Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2020 calend	dar year, or tax year beginnin	g 01/01/2020	and ending		12/31/2	020			
В	Check if	applicable:	C Name of organization Decrimi	inalize Sex Work				D Empl	oyer identification number		
	Address	change	Doing business as						83-3561423		
	Name ch	nange	Number and street (or P.O. box	if mail is not delivered to street add	ress)	Roon	n/suite	E Telep	hone number		
	Initial ret	urn	360 Nueces Street Suite 110	02					512-942-6078		
	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal co	ode						
	Amende	d return	Austin, TX, 78701					G Gross receipts \$ 955,499			
$\overline{\Box}$		on pending	F Name and address of principal of	officer: Robert Kampia			H(a) Is this a grou	ip retum f	or subordinates? Yes No		
			360 Nueces Street, Suite 110				H(b) Are all sui	bordinat	tes included? Yes No		
ı	Tax-exer	mpt status:	✓ 501(c)(3)) ◀ (insert no.)	(1) or 527	,	If "No," attach	a list. S	ee instructions		
J	Website	: > www.D	ecriminalizeSex.Work				H(c) Group ex	emption	number >		
K			Corporation Trust Assoc	iation ☐ Other ►	L Year of for	mation	: 2019	M State	of legal domicile: DE		
The Parket	art I	Summa									
				sion or most significant acti	vities: To e	nd the	prohibition	of con	sensual adult		
æ		•	_	es relating to other forms of s							
Activities & Governance		-F			TON						
e.	2	Check this	box > if the organization	n discontinued its operation	s or dispos	ed of	more than 2	5% of	its net assets.		
Š				erning body (Part VI, line 1a				3	1		
ø	1		_	ers of the governing body (P	-000A			4	0		
es				in calendar year 2020 (Part				5	13		
Ž	1			f necessary)	4			6	3		
Act	1			Part VIII, column (C), line 12				7a	0		
	1			e from Form 990-T, Part I, lin				7b	0		
	+	140t dillold	iod bdoi:1000 taxabio ii:1001111	(7)A			Prior Year	1	Current Year		
_	8	Contributio	ons and grants (Part VIII, line	66	9,575	954,095					
Revenue	1		ervice revenue (Part VIII, line		0	001,000					
M	•	_	t income (Part VIII, column (332	1,404					
æ	1		nue (Part VIII, column (A), lir		002	1,404					
	1		nue—add lines 8 through 11 (66	69,907	955,499					
	_		d similar amounts paid (Part	51,600		139,750					
	1			IX, column (A), line 4)				0	139,730		
	45		400, 10	benefits (Part IX, column (A),			46	36,891	934,529		
Expenses	160			column (A), line 11e)				0	934,329		
ĕ	16a					6200000000000		U	V		
ă	17		raising expenses (Part IX, co enses (Part IX, column (A), lii		7,579		21	4,044	232,434		
		-	The state of the s	t equal Part IX, column (A), I	ino 25\	-		2.535			
	1	•				1,306,713 -351,214					
- S		neveriue ie	iss expenses. Subtract line	18 from line 12		Pas	inning of Curre	7,372	End of Year		
o sta	20	Total accet	ts (Part X, line 16)			Deg		34,146	187,107		
Asse Bal	21		ities (Part X, line 26)			-		6,798	304,964		
Net Assets of Fund Balance	22		or fund balances. Subtract	line 21 from line 20		-		7,348	-117,857		
	art II		ire Block	ille 21 Irom ille 20				7,340	-117,057		
				s return, including accompanying sc	hadulas and at	otomo	nto and to the	nost of a	my knowledge, and ballof it is		
tru	icer perial ie, correct	t, and complete	e. Declare that I have examined this	an officer) is based on all information	of which prep	arer ha	is any knowledg	je.	ny knowledge and belief, it is		
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Sig	an	Signatu	Dividal V.	(person			Date	19	- 2021		
	_	Signature bi sinker									
П	ere		ert Kampia, Political Director or print name and title								
		1 7	preparer's name	Preparer's signature		Date	т	OI- 1	if PTIN		
Pa	iid	Fint/Type	preparer s name	Preparer's signature		Date		Check self-em	"		
Pr	epare	r		L					,		
	se Onl	Y Firm's nan					Firm's				
		Firm's add		shown above? See instruct	ione		Phone	no.	Yes No		
N/IO	W TOO IL	C CUSCUSE 1	THE PATER WITH THE PREMARA	SUDWO SOOVEY SEE INSTITUT	II WIS			E2 6	. I TAS I INO		

