.

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

December 31 A For the 2019 calendar year, or tax year beginning January 1 2019, and ending C Name of organization D Employer identification number B Check if applicable Address change The Center for Economic Accountability 83-3122559 Name change Room/surte E Telephone number Number and street (or P O box if mail is not delivered to street address) Initial return 313-460-7441 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Grosse Pointe Woods, MI 48236 Application pending G Accounting Method H Check ► ☐ if the organization is not I Website: ▶ www.economicaccountability.org required to attach Schedule B J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ((Form 990, 990-EZ, or 990-PF)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 ✓ Corporation K Form of organization ☐ Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 89,867 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . 1 Contributions, gifts, grants, and similar amounts received. 89.867 2 Program service revenue including government fees and contracts 0 `3 Membership dues and assessments . . . 3 0 4 Investment income 4 0 5a Gross amount from sale of assets other than inventory n Less, cost or other basis and sales expenses 5b O Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 0 Gaming and fundraising events. Gross income from gaming (attach Schedule G if greater than \$15.000) . 6a Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 0 Less' direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a O C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 0 89,867 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 0 11 11 Benefits paid to or for members ٠ 0 12 Salaries, other compensation, and employee benefits 0 Professional fees and other payments to independent contractors 25% 13 13 21,966 Occupancy, rent, utilities, and maintenance Received unit state . List 14 14 985 Printing, publications, postage, and shipping 809 15 15 441 16 Other expenses (describe in Schedule O) 16 9,258 NOV 1 6 2020 17 Total expenses. Add lines 10 through 16 17 32,650 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 57,217 Assets Net assets or fund balances at beginning of year (from line 27-column (A)) (must agree with end-of-year figure reported on prior year's return). 19 20 š 20 Other changes in net assets or fund balances (explain in Schedule O) . 0 21 Net assets or fund balances at end of year Combine lines 18 through 20 57,217

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2019)

| Form | 990-EZ (2019) | | | | | Page 2 |
|---------------------------------|---|--|--|---|-----------------------|--|
| Pa | rt II Balance Sheets (see the instructions f | | | | | |
| | . Check if the organization used Schedule | O to respond to an | ny question in this | Part II | | <u> </u> |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | [| 0 | 22 | 57,217 |
| 23 | Land and buildings | | [| 0 | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | | [| 0 | 24 | 0 |
| 25 | Total assets | | [| 0 | 25 | 57,217 |
| 26 | Total liabilities (describe in Schedule O) . | | | 0 | 26 | 0 |
| 27 | Net assets or fund balances (line 27 of column | (B) must agree with | n line 21) | 0 | 27 | 57,217 |
| | t III Statement of Program Service Accom | | | | | * **** |
| | Check if the organization used Schedule | • | | · | | Expenses |
| Wha | t is the organization's primary exempt purpose? | | | | • | quired for section |
| | | | | | | (c)(3) and 501(c)(4) anizations, optional for |
| | cribe the organization's program service accomplisheasured by expenses. In a clear and concise m | | | | _ | ers) |
| | ons benefited, and other relevant information for ea | | s services provided | , the number of | | • |
| 28 | The CEA communicates with Americans through trac | | to provide research | hackod | | T |
| 20 | information and insights about economic conditions | | | | | |
| | | | | | | |
| | relations efforts resulted in more than 24 media apper (Grants \$ 0) If this amount | | as well as national m ints, check here . | | 28a | |
| 20 | · · · · · · · · · · · · · · · · · · · | | | | 200 | 6,788 |
| 29 | The CEA's education efforts include a speakers bure | | | | | |
| | educational mission. In 2019, CEA representatives pa | irticipated in 14 even | ts across / states, di | rectly engaging | | |
| | with more than 900 people. | | | | | |
| | ` | | ints, check here . | | 292 | 15,425 |
| 30 | The CEA launched accounts on social media platform | | | conomic topics. | | 1 |
| | By the end of the year its Twitter account was average | ing 421 impressions | per day. | | | |
| | | | | | | |
| | | | nts, check here . | 🟲 🗆 | 30a | 3,071 |
| 31 | Other program services (describe in Schedule O) | · · · · · | | | | |
| ٥. | | | | | | |
| | (Grants \$) If this amount | | ints, check here . | <u> ▶ □</u> | 312 | |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a t | hrough 31a) . | | 🕨 | 32 | |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key | hrough 31a) . Employees (list each | n one even if not comp | Densated—see the in | 32 | |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a t | hrough 31a) . Employees (list each | one even if not comp ny question in this | pensated—see the in | 32 | |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a to 1975) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule | hrough 31a) . r Employees (list each O to respond to an (b) Average | n one even if not comp | Densated—see the in | 32 nstru | ctions for Part IV) |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key | hrough 31a) . Employees (list each O to respond to an | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) | pensated—see the in Part IV | 32 nstru | ctions for Part IV) |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a to 1975) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule | hrough 31a) . r Employees (list each O to respond to an (b) Average hours per week | n one even if not comp ny question in this (c) Reportable compensation | pensated—see the in Part IV | 32 nstru | ctions for Part IV) |
| 32 Par | (Grants \$) If this amount Total program service expenses (add lines 28a to 1975) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule | hrough 31a) . r Employees (list each O to respond to an (b) Average hours per week | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) | pensated—see the in Part IV | 32 nstru | ctions for Part IV) |
| 32 Par | (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title | hrough 31a) . r Employees (list each O to respond to an (b) Average hours per week | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) | pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32 nstru | ctions for Part IV) |
| Jon 6 | (Grants \$) If this amount Total program service expenses (add lines 28a total program service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth Imman C. Mozena | hrough 31a) . r Employees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32 nstru | ctions for Part IV) |
| Jon 6 | (Grants \$) If this amount Total program service expenses (add lines 28a total) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man | hrough 31a) . r Employees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32 nstru | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth Imman C. Mozena | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32 nstru | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |
| Jon I Chair John Presi | (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Boguth man C. Mozena ident and Secretary ew P Walker | hrough 31a) . Femployees (list each O to respond to an (b) Average hours per week devoted to position 2 | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | 32 nstru ee (e) | ctions for Part IV) |

