| PUBLIC DISCLOSURE COPY |
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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.

Inspection

Department of the Treasury Internal Revenue Service

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

| A F | or the | e 2022 calendar year, or tax year beginning and | lending | | | |
|-------------------------|------------------------|--|--------------|------------------------------|---|--|
| B c | heck if | C Name of organization | | D Employer identifi | cation number | |
| | Addre | THINK DIGNITY | | | | |
| | Name chang | | | 33-11467 | 33 | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suit | | | |
| |]Final return/ | 3525 30TH STREET | | (619) 53 | | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 553,141. | |
| | Ameno return | SAN DIEGO, CA 92104 | | H(a) Is this a group r | eturn | |
| | Application | | | for subordinates | s? Yes X No | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No | |
| <u> </u> | ax-exe | empt status: $X = 501(c)(3) = 501(c)(9)$ (insert no.) 4947(a)(1) | or 52 | 27 If "No," attach a | list. See instructions | |
| | Vebsit | | | H(c) Group exemption | | |
| | | organization: X Corporation Trust Association Other | L Yea | ar of formation: 2006] I | M State of legal domicile: CA | |
| Pa | rt I | Summary | TDE | EMDOMED C O | DOMETICE OUR | |
| ě | | Briefly describe the organization's mission or most significant activities: <u>INSP</u> COMMUNITY TO ADVANCE BASIC DIGNITY FOR THE | | | | |
| au | l | | | | | |
| /er | l | | | | 8 | |
| Ğ | | Number of independent voting members of the governing body (Part VI, line 1a) | | | 8 | |
| ళ | | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 9 | |
| iţie | | Total number of volunteers (estimate if necessary) | | | 60 | |
| Activities & Governance | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | | |
| ď | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | |
| | | | | Prior Year | Current Year | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 508,097. | 533,951. | |
| | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 15. | 15. | |
| <u> </u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -15,475. | -28,800. | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 492,637. | 505,166. | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 343,495. | 355,078. | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | |
| Ëxp | b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | 226,186. | 152,218. | |
| _ | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 569,681. | 507,296. | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 | | -77,044. | -2,130. | |
| -Se | 13 | nevenue less expenses. Subtract line 10 from line 12 | ····· | Beginning of Current Year | End of Year | |
| ets c | 20 | Total assets (Part X, line 16) | | 269,122. | 250,227. | |
| Ass Bal | 21 | Total liabilities (Part X, line 26) | | 69,176. | 52,411. | |
| Net | 1 | Net assets or fund balances. Subtract line 21 from line 20 | | 199,946. | 197,816. | |
| Pa | ırt II | Signature Block | | | | |
| Unde | er pena | lties of perjury, I declare that I have examined this return, including accompanying schedule | s and stater | ments, and to the best of my | y knowledge and belief, it is | |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of w | hich prepar | er has any knowledge. | | |
| | | O'makes of all and | | Data | | |
| Sigr | | Signature of officer | | Date | | |
| Her | е | MITCHELLE WOODSON, EXECUTIVE DIRECTOR Type or print name and title | | | | |
| | | | | Date Check | PTIN | |
| Paid | ı | Print/Type preparer's name Preparer's signature MARCY KEARNEY | | l if | | |
| | arer | Firm's name CHRISTY WHITE ASSOCIATES | | self-employ | 7-2956198 | |
| | Only | Firm's address 348 OLIVE STREET | | TIIIII SEIN Z | . 2550150 | |
| 200 | J , | SAN DIEGO, CA 92103 | | Phone no (6 | 19) 270-8222 | |
| May | the IF | RS discuss this return with the preparer shown above? See instructions | | 1 | X Yes No | |