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Part l	П	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1		fly describe the organization's mission:
		end the prohibition of consensual adult prostitution and to improve the policies relating to other forms of sex work in the ted States.
2		the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-EZ?
		'es," describe these new services on Schedule O.
3	serv	the organization cease conducting, or make significant changes in how it conducts, any program vices?
4	expe	cribe the organization's program service accomplishments for each of its three largest program services, as measured by enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, total expenses, and revenue, if any, for each program service reported.
4a	(Cod	de:) (Expenses \$ 430,640 including grants of \$ 6,000) (Revenue \$ 0)
		BLIC EDUCATION: DSW engaged in a range of activities to build support among the public for DSW's mission, the most
		valent of which was day-to-day interactions with reporters in order to amplify DSW's message in the news media. In addition,
		W staffers: (1) gave speeches and presentations; (2) produced brochures and briefing papers; (3) responded to inquiries from
	tne	public; and (4) expanded DSW's already-comprehensive website.
		<u> </u>
4b	(Cod	
		NFERENCES and COALITION BUILDING: Before the plague descended on the United States in March 2020, DSW staffers
		ended and spoke at conferences. And, all year round, DSW worked with potential and existing allies for the purpose of building cronger national coalition supporting the decriminalization of consensual adult prostitution.
	a st	ironger national coantion supporting the decriminalization of consensual addit prostitution.
	·-	
4c	(Cod	·································
		W YORK STATE: DSW participated in multiple coalitions in New York City, for the purpose of building support for (1) repealing v York State's statutory ban on "loitering for the purpose of engaging in prostitution"; (2) decriminalizing consensual adult
		stitution; and (3) opposing the "entrapment model" of prostitution policy, which wrong-headedly seeks to protect only sex
		kers from arrest, while arresting adults who seek sex workers' services. The New York government enacted the first bill into law!
	O::	- Control of the cont
4d		er program services (Describe on Schedule O.) See Schedule O, Statement 1 penses \$ 425,236 including grants of \$ 123,000) (Revenue \$ 0)
4e		penses \$ 425,236 including grants of \$ 123,000) (Revenue \$ 0) all program service expenses > 1,129,962

	90 (2020)		ŀ	Page
Part	IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	'	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		\ \ \ \ \
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV </i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	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 againtance to any democitic organization or	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	

Part	Checklist of Required Schedules (continued)			
	B		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	V	
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		,
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
Part				_
	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 1a 9		.03	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	.u		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			

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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. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 0 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ~ Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a ~ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 1 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ✓ 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, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Maddy Kammeraad-Campbell, (512)942-6078

Part VI

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				(0	C)	-				
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours	box, office	unles	s pe	rson	e than o is both or/trust	an tee)	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Robert Kampia	30.00									
Political Director	1.00	V		~				135,500	0	32,280
Crystal DeBoise Community Outreach Director	50.00 0.00					~		129,000	0	13,410
Melissa Sontag Broudo	50.00									
Legal Director	0.00					~		129,000	0	9,540

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Em	plo	yee	s, an	ıd F	lighest Compe	nsated E	mplo	yees (c	ontinued)
					•	C)							
	(A)	(B)	(do n	ot of		sition		ono	(D)	(E)			(F)
	Name and title	Average	١,	to not check more than or ox, unless person is both					Reportable	Reportal		I .	ed amount
		hours per week	office	er an	_	т —	or/trus	— <u> </u>	compensation from the	compensa from rela			other ensation
		(list any	Indi or d	Insti	Officer	₹ey	High	Former	organization	organizati	ons	fro	m the
		hours for related	Individual to	tutic	er	emp	loye	ner	(W-2/1099-MISC)	(W-2/1099-	MISC)		zation and rganizations
		organizations	al tru	nal		Key employee	e com						· 9
		below dotted line)	ndividual trustee or director	nstitutional trustee		e	pen						
			Φ	tee			Highest compensated employee						
										A			
									4				
			-										
									0,				
									0				
			-										
						C							
				7									
		7											
	Subtotal								393,500		0		55,230
C	Total from continuation sheets to Part		n A					•	393,500		U		55,230
d	Total (add lines 1b and 1c)	<u> </u>						>	393,500		0		55,230
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w		e than \$10	0,000	of	
	reportable compensation from the organi	zation >							3				Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ıste	e, I	кеу е	mpl	loyee, or highes	st compen	sated		
	employee on line 1a? If "Yes," complete											3	· ·
4	For any individual listed on line 1a, is the												
	organization and related organizations individual									dule J for	such	4	V
5	Did any person listed on line 1a receive of									tion or indi	 vidual		
	for services rendered to the organization											5	V
	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add								(B) Description of serv			(C) Compens	-
None									2 000				
2	Total number of independent contractor	•	-					o th	nose listed abov	e) who			
	received more than \$100,000 of compens	ation from	the or	gan	iizat	ion			0				

