efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Servic For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization FREE SPEECH FOR PEOPLE INC D Employer identification number **B** Check if applicable: 45-0709993 Name change Initial return Doing business as Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Amended return 48 N PLEASANT STREET NO 304 Application pending (413) 253-2700 City or town, state or province, country, and ZIP or foreign postal code AMHERST, MA 01002 **G** Gross receipts \$ 1,357,661 Name and address of principal officer: **H(a)** Is this a group return for subordinates? Yes 🔽 No 48 N PLEASANT STREET SUITE 304 **H(b)** Are all subordinates AMHERST, MA 01002 included? Tax-exempt status: 501(c)(3) If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.FREESPEECHFORPEOPLE.ORG K Form of organization: Corporation Trust Association Other L Year of formation: 2011 M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: WORKS TO RENEW OUR DEMOCRACY AND OUR UNITED STATES CONSTITUTION FOR WE THE PEOPLE. FOUNDED ON THE DAY OF THE SUPREME COURT'S CITIZENS UNITED RULING IN JANUARY 2010, FREE SPEECH FOR PEOPLE ENVISIONS A Activities & Governance DEMOCRATIC PROCESS IN WHICH ALL PEOPLE HAVE AN EQUAL VOICE AND AN EQUAL VOTE Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 8 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 1,112,679 1,338,870 9 Program service revenue (Part VIII, line 2g) . . . Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 3,101 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,430 40,862 1,153,541 1,357,401 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 20,983 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 661,140 587,859 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) 155,054 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . 395,475 391,045 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,052,185 1,004,317 Revenue less expenses. Subtract line 18 from line 12 101,356 353,084 Assets or d Balances Beginning of Current **End of Year** 994,691 1,363,756 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 32,070 48,051 Net assets or fund balances. Subtract line 21 from line 20 962,621 1,315,705 **Signature Block** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2020-09-09 Signature of officer Sign JOHN BONIFAZ PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if 2020-09-09 P00028882 **Paid** self-employed Firm's name FGERALD T REILLY & COMPANY Firm's EIN > 04-2513210 **Preparer** Use Only Firm's address > 424 ADAMS STREET Phone no. (617) 696-8900 MILTON, MA 02186 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

681,739

Total program service expenses >

Form	990 (2019)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
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 "Yes," complete Schedule C, Part I</i>	3		No
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	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III ***</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 3	11a	Yes	
	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		N o
	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		No
	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		N o
e	Sold the organization report an amount for other nabilities in Fart X, fine 25: 11 Tes, complete schedule D, Fart X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f		No
12a	បីបើ ^Y មិន៖" ទទ្ធប្រជាស្រ្តដែលទីក្នុង នៃក្នុងក្នុង នៃក្នុងក្នុង នេះ			IN O
	Schedule D, Parts XI and XII 🗐	12a	Yes	
	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		N o
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		N o
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	Yes	0 (2010)
			101111 99	0 (2019)

Part IV Checklist of Required Schedules (continued)

			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo		
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? <i>If "Yes," complete Schedule J</i>	23	Yes			
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		No		
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		No		
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		No		
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?	26		No		
27	មីលើវិសាខ ចេញជាខ្មែរ ចែក គ្រឹស្រីស់ និទ្ធិទៅ to 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," completeSchedule L, Part III	27		No		
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 "Yes," complete Schedule L, Part IV</i>	28a		Νο		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No		
31	ਰਿੱਧੇ ਜਿਵੇਂ ਰਸ਼ਕਰੀ ਦੁਸ਼ਹਿਤ ਜਿਸਦੇ ਸ਼ਹਿਤ ਜ਼ਰੂ ਦੇ ਦਾ dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο		
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		Νo		
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?	33		Νο		
34	₩ี่สรัชหลื ชาตุมใช่วัล หังใจใช้เปลี่ยง ใช้เล็กง tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
38						
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance	38				
	Check if Schedule O contains a response or note to any line in this Part V	•	· ·	. No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		Yes	NO		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable					

Form **990** (2019)

orm	990 (2019)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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, securities account, or other financial account in the foreign country:	4a		No
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	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?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
а	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
		134		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	14-		NI o
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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?	14b 15		No
16	If these pareization carrors acardicines acardicines for shift 200, Such jeeds leonthe section 4968 excise tax on net investment income?	16		N o
	If "Yes," complete Form 4720, Schedule O.		-aum 00	0 (2010)

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" re 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	sponse	to lines	. 🔽
Se	ction A. Governing Body and Management	1		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a 9 Year Mere 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	$^{ m fill}$ organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		Νο
L 4	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
L7	List the states with which a copy of this Form 990 is required to be filed CA,FL,IL,KY,MD,MA,MN,NH,N ,PA,RI,UT,VA,WI,GA,MI	J,NM	, N Y , N	IC,OR
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 🔽 Another's website 🔽 Upon request \square Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶OSKE BUCKLEY 505 WEST 38TH STREET UNIT A4 AUSTIN,TX78705(512) 628-0146

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, or 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.