| <u>Form</u> | 1 990 (2022) THINK DIGNITY 33-1146733 Page 2 |
|-------------|--|
| | rt 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: THINK DIGNITY'S MISSION IS TO INSPIRE, EMPOWER, AND ORGANIZE OUR |
| | COMMUNITY TO ADVANCE BASIC DIGNITY FOR THOSE LIVING ON THE STREETS. |
| | |
| | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | prior Form 990 or 990-EZ? |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 3 | 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 \$ |
| | FRESH START SHOWERS: THE 2-SHOWER/2-RESTROOM TRAILER BRINGS BASIC |
| | DIGNITY TO OUR UNHOUSED NEIGHBORS BY PROVIDING ACCESS TO SAFE SHOWER |
| | FACILITIES TO VARIOUS COMMUNITIES THROUGHOUT THE COUNTY. THE MOBILE |
| | SHOWERS PROGRAM WAS INITIALLY INTRODUCED IN 2015. THE PROGRAM AIMS TO |
| | PROVIDE WARM SHOWERS, AS WELL AS OTHER MUCH NEEDED SERVICES, SUCH AS OUTREACH CASE WORKERS AND HEALTH SERVICES. |
| | OUTREACH CASE WORKERS AND REALTH SERVICES. |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 195,864. including grants of \$) (Revenue \$) |
| | TRANSITIONAL STORAGE CENTER (TSC): THIS CENTER HAS 400 BINS AND LOCKERS |
| | THAT ALLOW HOMELESS INDIVIDUALS TO SAFELY STORE THEIR BELONGINGS WHILE |
| | THEY WORK TO TRANSITION OFF OF THE STREETS. |
| | TSC WAS DEEMED AN ESSENTIAL SERVICE AND THEREFORE CONTINUED TO OPERATE |
| | DURING COVID. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$126 , 092 •including grants of \$) (Revenue \$) |
| -10 | HOMELESS YOUTH LEGAL AND ADVOCACY PROJECT (HYLAP): HYLAP PROVIDES |
| | DIRECT REPRESENTATION TO HOMELESS AND AT-RISK YOUTH AGES 14-27 IN THEIR |
| | CRIMINAL DEFENSE MATTERS WHILE ALSO GETTING PAIRED UP WITH AN ADVOCATE |
| | WHO CONNECTS THEM TO SOCIAL SERVICES TO PROVIDE A MORE HOLISTIC |
| | APPROACH TO ADDRESSING BARRIERS IN THEIR PATHWAY TO SUCCESS. |
| | DUE TO COVID, THIS PROGRAM REMAINED IN OPERATION; HOWEVER, IT CONTINUED |
| | IN AN ONLINE/VIRTUAL FORMAT IN 2020. |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| 40 | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 410,141. |
| 70 | |

33-1146733

Form 990 (2022) THINK DIGNITY
Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|---|------------|-----|------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 37 | |
| | If "Yes," complete Schedule A | 1 | X | |
| 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4_ | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | l |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | l |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | l |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | ا |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | ,,, |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | 3 | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | ,, |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | ,, |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | 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 | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | _~ |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 4- | | x |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Α. |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 46 | | X |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Α. |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | Х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | - 1 | \vdash |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | | x |
| 20- | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| 20a h | | 20a 20b | | ^ ` |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | x |
| | domestic government on Fartix, column (x), line F: II Yes. complete schedule I. Parts Fand II | 41 | | 1 22 |

Form 990 (2022) THINK DIGNITY

Part 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 | | X |
| 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 | | X |
| 24a | 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 | | X |
| | 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 | | | ,, |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | ,, |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | \ _{3,7} |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | x |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00- | | x |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 28c | | x |
| 29 | "Yes," complete Schedule L, Part IV | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | 21 |
| 30 | | 30 | | x |
| 31 | contributions? If "Yes," complete Schedule M | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | ٠. | | |
| JZ | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - 02 | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 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 | | Х |
| | 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 | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pai | t 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 | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |

Form 990 (2022) THINK DIGNITY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 33-1146733

| | | | | 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 9 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2b | Х | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | 4a | | X |
| 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 A | ccounts (FBAR). | | | |
| 5a | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | 7.7 |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | _X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | • | l | | |
| _ | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | _ | | v |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | 7a | | X |
| b | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | • | _ | | v |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 7- | | Х |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | 7e 7f | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo | | | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file PC | | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | /11 | | |
| Ü | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | Ü | | |
| а | Did the appropriate appropriation makes any total distributions and a position 40000 | | 9a | | |
| b | Did the consideration and a distribution to a decrease distribution of | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | . | 1 | | |
| а | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | |
| | excess parachute payment(s) during the year? | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes." complete Form 6069. | | | | |

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.