Part VIII Statement of Revenue

		Check if Schedule	O contains a re	espon	se or note to ar	ny line in this Pa	ırt VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaign	jns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	0				
, G	С	Fundraising events		1c	0				
ifts ır A	d	Related organization	ns	1d	0				
, G nila	е	Government grants	(contributions)	1e	0				
ons Sir	f	All other contribution							
uti 1er		and similar amounts no	ot included above	1f	954,095				
trib Ott	g	Noncash contribution							
on		lines 1a-1f		1g	\$ 0				
O	h	Total. Add lines 1a-	<u>-1f</u>		🕨	954,095			
o o	0-				Business Code				
vic	2a								
yram Ser Revenue	b								
m (C								
gra Re	d								
Program Service Revenue	e f	All other program se	envice revenue						
<u> С</u>	g	Total. Add lines 2a-			•	0			
	3	Investment income							
	٠	other similar amoun				1,404	0	0	1,404
	4	Income from investn				0	0	0	0
	5			-		0	0	0	0
			(i) Rea		(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c	0	0				
	d	Net rental income o	r (loss)		. (7/1) . >				
	7a	Gross amount from	(i) Securit	ties	(ii) Other				
		sales of assets							
		other than inventory	7a						
iue	b	Less: cost or other basis							
Revenue		and sales expenses .	7b						
Re		Gain or (loss)	7c	0	0				
er		Net gain or (loss)		·	<u>-</u>				
Other	8a	Gross income from events (not including							
		of contributions rep		-					
		1c). See Part IV, line		8a					
	b	Less: direct expense		8b					
		Net income or (loss)			nts ▶				
	9a		from gaming						
		activities. See Part I	0 0	9a					
	b	Less: direct expense		9b					
	С	Net income or (loss)) from gaming a	ctivitie	es >				
	10a	Gross sales of ir	nventory, less						
		returns and allowan		10a					
		Less: cost of goods		10b					
	С	Net income or (loss)) from sales of ir	rvento	ory ▶				
ns					Business Code				
eo ne	11a								
scellaneo Revenue	b								
ecel 3ev	С	All all and an arrangement							
Miscellaneous Revenue	d	All other revenue				_			
	<u>е</u> 12	Total. Add lines 11a				0			4 46 5
	14	Total revenue. See	; II ISTI UCTIONS		>	955,499	0	0	1,404

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

	Check if Schedule O contains a response or note to any line in this Part IX										
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	130,750	130,750								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	9,000	9,000								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	167,780	107,379	57,045	3,356						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		0	0_						
7	Other salaries and wages	648,371	579,662	65,890	2,819						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,611	9,302	1,232	77						
9	Other employee benefits	59,227	50,077	8,947	203						
10	Payroll taxes	48,540	42,991	5,313	236						
11	Fees for services (nonemployees):	10,010	12,000	3,010							
а	Management		0	0	0						
b	Legal	11,774	11,774	0	0						
C	Accounting	0	0	0	0						
d	Lobbying	0	0	0	0						
	Professional fundraising services. See Part IV, line 17	0	U	0							
e			•	0	0						
f	Investment management fees	0	0	0	0						
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)	56,965	55,517	1,448	0						
12	Advertising and promotion	10,367	0	10,367	0						
13	Office expenses	7,954	6,281	1,299	374						
14	Information technology	0	0	0	0						
15	Royalties	0	0	0	0						
16	Occupancy	7,052	5,765	1,287	0						
17	Travel	17,831	17,447	0	384						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings .	11,300	11,300	0	0						
20	Interest	0	0	0	0						
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization .	0	0	0	0						
23	Insurance	2,980	0	2,980	0						
24	Other expenses. Itemize expenses not covered	2,500		2,000	Ü						
	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.)										
а	anline convices	52,365	39,741	12,514	110						
_			,	,	110						
b	polls & focus groups	28,500	28,500	0	0						
C	video production	18,350	18,350	0	0						
d	computers & equipment	3,925	3,192	713	20						
e	All other expenses	3,071	2,934	137	0						
25	Total functional expenses. Add lines 1 through 24e	1,306,713	1,129,962	169,172	7,579						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)										
					Form 990 (2020)						

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	13,609	1	179,287
	2	Savings and temporary cash investments	220,537	2	5,000
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,525			
	b	Less: accumulated depreciation 10b 705		10c	2,820
	11	Investments—publicly traded securities	0	11	0
	12	Investments – other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	234,146		187,107
	17	Accounts payable and accrued expenses	1,799		3,964
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	_		_
.iak	00	· · · · · · · · · · · · · · · · · · ·	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	14.000	25	201 000
	26	Total liabilities. Add lines 17 through 25	14,999 16,798		301,000
	20	Organizations that follow FASB ASC 958, check here ▶ □	10,790	20	304,964
ce		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	
Ва	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here ▶ ✓			
Fu		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	0
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
SS	31	Retained earnings, endowment, accumulated income, or other funds	217,348		-117,857
t A	32	Total net assets or fund balances	217,348		-117,857
Re	33	Total liabilities and net assets/fund balances	234,146		187,107
			, -		, -