Page 3

| Part | | | | |
|-----------------|--|------------|---------------|-------------|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | Part | | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | Yes | No |
| 33 | detailed description of each activity in Schedule O | 33 | | 1 |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | ١ | | ١, |
| 35a | change on Schedule O See instructions | 34 | | ✓ |
| 33 <i>a</i> | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | ' | ٠.√ |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. | 35c | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 330 | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | 1— | i | |
| ь 38а | Did the organization file Form 1120-POL for this year? | 37b | | * |
| 554 | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . | 38a | | 1 |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 | | ļ., , | |
| b 40a | Gross receipts, included on line 9, for public use of club facilities | } | | |
| 4 0a | section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0 | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | ļ | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | ✓ |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | | |
| | 40c reimbursed by the organization | | | |
| е | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | - |
| 41 | List the states with which a copy of this return is filed ▶ MI | | | |
| 42a | | 313-46 | | |
| | Located at ► 1415 Aline Drive, Grosse Pointe Woods MI ZIP + 4 ► | 48236 | $\overline{}$ | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | No./ |
| | If "Yes," enter the name of the foreign country ▶ | 720 | | _ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | - | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country | 42c | | √ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . 1 | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| 44- | Did the executation maintain any dense advand for de double the company of 1975 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | r | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | <u></u> |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | 7,4 | | |
| | completed instead of Form 990-EZ | 44b | | √ |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44-1 | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 44d 45a | | ./ |
| -va b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | -Va | | |
| - | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |
| | Form 990-EZ. See instructions | 45b | | √ |