| 1a Enter the number of voting members of the governing body at the end of the tax year If these are narelal differences is voltage in this among members of the governing body, or if the governing body of the governing body? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization contemporaceously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization that the governing body? 5 Did the organization contemporaceously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization that the governing body? 5 Did the organization that the governing body? 5 Did the organization that the governing body? 6 Did the organization that the governing body? 7 Did the organization that the governing body? 8 Did the organization that the governing body? 9 Is there any officer, director, fusitee, or key employee isted in Part VII. Section A, who cannot be reached at the organization have written principles and the process of the governing body before filing the fo | a Enter the number of voting members of the governing body at the end of the tax year | | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|--|--|-----|--|---------|---------|-----|
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| 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 CA 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 X 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. | 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 CA 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 X 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 THINK DIGNITY - (619) 537-8736 | 104 | | 162 | | x |
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| 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 CA 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 X 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. | 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 CA 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 X 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 THINK DIGNITY - (619) 537-8736 | | | | | |
| List the states with which a copy of this Form 990 is required to be filed CA 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 X Upon request Other (explain on Schedule O) 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. | List the states with which a copy of this Form 990 is required to be filed CA 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 X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records THINK DIGNITY - (619) 537-8736 | | | 16h | | |
| List the states with which a copy of this Form 990 is required to be filed CA 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 X Upon request Other (explain on Schedule O) 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. | List the states with which a copy of this Form 990 is required to be filed CA 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 X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records THINK DIGNITY - (619) 537-8736 | Sec | | 100 | · | |
| 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) 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. | 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 Whom request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records THINK DIGNITY - (619) 537-8736 | | | | | |
| 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) 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. | 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) 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. State the name, address, and telephone number of the person who possesses the organization's books and records THINK DIGNITY - (619) 537-8736 | | | s only) | availal | ole |
| Own website Another's website X 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. | Own website Another's website X 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 THINK DIGNITY - (619) 537-8736 | .5 | | o orny) | avandi | 510 |
| 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. | 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. State the name, address, and telephone number of the person who possesses the organization's books and records THINK DIGNITY - (619) 537-8736 | | | | | |
| statements available to the public during the tax year. | 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 THINK DIGNITY - (619) 537-8736 | 10 | | d finan | rial | |
| | State the name, address, and telephone number of the person who possesses the organization's books and records THINK DIGNITY - (619) 537-8736 | 13 | | u midil | Jai | |
| | THINK DIGNITY - (619) 537-8736 | 20 | . , | | | |
| | | 20 | | | | |
| | 2252 2011 DIVERT' DUN DIEGO' CV 38TA# | | 3525 30TH STREET, SAN DIEGO, CA 92104 | | | |

Form 990 (2022) THINK DIGNITY 33-1146733 Page 7

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) | (B) | 1 | | | C) | .,,, . | | (D) | (E) | (F) |
|--------------------------------|--|--------------------------------|-----------------------|-------------------------|-------------------------|------------------------------|--------|---|---|--|
| Name and title | Average hours per week | box | not c , unle: | Pos heck i ss per | ition more rson i | than o s both or/trus | n an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) MITCHELLE WOODSON | 40.00 | 1 | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 82,989. | 0. | 0. |
| (2) DAHNA LOGAN | 2.00 | ļ | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (3) NICOLE CONGE | 2.00 | | | | | | | | _ | _ |
| SECRETARY | F 00 | Х | _ | Х | | | | 0. | 0. | 0. |
| (4) DANIEL FAS | 5.00 | ٠,, | | 7,7 | | | | | | _ |
| TREASURER | 2 00 | Х | _ | Х | | | | 0. | 0. | 0. |
| (5) CECELIA BRENNAN TRUSTEE | 2.00 | . , | | | | | | 0. | 0. | _ |
| (6) RACHEL JENSEN | 2.00 | Х | | | | | | 0. | 0. | 0. |
| TRUSTEE | 2.00 | х | | | | | | 0. | 0. | 0. |
| (7) ASHLEY BYNUM | 2.00 | ^ | \vdash | | | | | 0. | 0. | · · |
| TRUSTEE | 2.00 | х | | | | | | 0. | 0. | 0. |
| (8) ODILKA SANTIAGO | 2.00 | ^ | | | | | | 0. | 0. | <u></u> |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (9) KENAN GULTEKIN | 2.00 | | | | | | | • | • | • |
| TRUSTEE | 2,00 | х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Trus | | oloy T | ees, | | | ghe | st C | | | | | |
|---|------------------------|--------------|-----------------------|---------|--------------|------------------------------|----------|----------------------------|-------------------------------|-----------|-------------------------|-----------------|
| (A) Name and title | (B) Average | 7-1 | | Pos | | | | (D) Reportable | (E) Reportable | | (F) Estimate | d |
| | hours per | box | , unle | ss per | rson i | than is bot or/trus | n an | compensation | compensation | ı | amount o | |
| | week (list any | - | T an | lu a u | II ecit | T | 100) | from the | from related organizations | | other compensate | tion |
| | hours for | director | | | | | | organization | (W-2/1099-MIS | - 1 | from the | |
| | related | tee or | nstee | | | ensate | | (W-2/1099-MISC/ | 1099-NEC) | | organizati | |
| | organizations below | al trus | onal tr | | oloyee | comp | | 1099-NEC) | | | and relate | |
| | line) | Individual t | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | organizatio | ns |
| | | | | | | | | | | | | |
| | | | | | | | | | | \exists | | |
| | | | | | | | | | | \dashv | | |
| | | | | | | | | | | \dashv | | |
| | | | | | | | | | | \dashv | | |
| | | \vdash | | | | - | | | | \dashv | | |
| | | _ | | | | | | | | \dashv | | |
| | | <u> </u> | | | | | | | | \dashv | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | <u> </u> | 82,989. | | 0. | | 0. |
| c Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 82,989. | | 0. | | 0. |
| 2 Total number of individuals (including but r | ot limited to th | ose | liste | ed ab | ove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | 0 |
| compensation from the organization | | | | | | | | | | | Yes | 0 N o |
| 3 Did the organization list any former officer | , director, trust | ee, ŀ | кеу е | empl | oye | e, or | hig | hest compensated emp | loyee on | | | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | [| 3 | Х |
| 4 For any individual listed on line 1a, is the se | | | | | | | | | | ļ | | |
| and related organizations greater than \$15 | | | | | | | | | | | 4 | X |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con | • | | | | • | | elate | ed organization or individ | dual for services | ŀ | 5 | Х |
| Section B. Independent Contractors | ipiete Scheaul | <u> </u> | or si | JCN Į | oers | son | | | | | <u> </u> | |
| Complete this table for your five highest countered the organization. Report compensation for | - | - | | | | | | | • | nsat | ion from | |
| (A) | tric calcildar y | Jai C | <u> </u> | ig w | IUI | OI WI | | (B) | car. | | (C) | |
| Name and business | address | N | INC | 3 | | | | Description of s | ervices | C | ompensation | 1 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ŭ | ot lir | nited | d to | | _ | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organi | zation | | | | |) | | | | | <u>990</u> // | |