Form 990 (2020) Page **12**

Part	XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI				~
1	Tota	al revenue (must equal Part VIII, column (A), line 12)	1		95	5,499
2	Tota	al expenses (must equal Part IX, column (A), line 25)	2		1,30	6,713
3	Rev	enue less expenses. Subtract line 2 from line 1	3		-35	1,214
4	Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		21	7,348
5	Net	unrealized gains (losses) on investments	5			0
6	Don	ated services and use of facilities	6			0
7	Inve	stment expenses	7			0
8	Prio	r period adjustments	8		13	3,189
9	Othe	er changes in net assets or fund balances (explain on Schedule O)	9			2,820
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32,	column (B))	10		-11	7,857
Part	XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response or note to any line in this Part XII				
		" " " T T T T T T T T T T T T T T T T T			Yes	No
1		ounting method used to prepare the Form 990: Cash Accrual Other		_		
		ne organization changed its method of accounting from a prior year or checked "Other," endedule O.	xpıaın	ın		
20		e the organization's financial statements compiled or reviewed by an independent accountant?		2a		V
2a		re the organization's infancial statements complied of reviewed by an independent accountant?				
		ewed on a separate basis, consolidated basis, or both:	ipiied	Or		
		eparate basis Consolidated basis Both consolidated and separate basis				
b		e the organization's financial statements audited by an independent accountant?		2b		~
-		es," check a box below to indicate whether the financial statements for the year were audit	ted on			•
		arate basis, consolidated basis, or both:	ica on	ι α		
		eparate basis Consolidated basis Both consolidated and separate basis				
С	If "Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	ersiaht	of		
		audit, review, or compilation of its financial statements and selection of an independent accounta				
	If th	e organization changed either its oversight process or selection process during the tax year, ex	cplain o	on		
	Sch	edule O.				
3a		a result of a federal award, was the organiza <mark>tion re</mark> quired to undergo an audit or audits as set for		he		
	_	gle Audit Act and OMB Circular A-133?		3a		~
b		es," did the organization undergo the required audit or audits? If the organization did not und	_	I .		
	requ	uired audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .			
				For	m 990	(2020)
		•				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization **Decriminalize Sex Work** 83-3561423 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 or 990-EZ).) 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). In organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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) d 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 III. 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 organization (iii) Type of organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

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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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 669,576 954,095 1,623,671 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . . 4 0 0 0 669,576 954.095 1,623,671 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) 34,984 **Public support.** Subtract line 5 from line 4 1,588,687 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 0 0 669,576 954.095 1,623,671 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 332 1,404 1,736 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 **Total support.** Add lines 7 through 10 11 1,625,407 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2019 Schedule A, Part II, line 14 15 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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.)

	if the organization fails to qualify	under the te	sts listed bei	ow, piease co	implete Part	II.)	
	on A. Public Support			I			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the				•		
	organization without charge						
6	Total. Add lines 1 through 5						
6 7a	Amounts included on lines 1, 2, and 3						
1 a	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		4.0				
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🗌
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2020 (line 8	3, column (f), d	divided by line	13, column (f))		15	%
16	Public support percentage from 2019 Sch	nedule A, Part	III, line 15 .	<u></u>	<u></u>	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2020 (line 10c, colun	nn (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2019	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2020. If the organ					ore than 331/39	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2019. If the organiz	-	-	-		-	_
	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	_	_	· ·	· · · · · · · · · · · · · · · · · · ·	-	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

Part I	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on 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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	.1		
	. 0.*		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			•
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I are the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	instru	ctions	s).
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ir	struct	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2h		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganı	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	Ó	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
_	Discount claimed for blockage or other factors			
<u>е</u>	(explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	5		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6	Multiply line 5 by 0.035.	7		
7	Recoveries of prior-year distributions	-		
8 Sect	Minimum Asset Amount (add line 7 to line 6) ion C—Distributable Amount	8		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	_	ntegrated Type III suppo	rting organization
	(see instructions).		. J 2 , po cappo	g g

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	d)	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	<u>O</u>
	\land\land\land\land\land\land\land\land

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

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

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

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

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

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

Tax) (9	See separate instructions), t	hen			, ,
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ider	ntification number
Decri	minalize Sex Work				83-3561423
Part	I-A Complete if the	e organization is exempt ur	der section 501(c) or is a section 527 o	organization.
1	definition of "political car	, -		impaign activities in Part	IV. (See instructions for
2		y expenditures (See instructions		. ▶ \$)
3		cal campaign activities (See inst			
Part	• • • • • • • • • • • • • • • • • • •	e organization is exempt un		· · ·	
1		excise tax incurred by the organ)
2		excise tax incurred by organizati)
3	•	ed a section 4955 tax, did it file F		ear?	
4a					Yes No
b	If "Yes," describe in Part		11 504/	\	/ \/o\
Part		e organization is exempt un			(c)(3).
1		ly expended by the filing organ		·	
_				> \$	
2	527 exempt function acti	filing organization's funds cont vities		▶ \$	
3	Total exempt function e	expenditures. Add lines 1 and	2. Enter here and	on Form 1120-POL,	
4	Did the filing organization	n file Form 1120-POL for this ye	ar?		Yes No
5	organization made payme the amount of political co	ses and employer identification rents. For each organization listed ontributions received that were pure fund or a political action commit	d, enter the amount romptly and directly	paid from the filing organi delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)	•				
(3)					
(4)					
(5)					
(6)					