Average nours per week (list y hours for related ganizations low dotted line)	more pers	than on is	one bot ecto	bo: h ar or/tr	offic ustee	ess er)	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations	amount of other compensation	
ganizations low dotted	Individual truste or director	Institutio	Office	Key	욕포	-11	compensation from the		from the	
	•	onal Trustee	ar .	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)	organization and related organizations	
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	^		^				173,320	0	30,800	
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\$100,000 of compensation from the organization \triangleright 0

	(A) Name and title	(B) Average hours per week (list any hours for	more pers	than on is	one botl	not box h ar	checl x, unle n office rustee	ess er	compe from organiza	rtable nsation n the ition (W-	on compensatio from related (W- organization		(F) Estima amount o compens	ited f other sation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	-MISC)	(W-2/1099- MISC)		organizati relati organiza	ed
										ı				
c	Sub-Total	•					* * *		:	295,914		0		60,130
2	Total number of individuals (includ \$100,000 of reportable compensat	ing but not limit	ed to th	nose I	liste	d al	oove)	who	received	more tha	n			
3	Did the organization list any forme	r officer directo	or or tri	ıstee	key	v en	nnlove	e o	ır highest	comnens	ated employee		Yes	No
	on line 1a? If "Yes," complete Scheo	dule J for such in	dividua		•	•		•				3		No
4	For any individual listed on line 1a, organization and related organizat individual		•							•		4	Yes	
5	Did any person listed on line 1a rec	ceive or accrue	 compen	• satio	• n fr	• om	• • any ui	• nrela	• • ated organ	· · ·	r individual for		103	
	services rendered to the organizat		nplete S	chedu	ule J	for	such _l	pers	on			5		No
1	ection B. Independent Contr Complete this table for your five h compensation from the organizatio	ighest compens											tay year	
	·	(A) and business addr		101 0	ile c	Jaie	iluai y	Cai	ending wi		(B) cription of services	.1011 3	, (0	C) nsation
2	Total number of independent contrac	tors (including l	out not	limite	ed to	o th	ose lis	ted	above) w	ho receive	ed more than			

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

roriii s	990 (2019)							Page 9
Part		t of Revenue						_
			s a res	sponse or note to	any line in this Part (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts	 b Membership do c Fundraising ev d Related organi e Government grant 	vents zations	1a 1b 1c 1d 1e					
G G	f All other contributi and similar amour above Noncash contributi lines 1a - 1f:\$	nts not included	1f 1g	1,338,870				
	h Total. Add line:	s la-lf	• •	-	1,338,870		1	1
Program Service Revenue	2abcd			Business Code				
am	<u> </u>			_				
Progr	f All other program 7 Total. Add lines			_				
	3 Investment incomother			s, interest, and	3,101			3,10
	49incilareafronnitale	estment of tax-e	xempt	bond proceeds				
	5 Royalties			<u>.</u>	•			
		(i) Re	eal	(ii) Personal				
	6a Gross rents	6a						
	b Less: rental	6b			_			
	expenses c Rental	OD			_			
	income or	6c						
	d (Nets) ental incor							
	7a Gross amount from sales of assets other than inventory	7a (i) Secu	rities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
	d Net gain or (los	ss)		•				
Other Revenue	8a Gross income from to (not including \$ contributions report: See Part IV, line 18 b Less: direct exp c Net income or (I	of ed on line 1c). 8	8a 8b	2,300 260				2,04
ē	• Net income of (I	oss, mom runur	araniy	▶				2,04
O	9a Gross income fro activities. See Part IV, line b Less: direct exp c Net income or (I	19 Denses	9a 9b	vities				
			I	1				

10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of	inve	ntory				
		▶				
Miscellaneous Revenue		Business Code				
11a REIMB. OF SHARED EXPEN		900099	13,390	13,390		
ь						
С						
d All other revenue						
e Total. Add lines 11a-11d			13,390			
12 Total revenue. See instructions .			1,357,401	13,390	0	5,141

5,141 Form **990** (2019)

Pa	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	•	-		ete column (A)
	Check if Schedule O contains a response or note to	any line in this Part			🔽
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,983	20,983		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	173,517	87,075	16,582	69,860
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	266,192	182,799	51,373	32,020
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,489	8,118	1,748	2,623
_	Other and succession	100,752	66,320	13,941	20,491
	Other employee benefits	•			
	Payroll taxes	34,909	24,071	3,061	7,777
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal				
•	Accounting	37,120		37,120	
•	1 Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	131,683	131,283	400	
12	Advertising and promotion	2,950	1,770	1,103	77
13	Office expenses	112,975	90,208	18,570	4,197
14	Information technology				
	Royalties				
	Occupancy	53,041	34,524	8,540	9,977
	Travel	30,712	21,447	3,647	5,618
	Payments of travel or entertainment expenses for any federal, state, or local public officials .		,		
19	Conferences, conventions, and meetings	1,146	415	731	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,410		1,410	
23	Insurance	11,048	6,299	2,335	2,414
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a SHARED COSTS- TO BE REI	13,390	6,427	6,963	
	<u>b</u>				
	<u>c</u>				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,004,317	681,739	167,524	155,054
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).				

Forn	n 990	(2019)					Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or i	note to any line in	this Part IX .			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			720,193	1	980,159
	2	Savings and temporary cash investments		Γ		2	_
	3	Pledges and grants receivable, net			247,860	3	356,511
	4	Accounts receivable, net		[1,436	4	300
	6	Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t Loans and other-receivables from other disqu	contributor, or 35 hese persons alified persons (as	s defined		5	
		under section $4958(f)(1)$), and persons described.	ribed in section 49	958(c)(3)(B)		6	
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges .			23,617	9	23,219
ं		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,238			
	b	Less: accumulated depreciation	10b	7,671	1,585	10c	3,567
	11	Investments—publicly traded securities .			11	_	
	12	Investments—other securities. See Part IV, Ii	ne 11			12	_
	13	Investments—program-related. See Part IV, li	ine 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets: Add lines 1 through 15 (must e		994,691	16	1,363,756	
	17	Accounts payable and accrued expenses .		32,070	17	48,051	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complet	te Part IV of Sched	dule D		21	
Liabilities		Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t	contributor, or 35			22	
Ï	23	Secured mortgages and notes payable to unre	elated third partie	S		23	
		Unsecured notes and loans payable to unrelate	•			24	_
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li Complete Part X of Schedule D	, payables to relat			25	
	26	Total liabilities. Add lines 17 through 25 .			32,070	26	48,051
ices		Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.	ck here 🕨 🔽 and	l complete			
Assets or Fund Balances		Net assets without donor restrictions			669,000	27	1,093,725
nd l		Net assets with donor restrictions			293,621	28	221,980
Fu		Organizations that do not follow FASB ASC 9	58, check here 🕨	and			
or		complete lines 29 through 33. Capital stock or trust principal, or current fun	ds			29	
ets		Paid-in or capital surplus, or land, building or				30	
155		Retained earnings, endowment, accumulated i		_		31	
t A		Total net assets or fund balances	•		962,621	32	1,315,705
Net		Total liabilities and het assets/fund balances		F	994,691	33	1,363,756
ļ	ı			l	ļ	I	Form 990 (2019)