33-1146733

Form 990 (2022) THINK D
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or note to an | / line in this Part VIII | | | |
|--|------|---|--------------------------|-------------------|------------------|--------------------|
| | | Officer if deficable of contains a response of flote to air | (A) | (B) | (C) | (D) |
| | | | Total revenue | Related or exempt | | Revenue excluded |
| | | | | function revenue | business revenue | from tax under |
| | | | | | | sections 512 - 514 |
| ts Its | 1 a | Federated campaigns 1a | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | | |
| e, i | С | Fundraising events 1c 63,722 | 2. | | | |
| ifts | d | Related organizations 1d | | | | |
| 2,8 | _ | Government grants (contributions) 1e 213,573 | 1. | | | |
| Sin | | , , | | | | |
| e Hi | ı | All other contributions, gifts, grants, and | , | | | |
| 들 된 | | similar amounts not included above 1f 256,650 | | | | |
| d Tr | g | Noncash contributions included in lines 1a-1f | | | | |
| <u>ठ</u> ह | h | Total. Add lines 1a-1f | <u>. 533,951.</u> | | | |
| | | Business Co | de | | | |
| o o | 2 a | | | | | |
| ķ. | b | | | | | |
| še | | | | | | |
| m S | C | | | | | |
| ga Be | d | | | | | |
| Program Service Revenue | е | | | | | |
| Ф | f | All other program service revenue | | | | |
| | g | Total. Add lines 2a-2f | | | | |
| | 3 | Investment income (including dividends, interest, and | | | | |
| | | other similar amounts) | 15. | | | 15. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 3 | (i) Real (ii) Persona | | | | |
| | _ | | | | | |
| | | Gross rents 6a | | | | |
| | b | Less: rental expenses 6b | | | | |
| | С | Rental income or (loss) 6c | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7 a | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | assets other than inventory 7a | | | | |
| | h | Less: cost or other basis | | | | |
| a) | D | | | | | |
| Ž | | and sales expenses 7b Gain or (loss) 7c | | | | |
| Revenue | | , | | | | |
| | d | Net gain or (loss) | | | | |
| her | 8 a | Gross income from fundraising events (not | | | | |
| ŏ | | including \$63,722. of | | | | |
| | | contributions reported on line 1c). See | | | | |
| | | Part IV, line 18 | 5. | | | |
| | b | Less: direct expenses 8b 47,97 | | | | |
| | | Net income or (loss) from fundraising events | 28,800. | | | -28,800. |
| | | | 20,0001 | | | |
| | ъa | Gross income from gaming activities. See | | | | |
| | | Part IV, line 19 9a | | | | |
| | | Less: direct expenses 9b | | | | |
| | С | Net income or (loss) from gaming activities | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | |
| | | and allowances 10a | | | | |
| | b | Less: cost of goods sold 10b | | | | |
| | | Net income or (loss) from sales of inventory | | | | |
| \dashv | | Business Co | de | | | |
| S | | | | | | |
| e eo | 11 a | | | | | |
| an epr | b | | | | | |
| Miscellaneous Revenue | С | | | | | |
| Λis H | d | All other revenue | | | | |
| | е | Total. Add lines 11a-11d | | | | |
| | | Total revenue See instructions | 505.166. | 0. | 0. | -28 785. |