Page 2

f Grassroots lobbying expenditures

OCH	edule 0 (1 01111 330 01 330-LZ) 2021	,					raye Z
Pa	rt II-A Complete if t section 501(h		n is exempt u	nder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under
Α		•		• , ,		iated group memb	er's name,
_		I, expenses, and s			,		
В	Check ▶ ☐ if the filing o	rganization check		<u>.</u>	ovisions apply.		
	(The term "c	Limits on Lobb expenditures" me			\	(a) Filing organization's totals	(b) Affiliated group totals
	a Total lobbying expendi					14,691	3 1
	b Total lobbying expendi				•	186,281	
	c Total lobbying expendi		•	• •	••	200,972	
	d Other exempt purpose	•	,			1,105,741	
	e Total exempt purpose	expenditures (add	lines 1c and 1c	d)		1,306,713	
	f Lobbying nontaxable	amount. Enter t	he amount from	om the following	table in both		
	columns.					205,671	
	If the amount on line 1e,	column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000			ount on line 1e.			
	Over \$500,000 but not over		· ·	15% of the excess of			
	Over \$1,000,000 but not o			10% of the excess of			
	Over \$1,500,000 but not o	ver \$17,000,000	· · · · · · · · · · · · · · · · · · ·	5% of the excess or	ver \$1,500,000.		
	Over \$17,000,000 g Grassroots nontaxable	amount (antar 25)	\$1,000,000.			E1 410	
	g Grassroots nontaxableh Subtract line 1g from li	•	•			51,418 0	
	i Subtract line 1f from lir		•			0	
	j If there is an amount		•		the organization		
	reporting section 4911						Yes No
				Period Under Sec			
	(Some organizations					of the five columi	ns below.
		See the	separate instr	uctions for lines	za through 21.)		
		Lobbying	Evpenditures	During 4-Year Av	versaina Period		
		Lobbying	Experiultures	During 4- Teal Av	eraging Feriod		
	Calendar year (or fisca	l year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
	beginning in)						
	o Labbying pantayable a	mount					
	2a Lobbying nontaxable a	mount	0	0	90,507	205,671	296,178
	b Lobbying ceiling amou						
	(150% of line 2a, colun	nn (e))					444,267
	c Total lobbying expendi	tures					
			0	0	55,371	200,972	256,343
	d Grassroots nontaxable	amount	0	0	22,627	51,418	74,045
	e Grassroots ceiling amo	unt	U	0	22,021	51,418	74,045
	(150% of line 2d, colur						111,068
	,						,500

0

0

0

Schedule C (Form 990 or 990-EZ) 2020

14,691

14,691

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name o	f the organization		Employer identification number
Decrir	ninalize Sex Work		83-3561423
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "		
		(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		.0
5	Did the organization inform all donors and donor	advisors in writing that the assets hel	d in donor advised
Ū	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the o		
•	Preservation of land for public use (for example, recreations)		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	T reservation of	a certified filstofic structure
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a consequation
2	easement on the last day of the tax year.	d a qualified conservation contribution	Held at the End of the Tax Year
_			
a			. 2a 2b
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included in historic structure listed in the National Register	b) acquired after 7/25/06, and not σ	n a
_	_		
3	Number of conservation easements modified, trans	terrea, released, extinguished, or term	linated by the organization during the
4	tax year ► Number of states where property subject to conserve	vation assement is located	
4	Does the organization have a written policy regard		ootion bandling of
5	violations, and enforcement of the conservation eas	ements it holds?	Yes . No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	onservation easements during the year
	▶ \$		9
8	Does each conservation easement reported on line 2	P(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports co		
	balance sheet, and include, if applicable, the text of	the footnote to the organization's fina	ncial statements that describes the
	organization's accounting for conservation easemer	nts.	
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to	o its financial statements that describe	s these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue st	tatement and balance sheet works of
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art,		
_	following amounts required to be reported under FA		and the second series the
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
b	Assets included in Form 990, Part X		• \$