Form	990 (2019)				Page 12
Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. \Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,3	357,401
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	004,317
3	Revenue less expenses. Subtract line 2 from line 1	3		3	353,084
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		g	62,621
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column	10		1,3	315,705
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	Accounting method used to prepare the Form 990:		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ved on			
	Separate basis consonaated basis both consonaated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2019)

Form 990 (2019)								
Additional Data		Return to Form						
	Coffee ID							
	Software ID:							
	Software Version:							
Form 990, Special Condition Description:								
	Special Condition Description							

efi	le Pu	blic Visua	l Render	ObjectI	d: 001 - Submiss	ion: 2015-0	1-16	Т	IN: 20-5478191
SCHEDULE A (Form 990 or 990EZ)			plete if the	Charity Statu organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o mpt charitable 990 or Form 99	rganization oi trust. 0-EZ.	O rt · a section	OMB No. 1545-0047 2019	
•		the Treasury		o to <u>www.ii</u>	<u>rs.gov/Form990</u> for i	nstructions and	tne latest inf		Inspection
		nue Service n e organizat i H FOR PEOPLE I						Employer identific	ation number
							1	45-0709993	
	rt I organi				t atus (All organiza ^r use it is: (For lines 1				ons.
1	Г		•		association of churcl	J ,	,	,	
2	Г	A school d	escribed in sec	tion 170(b))(1)(A)(ii). (Attach So	chedule E (Forn	n 990 or 990-	EZ).)	
3	Г	A hospital	or a cooperativ	ve hospital s	service organization o	lescribed in sec	tion 170(b)(1)(A)(iii).	
4			research organ name, city, and		rated in conjunction w	ith a hospital d	escribed in se	ction 170(b)(1)(A)(ii	ii). Enter the
5		_	ation operated (A)(iv). (Comp		efit of a college or uni .)	versity owned o	r operated by	a governmental unit	described in section
6		A federal,	state, or local o	government	or governmental unit	described in se	ction 170(b)(1)(A)(v).	
7	V	_			es a substantial part o i). (Complete Part II.		m a governme	ental unit or from the	general public
8					on 170(b)(1)(A)(vi).		t II.)		
9					described in 170(b) of agriculture. See in				
10		receipts fro from gross	om activities re investment in	elated to its come and u	es: (1) more than 331 exempt functions—su nrelated business tax e section 509(a)(2).	ubject to certain cable income (le	exceptions, a	and (2) no more than	331/3% of its support
11		An organiz	ation organized	d and opera	ted exclusively to test	for public safe	ty. See sectio i	n 509(a)(4).	
12		one or mor	e publicly supp	orted organ	ed exclusively for the nizations described in t describes the type o	section 509(a)	(1) or section	509(a)(2). See section	on 509(a)(3). Check
а		supported	organization(s)	the power	erated, supervised, or to regularly appoint o t IV, Sections A and E	r elect a majorii			
b		manageme	11 3 3	orting organ				3 (),	by having control or d organization(s). You
c		Type III fu	inctionally inte	egrated. A s	upporting organization uctions). You must co n				grated with, its
d		not functio	nally integrate	d. The orga	. A supporting organize nization generally mue te Part IV, Sections A	st satisfy a dist	ribution requir		• '
e			_		ceived a written deter lly integrated support			is a Type I, Type II,	Type III functionally
f	Ente				ns			<u> </u>	
<u>g</u>	(i) N	Provide the lame of supp		rmation abo (ii) EIN	ut the supported orga (iii) Type of		organization	(v) Amount of	(vi) Amount of
organization			organization organization (described on line			listed in you docur	ır governing	monetary support (see instructions)	other support (see
					instructions))	Yes	No		
Tota								-	
		vork Reducti	ion Act Notice,	see the Inc	structions for	<u> </u> Cat. No. 11285	F	Schedule A (Form	990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 1.123.522 1,027,930 1.319.923 1.112.679 1.338.870 5.922.924 membership fees received. (Do not include any "unusual grant.") . . organization's benefit and either paid to or expended on its behalf

2 Tax revenues levied for the The value of services or facilities furnished by a governmental unit to the organization without charge.. 1,123,522 1,027,930 1,319,923 1,112,679 Total. Add lines 1 through 3

1,338,870 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 **Public support.** Subtract line 5 from line 4. Section B. Total Support Calendar vear (a) 2015 (or fiscal year beginning in) 🕨

Amounts from line 4. . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated

or loss from the sale of capital assets (Explain in Part VI.). .

business activities, whether or not the business is regularly carried

Section C. Computation of Public Support Percentage

10 Other income. Do not include gain Total support. Add lines 7 through

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2018 Schedule A, Part II, line 14

1.123.522

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2019. 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

h 10%-facts-and-circumstances test—2018. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

(b) 2016

1.027.930

(c) 2017

1.319.923

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

(d) 2018

1.112.679

15

(e) 2019

Schedule A (Form 990 or 990-EZ) 2019

1.338.870

3,101

(f) Total

Total support. Add lines 7 through							5,926,025
10							3,320,023
Gross receipts from related activitie	s, etc. (see instr	ructions)			12		
First five years. If the Form 990 is for	or the organizatio	on's first, second,	third, fourth, or	fifth tax year as a	section	501(c)(3	3)
organization, check this box and sto	p here						▶□

