30,887
SURJ ACTION SUPPORTED EDUCATION	AND ACTION IN SUPPORT OF ISSUE 1, A BALLOT INITIATIVE IN OHIO		·
SURJ ACTION PROVIDED EDUCATION A	AND MOBILIZATION OPPORTUNITIES FOR COMMUNITY MEMBERS TO LEARN		
HOW MORE ABOUT RACISM IN THE CR	IMINAL JUSTICE AND HEALTHCARE SYSTEM AND TAKE ACTION TO MAKE		
THESE SYSTEMS MORE RACIALLY JUST			
(Grants \$ )	If this amount includes foreign grants, check here $\ldots$ . $\blacktriangleright$ $\Box$		

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
SURJ ACTION SUPPORTED PROJECTS ABOUT RACIAL JUSTICE IN LOCAL COMMUNITIES SURJ ACTION SUPPORTED LOCAL GROUPS WHO WERE PARTICIPATING IN DEEP CANVASSING PROGRAMS THAT WERE DOOR KNOCKING TALKING TO PEOPLE ABOUT RACIAL JUSTICE ISSUES SURJ SUPPORTED THE CHARLOTTESVILLE COMMUNITY RESILIENCE FUND THAT SUPPORTED COMMUNITY MEMBERS IMPACTED BY SYSTEMIC RACISM SURJ ACTION ALSO SUPPORTED A LOCAL EFFORT TO EDUCATE VOTERS ABOUT CANDIDATES IN SOUTHWEST GEORGIA	30a	10,947	

If this amount includes foreign grants, check here  $\cdot \cdot \cdot \cdot \rightarrow \Box$ 

(Grants \$ )



990 Schedule O, Supplemental Information Explanation Return Reference

FORM 990- VENDOR DEPOSITS 0 26,451 TOTAL 0 26,451 EZ, PART II,

LINE 24

Return Explanation

LINE 26

Reference	
FORM 990-	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 610 2,653 GRANTS PAYABLE 0 3,000 PAYROLL LIABILITIES 0 1,375
EZ, PART II,	

990 Schedule O, Supplemental Information

Return

Reference	'
FORM 990-	SURJ ACTION IS PART OF A MULTI-RACIAL MOVEMENT TO UNDERMINE WHITE SUPPORT FOR WHITE SUPREMACY
EZ, PART III	AND TO HELP BUILD A RACIALLY JUST SOCIETY

Explanation

Return Explanation
Reference

FORM 990-	SURJ ACTION PROVIDED SUPPORT TO THE LOCAL GROUPS AND ACTIVISTS THROUGH ONE-ON-ONE SUPPORT
EZ, PART III,	FROM A TEAM OF COACHES THESE COACHES SUPPORTED LOCAL GROUPS ACROSS THE COUNTRY TO TAKE AC
LINE 28	TION FOR RACIAL JUSTICE THROUGH MENTORING AND CONNECTING LOCAL GROUPS TO NATIONAL ORGANIZI
	NG OPPORTUNITIES

Return Explanation
Reference

FORM 990EZ, PART III,
HIO SURJ ACTION PROVIDED EDUCATION AND ACTION IN SUPPORT OF ISSUE 1, A BALLOT INITIATIVE IN O
HIO SURJ ACTION PROVIDED EDUCATION AND MOBILIZATION OPPORTUNITIES FOR COMMUNITY MEMBERS T
O LEARN HOW MORE ABOUT RACISM IN THE CRIMINAL JUSTICE AND HEALTHCARE SYSTEM AND TAKE ACTIO
N TO MAKE THESE SYSTEMS MORE RACIALLY JUST

Return Explanation
Reference

FORM 990-	SURJ ACTION SUPPORTED PROJECTS ABOUT RACIAL JUSTICE IN LOCAL COMMUNITIES SURJ ACTION SUPP
EZ, PART III,	ORTED LOCAL GROUPS WHO WERE PARTICIPATING IN DEEP CANVASSING PROGRAMS THAT WERE DOOR KNOCK
LINE 30	ING TALKING TO PEOPLE ABOUT RACIAL JUSTICE ISSUES SURJ SUPPORTED THE CHARLOTTESVILLE COMM
	UNITY RESILIENCE FUND THAT SUPPORTED COMMUNITY MEMBERS IMPACTED BY SYSTEMIC RACISM SURJ A
	CTION ALSO SUPPORTED A LOCAL EFFORT TO EDUCATE VOTERS ABOUT CANDIDATES IN SOUTHWEST GEORGI
	A