Schedu	le D (Form 990) 2020							Page 2
Part	Organizations Maintaining (Collections of	Art, His	torical Treasures	, or Ot	her Similar As	sets (co	ntinued)
3	Using the organization's acquisition, accollection items (check all that apply):							
а	☐ Public exhibition		d	Loan or exchange	je progr	am		
b	Scholarly research		е					
С	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	on's collections a	and expla	ain how they further	the org	ganization's exer	npt purpo	se in Par
5	During the year, did the organization sassets to be sold to raise funds rather t						ar Ye:	s 🗌 No
Part	IV Escrow and Custodial Arrar	ngements.						
	Complete if the organization a 990, Part X, line 21.	•	on For	m 990, Part IV, lin	e 9, or	reported an ar	nount on	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?				tions or	other assets n	ot Ye:	s 🗌 No
b	If "Yes," explain the arrangement in Par	t XIII and comple	ete the fo	ollowing table:		A	mount	
С	Beginning balance				10			
d	Additions during the year				10			
٠ ۵	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount						/2 V	s No
_	If "Yes," explain the arrangement in Par							
	Endowment Funds.	t Am. Oncok non	o ii tiio o	xpianation has been	provide	Sa on rait Am .	<u> </u>	
ı aı	Complete if the organization a	answered "Ves'	" on For	m 990 Part IV lin	<u>1</u> 0 م			
	Complete if the organization is	(a) Current year		or year (c) Two year		(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance	(a) Current year	(5)111	or year (c) two year	13 back	(a) Three years bac	(C) i oui	ycars back
b	Contributions			,				
	-		V					
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs	,0						
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of th	e current year en	d balanc	e (line 1g, column (a	a)) held	as:		
а	Board designated or quasi-endowment		%					
b	Permanent endowment ►	%						
С	Term endowment ► %							
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.					
3a	Are there endowment funds not in the	possession of th	e organi	zation that are held	and ad	ministered for th		
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related org	ganizations listed	as requi	red on Schedule R?			3b	
4	Describe in Part XIII the intended uses		n's endo	owment funds.				
Part	VI Land, Buildings, and Equipr	nent.						
	Complete if the organization a	answered "Yes"	on For	m 990, Part IV, lin	<u>e 11a.</u>	See Form 990,	Part X, li	ine 10.
	Description of property	(a) Cost or ot (investme		(b) Cost or other basis (other)		Accumulated epreciation	(d) Book	value
1a	Land		0	0				0
b	Buildings		0	0		0		0
_	Lessehold improvements					0		

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

Part VII	Investments – Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related.	\	
are viii	Complete if the organization answered "Yes" on Form 990, Part	V. line 11c. See F	orm 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Booshpash of mirosanon	(a) Dook value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	was the result as such Farma 000. Port V. and (P) line 10		
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ► Other Assets.		
raitix	Complete if the organization answered "Yes" on Form 990, Part	IV line 11d See F	form 990 Part X line 15
	(a) Description	17, 1110 114. 0001	(b) Book value
(1)	Ly 2 company		(4, 230.11
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1) (15) (20) (2) (1) (1) (1) (1)		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		P
Part X	Complete if the organization answered "Yes" on Form 990, Part	IV line 11e or 11f	See Form 990 Part Y
	line 25.	iv, iiile i le Oi i li.	See Form 330, Fait A,
1.	(a) Description of liability		(b) Book value
(1) Federal in			0
	free loan from CDSW		301,000
(3)			,,,,,,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		301,000
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orgar s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Schedule D (Form 990) 2020 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants . . . Other (Describe in Part XIII.) Add lines 2a through 2d 2e 3 Subtract line **2e** from line **1** . . . 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Add lines 4a and 4b 4c Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) . . . Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

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

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

Decriminalize Sex Work							83-3561423	3
Part I General Information of	on Grants and	Assistance						
 Does the organization maintain the selection criteria used to a Describe in Part IV the organiz 	ward the grants	or assistance?					sistance, and Ves	s 🗌 No
Part II Grants and Other Ass Part IV, line 21, for any								n Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan		se of grant stance
(1) Sch I, Stmt 1					73			
(2)								
(3)								
(4)			6	3				
(5)								
(6)								
(7)		7	7					
(8)								
(9)	0							
(10)								
(11)								
(12)								
2 Enter total number of section 63 Enter total number of other org		_						1 1

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if addit	ional space is needed	d.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 See Schedule I, Part IV, Statement 2					
2					
3					
4				~O.	
5				90	
6					
7					
Part IV Supplemental Information. Pro	vide the information r	required in Part I, li	ne 2; Part III, columi	n (b); and any other addition	onal information.
Schedule I, Part I, Line 2 - Because DSW issues so	few grants, the organization	tion ends up implicitly	/ monitoring grantees' u	usage of funds through DSW s	taffers being in contact with all
grantees during the regular course of business.			<u> </u>		
		4			
	,				
······································					

Form: **Schedule I (2020)** EIN: **83-3561423**

Page: 1 Part II, Line 1

Description of Grants and Other Assistance to Governments and Organizations	n the United States
---	---------------------

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Campaign to Decriminalize Sex Work	83-2009448	110,000	0
	360 Nueces Street			
	Suite 1102			
	Austin, TX 78701			
IRC code section	501(c)(4)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To lobby state governments to decriminalize consensual adult prostitution.			
Name and address	Project Prosper of Florida	45-0491407	19,000	0
	1156 Pavia Drive			
	Apopka, FL 32703			
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	The \$19,000 was actually a triad of grants that Project Prosper rerouted to			
	Gays and Lesbians Living in a Transgender Society (GLITS) in New York			
	State (\$10,000), The Ishtar Collective in Vermont (\$7,000), and COYOTE-F	RI		
	(\$2,000).			