59.440 %

65.860 %

- - 2,400,706

5,922,924

3,522,218

5.922.924

3,101

che	edule A (Form 990 or 990-EZ) 2019						Page 3
Р	art III Support Schedule f	or Organiz	ations Descri	bed in Section	on 509(a)(2)		
	(Complete only if you						alify under Part
	II. If the organization	fails to qua	lify under the t	ests listed bel	ow, please com	plete Part II.)	_
	ection A. Public Support						
	ndar year fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	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						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
S	ection B. Total Support						
	ndar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	fiscal year beginning in)			()	(7)	(-)	()
	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
c	Add lines 10a and 10b. Net income from unrelated						
11	business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on.						
12							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
1.4	11, and 12.) First five years. If the Form 990 is f	or the organiz	ation's first seco	nd third fourth	or fifth tay year	as a section 501	(c)(3) organization
14	check this box and stop here	-	•				
_							
5	ection C. Computation of Pub	iic Support	rercentage				

15

Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) 15

Section D. Computation of Investment Income Percentage

- Public support percentage from 2018 Schedule A, Part III, line 15 16

- Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) 17 17
- Investment income percentage from 2018 Schedule A, Part III, line 17 18 19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 1/3%, and line 17 is not
 - more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18
- is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

you checked 12a or 12b in Part I, answer (b) and (c) below.

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

amendment to the organizing document).

organization's organizing document?

6

or supervised by or in connection with its supported organizations.

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

made the determination.

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

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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

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

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

12d of Part I, complete Sections A and D, and complete Part V.)

S	ection A. All 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.			
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			

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	

	If "No," describe in Part v1 now 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 (b)		

	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 (b)			
	and (c) below.			

CIII	Sheddle A (101111 550 01 550 EZ) 2015			га	ge J
Pa	art IV Supporting Organizations (continued)				
			Ye	es	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?				
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) be	elow, the			
	governing body of a supported organization?		La		
b	b A family member of a person described in (a) above?				
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part		lb lc		
	Section B. Type I Supporting Organizations				
	Section B. Type I Supporting Organizations		Ye		No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regula appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizativities. If the organization had more than one supported organization, describe how the powers to appoint and/directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any to such powers during the tax year.	r? If "No," ation's or remove r, applied			
2		tion(s)	2		
	organization.	-	-		
S	Section C. Type II Supporting Organizations				
			Ye	es	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	s 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		orted :	L		
S	Section Type III Supporting Organizations				
_			Ye	es	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 provide	:d? :	L		
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 organization maintained a close and continuous working relationship with the supported organization(s).	how the	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a signific in the organization's investment policies and in directing the use of the organization's income or assets at a during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in the content of the tax year?	cant voice	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations		- I		
1		r (see instruc	tions)	:	
	a The organization satisfied the Activities Test. Complete line 2 below.	•	-		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.				
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental instructions)	ent entity (se	e		
2	Activities Test. Answer (a) and (b) below.				
			Ye	es	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify thos 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 directly furthered their exempt purposes.	e e			
	b Did the activities described in (a) 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.	2	b		
3	Parent of Supported Organizations. Answer (a) and (b) below.				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trus each of the supported organizations? <i>Provide details in Part VI</i> .	tees of 3	а		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of

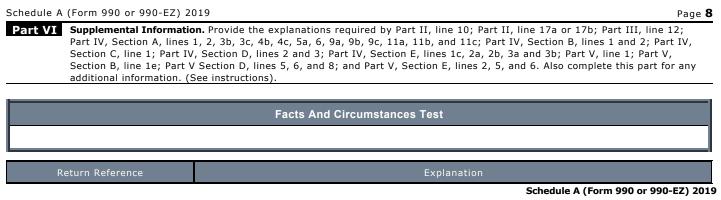
Page **6**

,,,	, ,	. ,	, ,	,	, -

instructions)

(c)	Type III Non-runctionally Integrated 309(a)(3) Support	iig U	gamzations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organizations.	-		•
	Section 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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section 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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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 emergency	6		

Part V Type III Non-Functionally Integrate Section DOrganizations	ed 509(a)(3) Suppor	ting (continue	Current Year
			Current rear
1 Amounts paid to supported organizations to accompli	sh exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	s exempt purposes of suppo	orted organizations, in	
3 Administrative expenses paid to accomplish exempt p	ourposes of supported orga	nizations	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval requ	ired)		
6 Other distributions (describe in Part VI). See instruc	tions		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is re	esponsive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount		(ii)	/:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI			
). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see			
instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI			
See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018 e Excess from 2019			
6 LACESS HUIII 2017		Schedule A	 (Form 990 or 990-EZ) (2019
		Schoule A	(, (201)



efile Public Visual Render		ObjectId: 001 - Submission: 2015-01-16		TIN: 20-5478191					
Schedule B		Schedule of Contributors	_	OMB No. 1545-0047					
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		► Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.		2019					
Name of the organization			Employer ide	ntification number					
	OPLE IN		45-0709993	3					
Organization type (che	eck one):								
Filers of:	S	ection:							
Form 990 or 990-EZ	Γ	501(c)() (enter number) organization							
	Γ	4947(a)(1) nonexempt charitable trust not treated as a private foundation	I						
		527 political organization							
Form 990-PF		501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
	Γ	501(c)(3) taxable private foundation							
other property)	-	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions to one contributor. Complete Parts I and II. See instructions for determining a	-						
Special Rules									
under sections 5 received from ar	609(a)(1) ny one co	ribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^{1}/3\%$ suppand $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Part II intributor, during the year, total contributions of the greater of (1) \$5,000 or (m 990-EZ, line 1. Complete Parts I and II.	I, line 13, 16a, d	or 16b, and that					
during the year,	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
during the year, this box is check purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year								
990-EZ, or 990-PF), but	it must a	I't covered by the General Rule and/or the Special Rules doesn't file Schedul answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of i 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 99)	its Form 990-E2						