| Form 990 | -EZ (20 | 019) | | | | | | P | age 4 |
|------------------------------|-----------------------------------|---|--|--|------------------------------|--|-------------------------------|---------|-------|
| | | ne organization engage, directly or in andidates for public office? If "Yes," or | | | | | on 46 | Yes | No |
| Part V | 7) | Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch | s Only s must answer que | stions 47–49b a | nd 52, and | d complete the | | or line | es |
| | | ne organization engage in lobbying If "Yes," complete Schedule C, Part | | section 501(h) ele | ction in eff | ect during the ta | ax 47 | Yes | No |
| 48 49a b 50 (| s the Did th If "Ye Comp | organization a school as described in ne organization make any transfers to s," was the related organization a se- plete this table for the organization's byees) who each received more than | section 170(b)(1)(A)(i o an exempt non-cha ction 527 organizatio five highest compens | n)? If "Yes," comple ritable related orgi on? sated employees (| anızatıon? other than | officers, director | 48 49a 49b s, truste | | |
| | (a) | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MI | contribu | Health benefits, Itions to employee Iolans, and deferred Iompensation | e) Estimate other con | | |
| None | | | | | | | | | |
| 51 (| Comp \$100, | number of other employees paid over olete this table for the organization's 000 of compensation from the organ Name and business address of each independent | s five highest compenization. If there is no | | | | received | | than |
| None | | | | | | | | | |
| 52 | Did t | number of other independent contractive organization complete Scheduleleted Schedule A | • | | - | | a ► ✓ Yes | | |
| Under per | nalties | of penury I declare that I have examined this red d complete Declaration of preparer (other than | eturn, including accompan officer) is based on all info | ying schedules and stat | ements, and | to the best of my kno | | | |
| Sign Here | | Signature of office) John C. Mozena, President and Sec Type or print name and title | | | | Date 7-/3- | 2020 | > | |
| Paid Prepa Use O | | Print/Type preparer's name Firm's name ▶ | Preparer's signature | | Date | Check ☐ I self-employe | | | |
| | | Firm's address ▶ discuss this return with the preparer | shown above? See | nstructions | | Phone no | Yes | | No |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

201**9**

Department of the Treasury Internal Revenue Service

Employer identification number

The Center for Economic Accountability 83-3122559 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. þ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having, control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Total

| ` | (Complete only if you checked the Part III. If the organization fails to | | | | | | llify under |
|------------|---|------------------|-----------------|----------------------------------|-------------------|------------------------------|---------------------|
| Secti | on A. Public Support | | | , | <u>p.</u> | | ** |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (1) | (-) | (-, | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | - | | 0 | 89867 | 89867 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | 0 | 0 | O |
| 4 | Total. Add lines 1 through 3 | | | | 0 | 89867 | 89867 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | • | | | | |
| • | | | | - | | | 21975 |
| 6 Socti | Public support. Subtract line 5 from line 4 on B. Total Support | | | L | I | | 67892 |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | (a) 2013 | (5) 2010 | (0) 2017 | 0 | 89867 | 89867 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | 0 | 0 | 0 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | 0 | 0 | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | 0 | o | |
| 11 | Total support. Add lines 7 through 10 | | | | | - | 89867 |
| 12 | Gross receipts from related activities, etc | (see instruction | ons) | | | 12 | 0 |
| 13 | First five years. If the Form 990 is for th | | | d, third, fourth | , or fifth tax ye | ar as a section | n 501(c)(3) |
| | organization, check this box and stop her | re | | | | | . ▶ 🗸 |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2019 (line 6 | 3, column (f) di | vided by line 1 | 1, column (f)) | | 14 | % |
| 15 | Public support percentage from 2018 Sch | | | | [| 15 | % |
| 16a | 331/3% support test—2019. If the organic box and stop here. The organization qual | | | | | | check this |
| b | 33½% support test—2018. If the organization | | | | | | ore, check . ► □ |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization | eets the "facts | -and-circumst | ances" test, ch | eck this box a | nd stop here. | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization | ition meets th | e "facts-and-o | circumstances' stances" test. | ' test, check ti | his box and son qualifies as | top here. |
| 18 | Private foundation. If the organization di | | box on line 13 | | | | see |