Schedule I, Part IV, Statement 2 Decriminalize Sex Work

Form: **Schedule I (2020)**

Page: 2 Part III

	Description of Grants and Other Assistance to Individuals in the U		Amt of soch	Amt of non
		Number of recipients	Amt. of cash grant	cash asst
Type of grant	These three grants were for coalition building in New Hampshire (\$4,000), outreach to the transgender community and other allies in northern California (\$4,000), and the beginnings of media outreach in the DC-NYC corridor (\$1,000).	3	9,000	(
Method of valuation				
Desc. of Non-Cash Asst.		100		
		•		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Decriminalize Sex Work**

Employer identification number 83-3561423

Part	Questions Regarding Compensation			
		\Box	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	✓ Independent compensation consultant □ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		~
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		~
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
_				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Robert Kampia, Political Director	(i)	135,500	0	0	19,500	12,780	167,780	0
_ 1	(ii)	0	0	0	0	0	0	0
Crystal DeBoise, Community	(i)	129,000	0	0	0	13,410	142,410	0
Outreach Director	(ii)	0	0	0	0	0	0	0
Melissa Sontag Broudo, Legal	(i)	129,000	0	0	0	9,540	138,540	0
Director	(ii)	0	0	0	0	0	0	0
	(i)							
4	(ii)							
	(i)							
5	(ii)			4.				
	(i)			X				
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)			/				
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
_ 	(i)							
13	(ii)							
- 	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							
-10	1.7	1					l	

Schedule J (Form 990) 2020 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J, Part I, Line 3 - DSW's principal donor helped establish (but didn't dictate) the political director's compensation, and the political director established the compensation of all other DSW employees.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization **Decriminalize Sex Work** 83-3561423 Form 990, Part III, Line 2 - DSW added Vermont to the docket of states where DSW is especially focused on changing state laws. Form 990, Part VI, Section B, Line 11b - This Form 990 was meticulously reviewed by DSW's board of directors before the form was submitted to the IRS. Form 990, Part VI, Section B, Line 12c - DSW's annual board of directors meeting (which is held every June or July) is the time when there is a formal review of potential conflicts of interest among board members, officers, and/or key employees. Form 990, Part VI, Section B, Line 15 - DSW's principal donor helped establish (but didn't dictate) the political director's compensation, and the political director established the compensation of all other DSW employees. Form 990, Part VI, Section C, Line 19 - DSW maintains in its Austin office the organization's key institutional documents. In addition to mailing documents to interested persons upon request, the organization also makes some of its key documents available on its website and charity-related websites, including Charity Navigator, the Economic Research Institute, and Candid. These key documents include: (1) the initial Form 1023 that established DSW's 501(c)(3) tax status; (2) the annual Forms 990; (3) the organization's internal policy prohibiting discrimination and harassment among the staff, board of directors, and outside consultants; and (4) four additional internal policies involving conflicts of interest, whistleblowers, retention of documents, and privacy of data. Form 990, Part IX, Line 11g - When the state legislatures were out of session, DSW contracted with four lobbying/consulting firms (\$53,700) for in-state coalition building and media outreach in New Hampshire, New York, Rhode Island, and Vermont. Unrelatedly, DSW also paid for hiring assistance (\$1,448), website development (\$1,226), and graphic designers (\$551). Form 990, Part XI, Line 9 - DSW purchased two computers in 2020, which are depreciating in value using a typical five-year, straight-line methodology.

EIN: **83-3561423**

Part III, Line 4d

Form: Form 990 (2020)

Page: **2**

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	RHODE ISLAND: DSW assisted with organizing a statewide coalition in Rhode Island to focus initially on creating a state-government commission to study the costs and benefits of decriminalizing consensual adult prostitution.	71,469	2,000	0
	NEW HAMPSHIRE: DSW assisted with organizing a statewide coalition in New Hampshire to focus on promoting the importance of (1) "Good Samaritan" policies that protect sex workers from arrest when reporting crimes outside the ambit of consensual sex work; and (2) expunging the criminal records of victims of human trafficking, if said crimes were associated with the human-trafficking aspect of their lives.	61,560	4,000	0
	NEW YORK STATE LOBBYING: DSW lobbied the New York government for the purpose of building support for (1) repealing New York State's statutory ban on "loitering for the purpose of engaging in prostitution"; (2) decriminalizing consensual adult prostitution; and (3) opposing the "entrapment model" of prostitution policy, which wrong-headedly seeks to protect only sex workers from arrest, while arresting adults who seek sex workers' services. The New York government enacted the first bill into law!	57,453	35,000	0
	NEW HAMPSHIRE LOBBYING: DSW lobbied the New Hampshire government to change the state's prostitution laws.	50,063	25,000	0
	VERMONT: DSW assisted with organizing a statewide coalition in Vermont, for the dual purposes of (1) decriminalizing consensual adult prostitution; and (2) expunging the criminal records of victims of human trafficking, if said crimes were associated with the human-trafficking aspect of their lives.	42,478	7,000	0
	VERMONT LOBBYING: DSW lobbied the Vermont government to change the state's prostitution laws.	42,149	25,000	0
	DISTRICT OF COLUMBIA: DSW investigated the viability of passing a local ballot initiative to decriminalize consensual adult prostitution in Washington, D.C. (This ballot-initiative campaign didn't materialize.)	37,931	0	0
	RHODE ISLAND LOBBYING: DSW lobbied the Rhode Island government to change the state's prostitution laws.	36,616	25,000	0
	FEDERAL LOBBYING: DSW analyzed and monitored the (lack of) progress with sex- related bills in Congress specifically the EARN IT Act, the TVPRA, and Congressman Ro Khanna's (D-CA) study bill.	14,691	0	0
	PORTLAND, MAINE: DSW investigated the viability of passing a local ballot initiative to decriminalize consensual adult prostitution in Portland, Maine.	6,863	0	0
	HAWAI'I: DSW loosely worked with allies in Honolulu, for the purpose of eventually decriminalizing consensual adult prostitution in Hawai'i.	2,052	0	0
	DENVER: DSW investigated the viability of passing a local ballot initiative to decriminalize consensual adult prostitution in Denver. (This ballot-initiative campaign didn't materialize.)	1,911	0	0
Total:		425,236	123,000	0