Name of organization FREE SPEECH FOR PEOPLE INC

Employer identification number 45-0709993

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule B (Fo	

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
	(See instructions)	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b)	(b) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions) FMV (or estimate) (See instructions) (b) (C) FMV (or estimate) (See instructions) (c) FMV (or estimate)

\$

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4	
	organization EECH FOR PEOPLE INC			Employer identification number 45-0709993	
Part III	Exclusively religious, charitable, etc., control total more than \$1,000 for the year from an line entry. For organizations completing Part \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space	ny one cont art III, enter nformation	ributor. Complete colur the total of exclusively once. See instructions.	ed in section 501(c)(7), (8), or (10) that mns (a) through (e) and the following religious, charitable, etc., contributions	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-	Transferee's name, address, and ZIP	•) Transfer of gift Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-	Transferee's name, address, and ZIP) Transfer of gift Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-	Transferee's name, address, and ZIP	,) Transfer of gift Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-	Transferee's name, address, and ZIP	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

OMB No. 1545-0047

Political Campaign and Lobbying Activities

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

FREE SPEECH FOR PEOPLE INC

SCHEDULE C (Form 990 or 990-

EZ)

▶ 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

Employer identification number

Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2019

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.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

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

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

						45-0709993			
Par	t I-A	Complete if the	e organization is	exempt under sec	tion 501(c) or	is a section 527 o	rganization.		
1		de a description of the tion of the tion of "political can	3	ct and indirect political	campaign activities	in Part IV (see instruc	tions for		
2 Political campaign activity expenditures (see instructions)									
3	Volun	teer hours for politi	cal campaign activitie	s (see instructions)					
Par	t I-B	Complete if the	e organization is	exempt under sec	tion 501(c)(3)	•			
1	Enter	the amount of any	excise tax incurred by	the organization under	section 4955	\$			
2				organization managers					
3	If the	organization incurre	ed a section 4955 tax,	did it file Form 4720 fo	r this year?		☐ Yes ☐ No		
4a	Was a	a correction made? .					Yes No		
b	If "Ye	es," describe in Part	IV.						
Par	t I-C	Complete if the	e organization is	exempt under sec	tion 501(c), ex	cept section 501(c)(3).		
1	Enter	the amount directly	expended by the filin	g organization for section	n 527 exempt fund	tion activities \$			
2				ds contributed to other					
3	Total	exempt function exp	penditures. Add lines	1 and 2. Enter here and	on Form 1120-POL	_, line 17b\$			
4	Did th	ne filing organization	file Form 1120-POL fo	or this year?			Yes No		
5	organ amou	ization made payme nt of political contrib	nts. For each organiza outions received that w	tification number (EIN) tion listed, enter the am were promptly and direc pmmittee (PAC). If addi	ount paid from the	filing organization's fur eparate political organiz	nds. Also enter the zation, such as a		
(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									

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots nontaxable amount

Lobbying ceiling amount

expenses, and share of excess lobbying expenditures). if the filing organization checked box A and "limited control" provisions apply.

	Limits on Lobbyin (The term "expenditures" mean	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public o	8,363		
b	Total lobbying expenditures to influence a legisla	tive body (direct lobbying)	25,065	
С	Total lobbying expenditures (add lines 1a and 1b)	33,428	
d	Other exempt purpose expenditures		1,056,355	
е	Total exempt purpose expenditures (add lines 10	and 1d)	1,089,783	
f	Lobbying nontaxable amount. Enter the amount ficulumns.	rom the following table in both	183,978	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	45,995	
h	Subtract line 1g from line 1a. If zero or less, ento	er -0	C	
i	Subtract line 1f from line 1c. If zero or less, ente	r -0	C	
j	If there is an amount other than zero on either line section 4911 tax for this year?		Yes No	

A Check 🕨 🗌 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Tota			

Lobbying Expenditures During 4-Teal Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Tota				

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total

194,493

30,295

48,623

2,012

206,457

24,207

51,614

4,678

183,879

14,464

45,970

183,978

33,428

45,995

8,363

Schedule C (Form 990 or 990-EZ) 2019

768,807

1,153,211

102,394

192,202

288,303

19,107

che	dule C (Form 990 or 990-EZ) 2019			Page 3
Pa	tII-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT		_
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
	ity.	Yes	No	Amount
l	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			
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes " enter the amount of any tax incurred by organization managers under section 4912			

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B

501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members 1

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

2a Carryover from last year 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3

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?

5 Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information**

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information. Return Reference Explanation PART I-A, LINE 1: DURING THE 2019 FISCAL YEAR, FREE SPEECH FOR PEOPLE ENGAGED IN GRASSROOTS LOBBYING ACTIVITIES INCLUDING: SENDING EMAILS AND DIGITAL COMMUNICATIONS TO AN ORGANIZATIONAL EMAIL LIST CONSISTING OF APPROXIMATELY 1 MILLION SUBSCRIBERS AND ADVOCATING WITH LEGISLATORS TO INTRODUCE AND PASS BILLS TO ABOLISH SUPER