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 (**D**) Fundraising expenses (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 82,989. 66,868. 16,121. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 210,527. 169,631. 40,896. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 24,765. 24,801. -36. Other employee benefits 9 36,797. 35,079. 1,718. 10 Payroll taxes 11 Fees for services (nonemployees): Management 45. 45. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 35,545. 16,492. 19,053. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,685. 3,851. 834. Office expenses 13 4,798. 986. 3,812. Information technology 14 15 Royalties 22,046. 17,753. 4,293. 16 Occupancy 3,717. 3,051. 666. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,966. 4,966. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22,383. 22,383. Depreciation, depletion, and amortization 22 11,391. 3,432. 7,959. 23 Other expenses. Itemize expenses not covered 24 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.) 29,074. 1,839. 27,235. SUPPLIES AND MATERIALS **EQUIPMENT** 13,568. 13,568. С d All other expenses 507,296. 410,141. 97,155. 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

| Pa | rt X | Balance Sheet | | | | | <u> </u> |
|-----------------------------|----------|---|-----------------|----------------------|---|----------|---------------------------|
| | | Check if Schedule O contains a response or | note to any lir | ne in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 100,133. | 1 | 94,777. |
| | 2 | Savings and temporary cash investments | | | 70,473. | 2 | 70,488. |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | | 34,740. | 4 | 43,569. |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | ıbstantial con | tributor, or 35% | | | |
| | | controlled entity or family member of any of | hese persons | , | | 5 | |
| | 6 | Loans and other receivables from other disquared | ualified persor | ns (as defined | | | |
| | | under section 4958(f)(1)), and persons descri | bed in sectior | n 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| æ | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 199,215. 157,822. | | | 11 - 2 - 2 |
| | b | | 10b | | 63,776. | 10c | 41,393. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, lin | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 060 100 | 15 | 050 005 |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 269,122. | 16 | 250,227. |
| | 17 | Accounts payable and accrued expenses | | | 19,676. | 17 | 19,578. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| ies | 22 | Loans and other payables to any current or f | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | · | | 00 | |
| Liat | | controlled entity or family member of any of | | | | 22 | |
| | 23 | Secured mortgages and notes payable to un | | | 49,500. | 23 24 | 32,833. |
| | 24 25 | Unsecured notes and loans payable to unrelative Other liabilities (including federal income tax.) | | | 47,300. | 24 | 32,033. |
| | 23 | parties, and other liabilities not included on li | | | | | |
| | | (0 | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 69,176. | 26 | 52,411. |
| | | Organizations that follow FASB ASC 958, | check here | X | , , , , , , , , , , , , , , , , , , , | | <u> </u> |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | | | | 108,896. | 27 | 119,213. |
| Bala | 28 | | | | 91,050. | 28 | 78,603. |
| 힏 | | Organizations that do not follow FASB AS | | | | | |
| Ŀ | | and complete lines 29 through 33. | | | | | |
| ŏ | 29 | Capital stock or trust principal, or current fur | | 29 | | | |
| set | 30 | Paid-in or capital surplus, or land, building, o | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | | | 199,946. | 32 | 197,816. | |
| _ | 33 | Total liabilities and net assets/fund balances | | | 269,122. | 33 | 250,227. |
| | | | | | | | Form 990 (2022) |

Form **990** (2022)

| Form | 990 (2022) THINK DIGNITY | 33- | -1146733 | Pa | ige 12 |
|------|--|----------|-------------|------------|----------|
| Pai | rt 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 | | | 66. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 96. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 30. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 199 | <u>, 9</u> | 46. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 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 | 197 | 7,8 | 16. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u>Ш</u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | O. | | | |
| 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 compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | 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? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule C |). <u> </u> | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | T | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3h | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