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047 2020

► Attach to Form 990. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name, address, and EIN (if applicable) of disregarded entity

Open to Public Inspection

(f)

Direct controlling

entity

(d)

Total income

(e)

End-of-year assets

(c)

Legal domicile (state

or foreign country)

Name of the organization **Employer identification number Decriminalize Sex Work** 83-3561423

(b)

Primary activity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)							
(2)			92				
(3)		- 1					
(4)		40					
(5)							
(6)							
Part II Identification of Related Tax-Exempt Organizations due on more related tax-exempt organizations due to the control of	ations. Complete if thuring the tax year.	ne organization ar	nswered "Yes" or	Form 990, Part I	V, line 34, beca	use it ha	ad
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e)	(f) Direct controlling entity	Section 5 contr enti	g) 512(b)(13) folled
						Yes	No
(1) Campaign to Decriminalize Sex Work (83-2009448) 360 Nueces Street Suite 1102, Austin, TX 78701	lobbying to decriminalize sex work	DE	501(c)(4)		N/A		/
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (a) Name, address, and EIN of (b) Primary activity Legal Direct controlling Predominant Share of total Share of end-of- Disproportionate Code V-UBI General or Percentage income (related, related organization amount in box 20 domicile entity income year assets allocations? managing ownership unrelated, (state or of Schedule K-1 excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti) 12(b)(13) olled ty?
(1)						Yes	No
(2)							
(3)							
(4)							
(5)							
<u>(6)</u>							
(7)							L

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		~
b	Gift, grant, or capital contribution to related organization(s)	1b	~	
С	Gift, grant, or capital contribution from related organization(s)	1c		~
d	Loans or loan guarantees to or for related organization(s)	1d		~
е	Loans or loan guarantees by related organization(s)	1e	~	
f	Dividends from related organization(s)	1f		~
g	Sale of assets to related organization(s)	1g		~
h	Purchase of assets from related organization(s)	1h		~
i	Exchange of assets with related organization(s)	1i		~
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		~
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		~
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		~
m		1m		~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	~	
0		10	~	
	onaling of para omployees with foldied organization(o) i		·	
g	Reimbursement paid to related organization(s) for expenses	1p		~
q	Reimbursement paid by related organization(s) for expenses	1g		~
ч	Troimbardonient para by rotation organization (b) for oxpositiose 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	.4		•
r	Other transfer of cash or property to related organization(s)	1r		~
s		1s		~
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction		shole	19
	(a) (b) (c) (d)		011010	
	Name of related organization Name of related organization Transaction Amount involved Method of determining a	amour	t invol	/ed
	type (a-s)			
S	ee Schedule R, Part VII, Statement 1			
(1)				
(2)				
(3)				
(4)				
<i>(</i> 5)				
(5)				
(e)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	organiz	c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprope alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			General or managing partner?		General or managing partner?		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No																					
(1)																																		
(2)								on.																										
(3)							0																											
(4)							4/1																											
(5)						k (3																											
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	Form 990) 2020 Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
	Provide additional information for responses to questions on Schedule R. See instructions.
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Decriminalize Sex Work

Form: Schedule R (2020)

EIN: 83-3561423 Part V, Line 2

Page: 3

		Amt. involved
Name	Campaign to Decriminalize Sex Work	110,000
Transaction type	b	
Method of determining amt. involved	DSW granted \$110,000 to CDSW to assist with the latter organization's lobbying	
	efforts with four state governments in New Hampshire, New York, Rhode Island, and Vermont.	
Name	Campaign to Decriminalize Sex Work	301,000
Transaction type	e	
Method of determining amt. involved	CDSW issued interest-free loans totaling \$301,000 to DSW in 2020.	
Name	Campaign to Decriminalize Sex Work	1,000
Transaction type	n	
Method of determining amt. involved	DSW and CDSW share a list of contacts of various supporters across the country.	
Name	Campaign to Decriminalize Sex Work	5,000
Transaction type	0	
Method of determining amt. involved	DSW's political director and DSW's bookkeeper each spent an average of one hour	
	per week maintaining CDSW's basic operations.	