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

TIN: 20-5478191 OMB No. 1545-0047

Open to Public Inspection

	ame of the organization EE SPEECH FOR PEOPLE INC		Employer identification number
гК	LL SPLLCTI FOR PEOPLE INC		45-0709993
P	Organizations Maintaining Donor A 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		
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizat	_	
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dor impermissible private benefit?	or or donor advisor, or for any other purpo	ose conferring
Pa	Conservation Easements. 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 (e.g., recreati	rganization (check all that apply).	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution in t	he for <u>m of a conservation</u>
	easement on the last day of the tax year.		Held at the End of the Year
а			2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) achistoric structure listed in the National Register		2d
3	Number of conservation easements modified, transfetax year	rred, released, extinguished, or terminate	d by the organization during the
4	Number of states where property subject to conserv	ation easement is located 🕨	
5	Does the organization have a written policy regardin- violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, ins year	pecting, handling of violations, and enforc	ing conservation easements during the
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing c	onservation easements during the year
8	Does each conservation easement reported on line 2 (B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financia	•
Pa	rt III Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as service, provide, in Part XIII, the text of the footnot	5 116 (ASC 958), not to report in its reversets held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as service, provide the following amounts relating to the	sets held for public exhibition, education,	
	(i) Revenue included on Form 990, Part VIII, line 1 .		> \$
((ii) Assets included in Form 990, Part X		Þ\$
2	If the organization received or held works of art, his following amounts required to be reported under SF		
а	Revenue included on Form 990, Part VIII, line 1		🕨 \$

Cat. No. 52283D

Sch	edule D (f	Form 990) 2019											Pa	ge 2
Par	t IIII (Organizations N	Maintaining C	ollection	ns of A	rt, Hi	storic	al Tı	reasu	res, or	Other S	imilar A	ssets (contin	nued)
3		ne organization's ac on items (check all		ion, and ot	her reco	rds, ch	eck an	y of th	ne follo	wing tha	t are a sig	nificant use	e of its	
а	Pub	olic exhibition				d	Π ι	oan o	r exch	ange pro	grams			
b	☐ Sch	nolarly research				е		Other						
С	Pre	servation for future	e generations											
4	Provide Part XII	a description of the	e organization's c	ollections	and expl	ain hov	v they f	urthe	r the o	rganizatio	on's exemp	ot purpose	in	
5	_	the year, did the or	-										□	
Pa	rt IV E	o be sold to raise f Escrow and Cus Complete if the o	stodial Arran	gements	S.	•						Yes	on Form 99	
1a	Is the o	Part X, line 21. rganization an ager d on Form 990, Par										Yes	□ No	
b	•	" explain the arrang			•		-					Amount		
C		ng balance								1c				
d	Addition	is during the year .								1d				
e	Distribu	tions during the ye	ar							1e				
f	Ending	balance								1f				
2a	Did the	organization includ	e an amount on	Form 990,	Part X, I	line 21,	for es	crow c	or custo	odial acco	ount liabili	ty? Yes	☐ No	
b	If "Yes,'	explain the arrang	gement in Part XI	III. Check	here if th	he expl	anatior	has l	been pi	rovided i	n Part XIII	[
Pa		ndowment Fui												
		Complete if the o	rganization ans									1		
1-	Paginning	a of year balance		(a) Curre	ent year	(b)	Prior ye	ar	(c) IWO	years bac	K (a) Inree	years back	(e) Four years b	аск
		g of year balance tions												—
			sing and loages											—
C	net inves	stment earnings, ga	anis, and losses											
d	Grants o	r scholarships .			ĺ									
е	Other ex	penditures for facil	ities											
	and prog	rams												
f	Administ	rative expenses .												
g	End of ye	ear balance												
2 a		the estimated perc esignated or quasi-	_	rent year o	end balaı	nce (lin	ie 1g, c	olumr	n (a)) h	eld as:				
a b		ent endowment >												
c		arily restricted end	 owment >											
·	•	centages on lines 2		ould equal	100%.									
3a	Are ther	re endowment fund: ation by:		•		ization	that ar	e held	and ac	dminister	ed for the		Yes No	<u></u>
	(i) unre	lated organizations										3a	(i)	
b		ted organizations on 3a(ii), are the r			 as requi	 red on	 Schedu	ıle R?				3a	(ii) b	_
				ho a	nele-1	nd	ont C	.de						
4		e in Part XIII the in			ation's e	naowm	ent rur	ias.						
Pa		Land, Buildings Complete if the o			es" on	Form 9	990. P	art I\	/. line	11a. Se	ee Form 9	990. Part	X. line 10.	
		on of property	(a) Cost or other	er basis	(b) Cost						depreciation		d) Book value	
1a	Land .													
		d improvements												
		nt												
				11,238							7,67	1		3,567
		es 1a through 1e. (Column (d) must (equal Form	990, Pari	t X, colu	ımn (B)	, line :	10(c).)		>			3,567

Complete if the organization answered "Yes" on Form 99		, line 11b.See Form 99	90, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-	l of valuatio -year marke	
(1) Financial derivatives				
(B)				
(C)				
(D)				
(E)				
(G)				
(H)				
(I)				
Part Investments—Program Related.	•			
Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	00, Part IV	(b) Book value		(, line 13. od of valuation:
(a) Bescription of investment		(b) Book value		d-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		•		
Complete if the organization answered 'Yes' on Form 990 (a) Description	0, Part IV,	line 11d. See Form 990		ne 15. •) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990 See Form 990, Part X, line 25.	O, Part IV,	line 11e or 11f.		
 (a) Description of liabilit (1) Federal income taxes 	ty			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		*		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for	otnote to th	ne organization's financial	statements	that reports the

1,442,867

98,856

13,390

1,357,401

1,089,783

98,856

990,927

13,390

1,004,317

1,344,011

1

2e

3

4c

5

2e

3

4c

5

98,856

13,390

98,856

Reconciliation of Revenue per Audited Financial Statements With Revenue per

1

2

3

1

Return.

2b

2c

2d

4a

4b

2a

2b

2c 2d

4a

4b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

2a

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 . . .

Subtract line 2e from line 1

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 .

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25:

2 Donated services and use of facilities

Prior year adjustments . . .

Other losses . . . Other (Describe in Part XIII.)

e Add lines 2a through 2d 3 Subtract line 2e from line 1

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

Other (Describe in Part XIII.)