<u> 2022</u>

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

THINK DIGNITY 33-1146733 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|------|--|---------------------|---------------------|-----------------------|---------------------|-------------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 472,655. | 303,069. | 522,764. | 508,097. | 533,951. | 2340536. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | 450 655 | 222 | 500 564 | 500 005 | 500 054 | 0040506 |
| | Total. Add lines 1 through 3 | 472,655. | 303,069. | 522,764. | 508,097. | 533,951. | 2340536. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 0240526 |
| | Public support. Subtract line 5 from line 4. | | | | | | 2340536. |
| | | 1 1 2 2 2 2 | # N 00 4 0 | () 2222 | ()) 000 (| () 2222 | (0 |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 5 2 2 0 5 1 | (f) Total 2340536. |
| | Amounts from line 4 | 472,655. | 303,069. | 522,764. | 508,097. | 533,951. | 2340536. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 122 | 106. | 10 | 15. | 15. | 206 |
| • | and income from similar sources | 132. | 100. | 18. | 15. | 13. | 286. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | 2340822. |
| | Total support. Add lines 7 through 10 | oto (ooo inatmustis |)) | | | 12 | 121,784. |
| 12 | Gross receipts from related activities, First 5 years. If the Form 990 is for the | • | | iourth or fifth toy y | | | 121,704. |
| 13 | organization, check this box and stop | - | | • | | | |
| Sec | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | | | column (f)) | | 14 | 99.99 % |
| | Public support percentage from 2021 | | | | | 15 | 99.98 % |
| | 33 1/3% support test - 2022. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2021. If the o | | | | | | |
| | and stop here. The organization qual | • | | • | | • | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| _ | and if the organization meets the fact | ū | | | | | , |
| | meets the facts-and-circumstances te | | • | • | | | |
| b | 10% -facts-and-circumstances test | · · | • | | | | |
| | more, and if the organization meets the | · · | | | | · | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | | |

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.)

| Sed | etion A. Public Support | Slow, picase comp | olete i art ii.j | | | | |
|------------|--|---|---------------------|----------------------|---------------------|------------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | , , | | | , , | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ie organization's fi | rst, second, third, | fourth, or fifth tax | year as a section (| 501(c)(3) organization | on, |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | , | • | column (f)) | | 15 | <u>%</u> |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | 147 | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from | | | | | 18 | % 7 :t |
| 19a | 33 1/3% support tests - 2022. If the | | | | | | |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | hox on line 14 19 | a or 19h check th | nis hox and see in | structions | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
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| Par | t IV | Supporting Organizations (continued) | | | ., |
|-----|----------|--|------------|-----|----|
| | | The second secon | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| | | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | • | elow, the governing body of a supported organization? | 11a | | |
| b | | ily member of a person described on line 11a above? | 11b | | |
| | | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | in Part VI. | 11c | | |
| Sec | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | prized organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | e organization operate for the benefit of any supported organization other than the supported | | | |
| | organi | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in | | | |
| | | N how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| Sec | | C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Were | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the su | pported organization(s). | 1 | | |
| Sec | tion D | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organi | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (| (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organi | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organi | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | signific | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | incom | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | suppo | orted organizations played in this regard. | 3 | | |
| Sec | tion E | . Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check | the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | Ш | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | truction | s). | |
| 2 | Activit | ties Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did su | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how th | he organization was responsive to those supported organizations, and how the organization determined | | | |
| | | nese activities constituted substantially all of its activities. | 2 a | | |
| b | | e activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part V | $^{\prime\prime}$ the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | activities but for the organization's involvement. | 2b | | |
| 3 | | t of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| _ | | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did th | e organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard

33-1146733 Page 6

Schedule A (Form 990) 2022 THINK DIGNITY

| Part V | Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | |
|---------------|--|------------------|---------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ying trust on N | ov. 20, 1970 (explain in | Part VI). See instructions |
| | All other Type III non-functionally integrated supporting organizations mu | ust complete S | Sections A through E. | |
| Section A | - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net : | short-term capital gain | 1 | | |
| 2 Reco | overies of prior-year distributions | 2 | | |
| | er gross income (see instructions) | 3 | | |
| 4 Add | lines 1 through 3. | 4 | | |
| 5 Depr | reciation and depletion | 5 | | |
| 6 Porti | ion of operating expenses paid or incurred for production or | | | |
| colle | ection of gross income or for management, conservation, or | | | |
| main | ntenance of property held for production of income (see instructions) | 6 | | |
| | er expenses (see instructions) | 7 | | |
| | usted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| _ | - Minimum Asset Amount | , - | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggr | regate fair market value of all non-exempt-use assets (see | | | |
| instr | uctions for short tax year or assets held for part of year): | | | |
| a Aver | rage monthly value of securities | 1a | | |
| b Aver | rage monthly cash balances | 1b | | |
| c Fair | market value of other non-exempt-use assets | 1c | | |
| d Tota | (add lines 1a, 1b, and 1c) | 1d | | |
| | count claimed for blockage or other factors | | | |
| | lain in detail in Part VI): | | | |
| | uisition indebtedness applicable to non-exempt-use assets | 2 | | |
| | tract line 2 from line 1d. | 3 | | |
| | n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | instructions). | 4 | | |
| | value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | iply line 5 by 0.035. | 6 | | |
| | overies of prior-year distributions | 7 | | |
| | mum Asset Amount (add line 7 to line 6) | 8 | | |
| | - Distributable Amount | | | Current Year |
| 1 Adju | sted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Ente | er 0.85 of line 1. | 2 | | |
| 3 Minii | mum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| | er greater of line 2 or line 3. | 4 | | |
| | me tax imposed in prior year | 5 | | |
| | ributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| <u>em</u> e | rgency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | nally integrated | Type III supporting orga | nization (see |

Schedule A (Form 990) 2022

instructions).

| Sche Par | t V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | nizatione / .: | | 3-1146/33 Page 7 |
|--------------------|---|-------------------------------|---------------------------------------|----------|---|
| | , , , , , , , , , , , , , , , , , , , | (a)(3) Supporting Orga | nizations _{(continu} | ued) | |
| | on D - Distributions | | | | Current Year |
| | Amounts paid to supported organizations to accomplish exer | <u> </u> | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | ا م ا | |
| | organizations, in excess of income from activity | as of aumouted examinations | | 3 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | i | 4 | |
| <u>4</u> 5 | Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro | avida dataila in Port VII | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | ovide details in Fait VI) | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | <u> </u> | |
| Ū | (provide details in Part VI). See instructions. | to organization to responsive | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | าร | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| <u>i</u> | Carryover from 2017 not applied (see instructions) | | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| 7 | Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3 | | | | |
| ' | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

Schedule of Contributors

(Form 990) Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** THINK DIGNITY 33-1146733

| Organization type (cneck one): | | | | | |
|--------------------------------|---|--|--|--|--|
| Filers of: | | Section: | | | |
| Form 990 | or 990-EZ | X 501(c)(3) (enter number) organization | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | | 527 political organization | | | |
| Form 990 |)-PF | 501(c)(3) exempt private foundation | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | | 501(c)(3) taxable private foundation | | | |
| | | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | |
| General | Rule | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | |
| Special I | Rules | | | | |
| | sections 509(a)(1) a contributor, during | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II. | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | |
| | year, contributions is checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$ | | | |
| | - | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify | | | |

that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

THINK DIGNITY 33-1146733

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|--|--|--|
| (a) | (b) | (c) | (d) | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | |
| 1 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$\$11,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) | (b) | (c) | (d) | | |
| No. 4 | Name, address, and ZIP + 4 | * \$ 15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |

Name of organization Employer identification number

THINK DIGNITY

33-1146733

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | |
|------------------------------|---|---|----------------------|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |

Name of organization **Employer identification number** THINK DIGNITY 33-1146733 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THINK DIGNITY

Employer identification number 33-1146733

| Pai | rt I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the |
|----------|--|--|--------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advis | ed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose | conferring |
| | | | |
| Pai | rt II Conservation Easements. Complete if the or | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | Preservation of | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic str | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after July 25,2006, and not on a | |
| | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rel | leased, extinguished, or terminated by the | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cons | servation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserva | tion easements during the year |
| _ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| | | | |
| 9 | In Part XIII, describe how the organization reports conservati | · | |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statement | ents that describes the |
| Pai | organization's accounting for conservation easements. rt III Organizations Maintaining Collections of | f Art Historical Treasures or Ot | her Similar Assets |
| . u | Complete if the organization answered "Yes" on Form | · · | inci cililiai 7,000to. |
| 10 | - | | and balance about works |
| ıa | If the organization elected, as permitted under FASB ASC 95 | · | |
| | of art, historical treasures, or other similar assets held for put | | |
| L | service, provide in Part XIII the text of the footnote to its finar | | |
| D | If the organization elected, as permitted under FASB ASC 95 | · • | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furti | lerance of public service, |
| | provide the following amounts relating to these items: | | ¢. |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| • | | | |
| 2 | If the organization received or held works of art, historical tre | | ıı gairi, provide |
| _ | the following amounts required to be reported under FASB A | G | Φ. |
| a | Revenue included on Form 990, Part VIII, line 1 | | \$ |

Part VI Land, Buildings, and Equipment.