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

| • | (00), pioto 0, 1. , 00 000 | | | | | | nder Part II. |
|----------|--|-----------------------|-----------------------|-------------------|-------------------|------------------|--|
| | If the organization fails to qualify | under the te | sts listed bel | ow, please co | omplete Part | II.) | |
| | on A. Public Support | | | | , | 1 | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | 1 | | |
| 2 | received. (Do not include any "unusual grants.") 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 | <u></u> | | | | / | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | \setminus | | | | / | |
| | | | | | | | • |
| 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 | | | | | l | i |
| | 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 . | | $\overline{}$ | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | K | | | |
| | persons that exceed the greater of \$5,000 | | | | | | <u>.</u> |
| | or 1% of the amount on line 13 for the year | | | $\overline{}$ | | | |
| _ | Add lines 7a and 7b | | | | <u> </u> | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| C4! | line 6.) | | / | $\overline{}$ | <u>i</u> | | |
| | on B. Total Support dar year (or fiscal year beginning in) ▶ | (0) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (a) 2010 | (f) Total |
| | Amounts from line 6 | (a) 2015 | (b) 2016 | (C) 2017 \ | (0) 2018 | (e) 2019 | (f) Total |
| 9 | | | | | \ | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, | / | | | | | |
| | royalties, and income from similar sources. | | | | | | . * |
| . | Unrelated business taxable income (less | / | | | | | <u> </u> |
| U | section 511 taxes) from businesses | 1 | | | | | |
| | acquired after June 30, 1975 | | | | | ŀ | |
| С | Add lines 10a and 10b | <u> </u> | | | \ | | |
| 11 | Net income from unrelated business | | | | — | | |
| • • | activities not included in line 10b, whether | | | | | \ | |
| | or not the business is regularly carried on | | | | | \ | |
| 12 | Other income Do not include gain or | | | | | | |
| •• | loss from the sale of capital assets | | | | ĺ | \ | |
| | (Explain in Part VI) | | | | | \ | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | \ | |
| 14 | First five years If the Form 990 is for the | ne organization | 's first, secon | d, third, fourth | ı, or fifth tax v | ear as a section | n 501(c)(3) |
| | organization, check this box and stop he | _ | | | - | | \`≯ □ |
| Secti | on C. Computation of Public Suppor | | | | | | \ |
| 15 | Public support percentage for 2019 (line | | | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2018 Scl | | | | | 16 | —————————————————————————————————————— |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2019 (| line 10c, colum | ın (f), dıvıded t | y line 13, colu | ımn (f)) . | 17 | <u>%</u> |
| 18 | Investment income percentage from 2018 | 3 Schedule A, F | Part III, line 17 | | | 18 | <u> </u> |
| 19a | 331/3% support tests-2019. If the organ | zation did not | check the box | on line 14, ai | nd line 15 is m | ore than 331/39 | %, and line |
| | 17 is not more than 331/3%, check this box | and stop here. | The organization | on qualifies as | a publicly supp | orted organizati | on . ▶ 🗆 |
| b | 331/3% support tests-2018. If the organization | zation did not cl | neck a box on | line 14 or line | 19a, and line 16 | is more than 3 | 33 ¹ /3%, and : |
| | line 18 is not more than 331/3%, check this | box and stop h | ere. The organ | ızatıon qualıfıes | as a publicly s | upported organ | ization ▶ □ |
| 20 | Private foundation. If the organization di | d not check a | oox on line 14 | , 19a, or 19b, o | check this box | and see instru | ctions 🕨 🗌 |

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on 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 12d of Part I, complete Sections A and D, and complete Part V.)

| Section A. | All Sur | porting | Organizations |
|------------|---------|---------|----------------------|
|------------|---------|---------|----------------------|

| | | | | <u> </u> |
|-----|---|-------------|------|----------|
| _ | And all of the consensations are consensated assessment to be described by many or the consensations are consensated. | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing, documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | - '- | | |
| 2 | 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 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| Va | (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | <u> </u> | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below | | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | Ī |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | • | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | l |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | | l |
| | 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 | | | j |
| | was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | 1 |
| | by one or more of its supported organizations, or (III) other supporting organizations that also support or | | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity | | | |
| | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | | <u> </u> | | 1 |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | | 1 |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | - Ca | | 1 |
| ~ | the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | 30 | | 1 |
| ۳. | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | | 30 | | |
| ıva | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | 1 |
| | supporting organizations)? If "Yes," answer 10b below. | | | |
| ь | | ıva | | |
| U | determine whether the organization had excess business holdings.) | 10b | — | |
| | | | | |

| Part | Supporting Organizations (continued) | | | |
|-------------|---|---------|-------------|--|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | 1 |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| 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 VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | _ | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| | organizations and what conditions of restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | 1 |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization , | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | [|
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | 1 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | _ | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | • | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | ı |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | | |
| | | 3 | | |
| | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | nstru | ctions | s) |
| 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 | | . 4 4 | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | see in: | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | NO |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | - | | ł |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | · |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | - | | |
| L | · | 2a | | 1 |
| 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. | 25 | | |
| i | - | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Put the experience have the payor to regularly appoint or elect a majority of the efficacy, directors are | . | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | لـــــا |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| þ | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | | |
| | or to supported organizations, it it tes, describe in Fart VI the fole played by the organization in this fedafo | UU 1 | | İ |

instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | gan | izations | |
|---|-----|----------------|--------------------------------|
| 1 · Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization. | | | |
| 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) | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e 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 temporary reduction (see instructions). | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continued) | |
|------|---|-----------------------------|--|---|
| Sect | ion D-Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | empt purposes of suppo | orted | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | ,, |
| 4 | Amounts paid to acquire exempt-use assets | | ·· | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | · - | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | ponsive | |
| | (provide details in Part VI) See instructions. | | F | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | ion 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 | • | =4x + * | |
| а | From 2014 | • | | - |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | 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 R A WARR N WT 1 | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | 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. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result 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 | | * 5 | 4 4, 5 4 |
| b | Excess from 2016 | | | |
| ţ | Excess from 2017 | , l | = | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | _ | | |

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

| | see separate instructions), t | | | | | |
|------|---|---|---------------------|--------------------------------|-------------------|--|
| | ection 501(c)(4), (5), or (6) org | anizations. Complete Part III | | | | 4161 41 |
| | of organization | | | En | • | tification number |
| | enter for Economic Accoun | | | | | 83-3122559 |
| Part | - | e organization is exempt und | | | | |
| 1 | Provide a description o definition of "political cai | f the organization's direct and in modified activities") | direct political ca | ampaign activit | ies in Part | IV (see instructions for |
| 2 | • | ty expenditures (see instructions) | | | ▶ \$ | |
| 3 | | cal campaign activities (see instruc | | - | | |
| | | e organization is exempt und | | | | · |
| 1 | | excise tax incurred by the organiza | | | ▶ \$ | *** * |
| 2 | | excise tax incurred by organization | | | ▶ \$ | |
| 3 | | ed a section 4955 tax, did it file Fo | | | | Yes No |
| 4a | • | ' ['] | - | | | . Yes No |
| b | If "Yes," describe in Part | | | | | |
| Part | I-C Complete if th | e organization is exempt und | er section 501(| c), except se | ction 501 | (c)(3). |
| 1 | Enter the amount direct | tly expended by the filing organiz | ation for section | 527 exempt f | unction | |
| | activities | | | | ▶ \$ | |
| 2 | Enter the amount of the | filing organization's funds contrib | outed to other org | ganizations for | section | |
| | • | ıvıtıes | | | ► \$ __ | |
| 3 | | expenditures. Add lines 1 and 2 | | | | |
| | | | | | ► \$ __ | |
| 4 | • • | n file Form 1120-POL for this year | | | | Yes No |
| 5 | | ses and employer identification nui | | | | |
| | the amount of political co | ents. For each organization listed, ontributions received that were pro fund or a political action committe | mptly and directly | delivered to a | separate p | olitical organization, such |
| | (a) Name | (b) Address | (c) EIN | (d) Amount p | | (e) Amount of political |
| | (4) (10.11) | (4, 33.33) | (,, = | filing organi funds If none | zation's | contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | - | | | | | |

| 0 | 2 |
|---|---|
| | |

| | | | | | | | , ugo — |
|----|--|---|-------------------|-----------------------|---------------------------------------|-----------------------|-----------------|
| Pa | rt II-A | Complete if the organizati section 501(h)). | on is exempt | under section 5 | 01(c)(3) and filed | d Form 5768 (ele | ection under |
| A | Check ► | Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). | | | | er's name, | |
| В | Check ▶ | If the filing organization che | | | | | |
| | | <u> </u> | bying Expendi | | · · · · · · · · | (a) Filing | (b) Affiliated |
| | | (The term "expenditures" r | neans amounts | paid or incurred | .) | organization's totals | group totals |
| 1: | a Total lo | bbying expenditures to influence | e public opinior | (grassroots lobby | ing) | 0 | |
| | b Total lo | bbying expenditures to influence | e a legislative b | ody (direct lobbyin | g) | 0 | |
| • | | bbying expenditures (add lines | , | | | o | |
| • | | exempt purpose expenditures . | | | | 0 | |
| , | | kempt purpose expenditures (ad | | | | 0 | |
| 1 | f Lobbying nontaxable amount Enter the amount from the following table .in both columns | | | g table .in both | 0 | | |
| | If the an | nount on line 1e, column (a) or (b) | s: The lobbying | nontaxable amoun | nt is: | | ţ |
| | Not over | \$500,000 | 20% of the a | mount on line 1e | | 1 | |
| | | 00,000 but not over \$1,000,000 | | s 15% of the excess | · · · · · · · · · · · · · · · · · · · | | İ |
| | | 000,000 but not over \$1,500,000 | | s 10% of the excess | | | |
| | | 500,000 but not over \$17,000,000 | | s 5% of the excess of | over \$1,500,000 | | ţ |
| | | 7,000,000 | \$1,000,000 | | | | |
| | _ | oots nontaxable amount (enter 2 | · | | | 0 | |
| | | ct line 1g from line 1a If zero or | - | • • • • • | | -0- | |
| | | ct line 1f from line 1c If zero or | | | | -0- | |
| | | e is an amount other than zering section 4911 tax for this yea | | in or line 11, alc | the organization | Tile Form 4720 | Yes □ No |
| | reportii | <u> </u> | | Period Under Sec | | | 163 140 |
| | (Some | e organizations that made a s | ection 501(h) el | | e to complete all | of the five colum | ns below. |
| | | Lobbyir | g Expenditures | During 4-Year A | veraging Period | | |
| | Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2 | a Lobbyır | ng nontaxable amount | | | 0 | 0 | 0 |
| | | ng coiling amount of line 2a, column (e)) | in glater. | | • | | 0 |
| ı | c Total lo | bbying expenditures | | | 0 | 0 | 0 |
| (| d Grassro | pots nontaxable amount | | | 0 | 0 | 0 |
| • | | oots ceiling amount of line 2d, column (e)) | | | | ۶ سع | 0 |
| 1 | f Grassro | oots lobbying expenditures | | | | _ | _ |

Schedule C (Form 990 or 990-EZ) 2019

| | (election under section 501(h)). | (a | a) | | (b) | |
|--------|--|-------------|--------|-----------|------------|----------|
| | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity. | Yes | No | А | mount | <u> </u> |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | , | ı. | • • [4 | ر مان م | • |
| 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? | | | | | - |
| i | Total. Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | i |
| Part | | (5) i | or se | ction | | <u>.</u> |
| | 501(c)(6). | (0), (| | 5.0 | • | • |
| | | | | - | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | • | • | 2 | \vdash | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | orior | vear? | 3 | + | |
| Part | | | | ction | | <u> </u> |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes." | | | | linę 3 | , is |
| 1 | Dues, assessments and similar amounts from members | . | 1 | L | , | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | | • | | |
| а | Current year | | 2a | in . | | |
| b | Carryover from last year | | 2b | | | |
| С | Total | | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of | the | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby | ing | | | | |
| | and political expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Part | IV Supplemental Information | | | | | |
| Provid | e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro | ıp lıst |); Par | t II-A, I | ines 1 | and |
| | instructions); and Part II-B, line 1. Also, complete this part for any additional information | • | • | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | • | | | |
| | , | | | | | |
| | | | | | | |
| | • | | | | | |
| | | | | | | |
| | • | | | | | |
| | | · | | | | |
| | | | | | | |

| | rm 990 or 990-EZ) 2019 | Page 4 |
|---------|--------------------------------------|--------------|
| Part IV | Supplemental Information (continued) | |
| | | |
| | | |
| | | |
| | | · |
| | | |
| | | ••••• |
| | | |
| | | ••••• |
| | | |
| | | ••••• |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ····· | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ~ ~ ' |
| | | ' |
| | | • |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | = | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Employer identification number

Open to Public Inspection

| The Center for Economic Accountability | 83-3122559 |
|--|---|
| Part I, Line 16 Travel and event participation: \$8,613. Government filing fees: \$620. Advertising: \$25. | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | , |
| *************************************** | ' |
| | |
| | |
| | |
| | |
| | |
| | |
| *************************************** | |
| | |
| *************************************** | |
| | ===== 0.040 00006335533553034 A LME=====5554-55-5 |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| *************************************** | |