Add lines 4a and 4b . . . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII

Return Reference

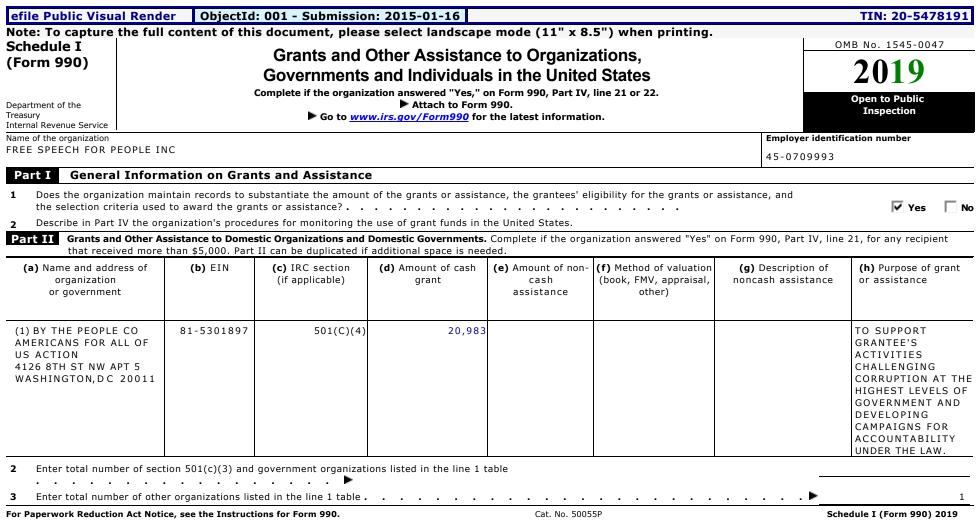
ADJUSTMENTS:

PART XI, LINE 4B - OTHER REIMBURSEMENT OF SHARED EXPENSES 13,390. ADJUSTMENTS: PART XII, LINE 4B - OTHER SHARED COSTS TO BE REIMBURSED 13,390.

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.

Explanation

13,390



(7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

Schedule I (Form 990) 2019

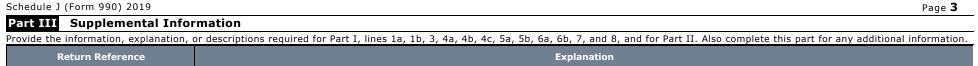
efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 **Compensation Information** Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** FREE SPEECH FOR PEOPLE INC 45-0709993 Part I **Questions Regarding Compensation** Yes No 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 Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing 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 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: Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Νo The organization? 5a Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III. 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: 6a Νo The organization? Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations Schedule J (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T

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

or 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

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 are not 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.											
	quali				(C) Retirement			•			
(A) Name and Title		(B) Breakdo	wn of W-2 and/or compensation	r 1099-MISC	and other	benefits	(E) Total of columns	(F) Compensation in			
		(i) Base	(ii)	(iii) Other	deferred	Delicitis	(B)(i)-(D)	column (B)			
		compensation	Bonus &	reportable	compensation		()()	reported as			
		·	incentive	compensation				deferred on prior			
			compensation					Form 990			
1)OHN BONIFAZ PRESIDENT & BOARD CLERK	(i)	173,326	0	0	0	30,866	204,192	0			
TRESIDENT & BOARD CLERK											
	(ii)	0	0	0	0	0	0	0			
2RONALD FEIN LEGAL DIRECTOR	(i)	122,588	0	0	0	29,264	151,852	0			
	(ii)										
	(,	0	0	0	0	0	0	0			
]	<u> </u>	Schedule J (Form 9) 990) 2019	<u> </u>			<u> </u>			
Delicatio 5 (1 of in 550) 2025											





Schedule J (Form 990) 2019



efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 **SCHEDULE 0** Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) Attach to Form 990 or 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Department of the Treasury Namel Bevone of grainization **Employer identification number** FREE SPEECH FOR PEOPLE INC. 45-0709993 **Explanation** Return Reference FORM 990. THE ORGANIZATION'S PRESIDENT. BOARD TREASURER. AND BOARD FINANCE COMMITTEE REVIEW THE FORM 990 TAX RETURN FILING ALONG WITH THE AUDITED FINANCIAL STATEMENTS ON BEHALF OF THE BOARD OF DIRECTORS BEFORE THE PART VI. SECTION B. AUDITED FINANCIAL STATEMENTS ARE ISSUED AND FORM 990 TAX RETURN IS FILED. LINF 11B FORM 990. THE ORGANIZATION ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING ALL BOARD. PART VI. MEMBERS TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AT A REGULARLY SCHEDULED BOARD OF DIRECTORS SECTION B. MEETING LINF 12C FORM 990. REVIEWED AND APPROVED BY THE BOARD. THIS PROCESS WAS LAST COMPLETED IN 2019 FOR THE PRESIDENT. PART VI. SECTION B. LINF 15 FORM 990. THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. PART VI. SECTION C. I INF 19 FORM 990. CONSULTING: PROGRAM SERVICE EXPENSES 131.283. MANAGEMENT AND GENERAL EXPENSES 400. FUNDRAISING PART IX. EXPENSES 0. TOTAL EXPENSES 131.683.