Describe in Part XIII the intended uses of the organization's endowment funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 199,215. | 157,822. | 41,393. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equ | 41,393. | | | |

Schedule D (Form 990) 2022

| Schedule D |) (Form 990) 2022 THINK DIGNI | TY | 3 | 3-1146733 Page |
|-------------------|--|---|--|--------------------------|
| Part VII | | Farma 000 Bart IV line of | 44b Oca Farra 000 Back V Back 40 | |
| (a) Descrip | Complete if the organization answered "Yes" ption of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | and of year market value |
| | | (b) Book value | (c) Method of Valuation. Cost of e | That Net Value |
| ` ' | ial derivatives | | | |
| | held equity interests | | | |
| (3) Other (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | I Investments - Program Related. | | • | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | 1 | F 000 P-+ IV P | Add Occ Farm OOO Bart V Pro 45 | |
| | Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | (h) Deals value |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| <u>(4)</u> (5) | | | | |
| <u>(5)</u> (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | umn (b) must equal Form 990, Part X, col. (B) lin | e 15.) | | |
| Part X | Other Liabilities. | , | | • |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2 | 25. |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Fed | deral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (4) | | | | |

(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization THINK DIGNITY 33-1146733 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) 82,897. 82,897. Gross receipts 63,722. 63,722. 2 Less: Contributions 19,175. 19,175. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 4,580. 4,580. 13,546. 13,546. 7 Food and beverages 2,300. 2,300. 8 Entertainment 27,549. 27,549. Other direct expenses 47.975. **10** Direct expense summary. Add lines 4 through 9 in column (d) -28,800. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

| Sch | edule G (Form 990) 2022 THINK DIGNITY 3 | 3-1146 | 733 | Page 3 |
|-----|--|----------------|----------|----------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | No No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | | Yes | ☐ No |
| | Indicate the percentage of gaming activity conducted in: | ı | | |
| | ı The organization's facility | | | <u>%</u> |
| | An outside facility | 13b | | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| b | olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | nt | | |
| | of gaming revenue retained by the third party \$ | | | |
| c | e If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | Ш | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | ie | | |
| Pa | organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an | d Part III lir | AC 0 0 | h 10h |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | ar ar m, m | 103 0, 0 | , 100, |
| | · · · · · · · · · · · · · · · · · · · | | | |
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| Schedule G | i (Form 990) | THINK | DIGNITY | | 3 | <u>3-1146733</u> | Page 4 |
|------------|-----------------------------------|------------------------|----------|------|------|------------------|--------|
| Part IV | (Form 990) Supplemental Inform | mation _{(coi} | ntinued) | | | | |
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SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service

Employer identification number

Name of the organization THINK DIGNITY 33-1146733 FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION HIRES A CPA TO PREPARE THE TAX RETURNS. THE FORM 990 IS REVIEWED BY THE ACCOUNTANT AND THE TREASURER. AFTER THIS, THE FORM 990 IS PROVIDED TO THE FULL BOARD FOR DISCUSSION AND APPROVAL PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST DISCLOSURES ARE UPDATED, MONITORED AND ENFORCED (IF NECESSARY) AT THE ANNUAL BOARD RETREAT, ALSO ATTENDED BY THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS AND ITS EXECUTIVE COMMITTEE DETERMINE THE STARTING SALARY AND RAISES FOR THE EXECUTIVE DIRECTOR. IN OR ABOUT AUGUST 2019, THE

EXECUTIVE COMMITTEE OBTAINED DATA (990S) FROM A NUMBER OF SIMILARLY SITUATED NON-PROFIT ORGANIZATIONS REFLECTING COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN EXECUTIVE DIRECTOR POSITIONS, BEFORE FORMALLY LISTING THE POSITION THAT LED TO THE HIRING OF OUR CURRENT NONE OF THE BOARD OF DIRECTORS IDENTIFIED OR DISCLOSED EXECUTIVE DIRECTOR. ANY CONFLICT OF INTEREST AT ANY TIME RELEVANT TO HIRING THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ALONG WITH THE MOST RECENT INDEPENDENT FINANCIAL REVIEW REPORT ARE MADE AVAILABLE ON THE