LINF 11G

efile Public Visual Render | ObjectId: 001 - Submission: 2015-01-16

SCHEDULE R | Related Organization

(Form 990)

Department of the Treasury

Name of the organization FREE SPEECH FOR PEOPLE INC

Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

TIN: 20-5478191OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

45-0709993

Or foreign country (if section 501(c)(3)) entity 512(b) (13) controlle entity Yes N												
Tor more related tax-exempt organizations during the tax year. (b) Name, address, and EIN of related organization Reprimary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (if section S01(c)(3)) (if section S01(c)(4)) (if section				(b) Primary activity		Legal domicile (state		ie		Direct control	ling	
Tor more related tax-exempt organizations during the tax year. (b) Name, address, and EIN of related organization Reprimary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (if section S01(c)(3)) (if section S01(c)(4)) (if section												
Tor more related tax-exempt organizations during the tax year. (b) Name, address, and EIN of related organization Reprimary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (if section S01(c)(3)) (if section S01(c)(4)) (if section												
Or more related tax-exempt organizations during the tax year. (b) Name, address, and EIN of related organization Name, address, and EIN of related organization Related organization Primary activity Legal domicile (state or foreign country) (a) Direct controlling entity Tes No. 13.2 (b) Exempt Code section (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Pres No. 13.2 (b) Related organization LEGAL ADVOCACY MA 501(C)(4) ANA 501(C)(4)												
Or more related tax-exempt organizations during the tax year. (b) Name, address, and EIN of related organization Name, address, and EIN of related organization Related organization Primary activity Legal domicile (state or foreign country) (a) Direct controlling entity Tes No. 13.2 (b) Exempt Code section (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Pres No. 13.2 (b) Related organization LEGAL ADVOCACY MA 501(C)(4) ANA 501(C)(4)												
Or more related tax-exempt organizations during the tax year. (a) (b) Name, address, and EIN of related organization Name, address, and EIN of related organization (c) Public (d) Exempt Code section Public (barity, status (if section S01(c)(3)) entity (13) Section S01(c)(4) (13) Section S01(c)(4) (14) (15) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity, status (if section S01(c)(3)) Finally activity Image: Public darity status (if section S01(c)(3)) Finally activity Image: Public darity status (if section S01(c)(3)) Finally activity Image: Public darity status (if section S01(c)(3)) Finally activity Image: Public darity status (if section S01(c)(3)) Finally activity Image: Public darity status (if section S01(c)(3)) Finally activity Image: Public darity status (if section S01(c)(4)) Finally activity Image: Public darity status (if section S01(c)(4)) Finally activity Image: Public darity status (if section S01(c)(4)) Finally activity Image: Public darity status (if section S01(c)(4)) Finally activity (if section S01(c)	The Industrial of Poleta Tay Francis	tions C	`l-t- :£ th-					00	O Doub IV line	24 hazzura it had		
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Primary activity Primary acti	or more related tax-exempt organizations during the	tions. C	r.	organ		rered "Y	es" on Fori	m 99	o, Part IV, line		one	
Care		Pr	(b) imary activity	Legal or for	lomicile (state	Exempt Code section		Public charity status		Direct controlling	Sec 51 (: cont	ction 2(b) 13) rolle
AMHERST, MA 01002 82-1737632		LEGAL A	DVOCACY		MA	501(C)(4	·)				Yes	
For Panerwork Peduction Act Notice, see the Instructions for Form 990	AMHERST, MA 01002											
For Panerwork Reduction Act Notice see the Instructions for Form 990												
For Panerwork Reduction Act Notice, see the Instructions for Form 990												
For Panerwork Reduction Act Notice, see the Instructions for Form 990												
For Panerwork Reduction Act Notice, see the Instructions for Form 990												
For Panerwork Reduction Act Notice, see the Instructions for Form 990												
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.			C	et No. 50135	57						

Schedule R (Form 990) 2019

Part III Identification of Related Organ because it had one or more related	izations Taxable a organizations treate	as a Partn ed as a part	ership :nership	Complet during tl	e if the orga ne tax year.	nization and	swered "Yes	s" on I	Form 9	990, Part I	V, lin	e 34,	•	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelatec excluded fror under secti 512-514	ted, total inco d, m tax ons		Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ral or aging mer?	(k Percer owne	ntage
								Yes	No		Yes	No		
			-											
Part IV Identification of Related Organ 34 because it had one or more related	izations Taxable a ted organizations tre	as a Corpo ated as a c	ration orporat	or Trust	. Complete st during th	if the organ e tax year.	zation ansv	wered	"Yes"	on Form 9	90, 1	Part I	V, lin	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	d	(c) Legal lomicile e or foreigi			(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	l Shar	(g) e of end year assets	-of- Perce	h) entage ership	Se (1	(i) ection ! 13) con entit	512(b) trolled
		Co	ountry)									,	Yes	No

Note. 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 orgranization engage in any of the following transactions with one or	more related organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity · · ·				1a		No			
$f b$ Gift, grant, or capital contribution to related organization(s) \dots \dots \dots \dots \dots \dots \dots				1b		No			
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No			
$f d$ Loans or loan guarantees to or for related organization(s) $\ \cdot \ $				1d		No			
$oldsymbol{e}$ Loans or loan guarantees by related organization(s) $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot$				1e		No			
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)									
f h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i		No			
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
\mathbf{m} Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
o Sharing of paid employees with related organization(s)				10		No			
p Reimbursement paid to related organization(s) for expenses · · · · · · · · · · · · · · · · · ·				1 p		No			
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				1q	Yes				
r Other transfer of cash or property to related organization(s) · · · · · · · · · · · · · · · · · · ·				1r		No			
${f s}$ Other transfer of cash or property from related organization(s)				1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must con	mplete this line, including co	vered relationships	and transaction thresholds	s.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount i	nvolved	I			
DEMOCRACY ACTION INC	Q	13,390							

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)	(d) Predominant income (related, unrelated, excluded from	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	e	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General o managing partner?	r	(k) Percentage ownership
		country)	tax under sections 512- 514)		No			Yes	No	(Form 1065)	Yes	No	
													_

Schedule R (Form 990) 2019	Page 5	
Part VII Supplemental Information		
Provide additional information for	responses to questions on Schedule R. (see instructions).	
Return Reference	Explanation	
Schedule R (Form 990) 2019		
Additional Data		Return to Form
	Software ID: Software Version:	