Form 990EZ

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)

2018

OMB No 1545-1150

DLN: 93492253003339

Open to Public Inspection

Department of the Treasury

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information.

_	Can M	2019 selendar usar autor usar barinning 01 01 2019					
		ne 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 If applicable C Name of organization	D Emple	yer identification number			
		s change Animal Folks	-				
	Name	change Number and street (or P O box, if mail is not delivered to street address) Room/suite		30102			
	Initial i	eturn 1043 Grand Ave Number 115	E Telephone number (651) 222-2821				
		turn/terminated City or town, state or province, country, and ZIP or foreign postal code					
		St Paul, MN 55105	F Group Exemption				
Ц	Applica	tion pending	Numbe	r ▶			
ΙV	Vebsit	required (Form 99)	to attach	ne organization is not n Schedule B EZ, or 990-PF)			
		mpt status (check only one) - ☑ 501(c)(3) 🕏 🗆 501(c)() ◀ (insert no) 🗆 4947(a)(1) or 🗖 527					
		organization 🗹 Corporation 🗆 Trust 🗆 Association 🗆 Other					
are	4dd lin 9 \$500	es 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total ,000 or more, file Form 990 instead of Form 990-EZ		▶ \$ 146,183			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction Check if the organization used Schedule O to respond to any question in this Part I	ns for Pa	art I)			
	1	Contributions, gifts, grants, and similar amounts received	1	142,437			
	2	Program service revenue including government fees and contracts	2	0			
	3	Membership dues and assessments	3	0			
	4	Investment income	4	0			
	5a	Gross amount from sale of assets other than inventory	0				
	b	Less cost or other basis and sales expenses	0				
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0			
	6	Gaming and fundraising events					
οn	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	0				
Revenue	b	Gross income from fundraising events (not including \$ 1,691 of contributions from fundraising events reported on line 1) (attach Schedule G if the					
		sum of such gross income and contributions exceeds \$15,000) 6b 3,74	.6				
	С	Less direct expenses from gaming and fundraising events 6c 3,74	.6				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0			
	7a	Gross sales of inventory, less returns and allowances	0				
	b	Less cost of goods sold	0				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0			
	8	Other revenue (describe in Schedule O)	8	0			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	142,437			
	10	Grants and similar amounts paid (list in Schedule O)	10	0			
	11	Benefits paid to or for members	11	0			
S	12	Salaries, other compensation, and employee benefits	12	0			
Expenses	13	Professional fees and other payments to independent contractors	13	107,410			
	14	Occupancy, rent, utilities, and maintenance	14	0			
	15	Printing, publications, postage, and shipping	15	10,079			
	16	Other expenses (describe in Schedule O)	16	17,932			
	17	Total expenses. Add lines 10 through 16	▶ 17	135,421			
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,016			
ر د ا	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Net Assets		end-of-year figure reported on prior year's return)	19	59,765			
	20	20 Other changes in net assets or fund balances (explain in Schedule O)					
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	66,781			

Part II	Balance Sheets (see the instruction Check if the organization used Schedu	•	augstion in this Pr				
	Check if the organization used Schedu	le O to respond to any d	question in this Pa		eginning of year	· · ·	(B) End of year
22 Cash. sa	vings, and investments			(A) D	66,406	22	55,666
	d buildings				0		0
	sets (describe in Schedule O)				0	24	12,440
25 Total as	ssets		[66,406	25	68,106
26 Total li	abilities (describe in Schedule O)				6,641	26	1,325
27 Net ass	ets or fund balances (line 27 of colun	nn (B) must agree with	line 21)		59,765	27	66,781
Part Ⅲ	Statement of Program Service	•	•		·	(5)	Expenses
The mission through sys working wit	Check if the organization used Schedu organization's primary exempt purpose of Animal Folks is to protect animals by temic change. This means conducting re n others to provide the resources neces	? y modernizing the anima esearch on animal cruelt sary to help authorities e	al law enforcemen cy cases, filing cru effectively enforce	nt syste uelty co e anıma	mplaints and al anti-cruelty laws	(3) a orga othe	juired for section 501(c) and 501(c)(4) nizations, optional for irs)
measured b	e organization's program service accom y expenses In a clear and concise man nd other relevant information for each p	ner, describe the service				<u> </u>	
	nal Data Table						
(Grants \$)	If this amo	unt includes foreign gran	nts, check here		. ▶ □	28a	
	tional Data Table	and includes foreign gran	res, effect frere		·	29a	
(Grants \$)	If this amo	unt includes foreign gran	nts, check here		. ▶ □		
<u> </u>	tional Data Table		,			30a	
(Grants \$)	If this amo	unt includes foreign gran	ats check here		▶ □		
	ogram services (describe in Schedule O		<u> </u>			++	
(Grants \$)		unt includes foreign gran					
<u> </u>	ogram service expenses (add lines 2		•		_	31a 32	103,004
Part IV	List of Officers, Directors, Trustee		(list each one even				•
	Check if the organization used Schedu	le O to respond to any o	question in this Pa	art IV.	<u></u>		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportal compensation (Forms W-2/1 MISC) (if not	on .099- paid,	(d) Health ben contributions to er benefit plans, deferred comper	nployee and	(e) Estimated amount of other compensation
Reese Frede	rickson	3	enter -0-	0		0	0
Chair							
John Kingre	у	3		0		0	0
Vice Chair							
Dr Lisa McC	argar	3		0		0	0
	-			J		Ū	
Board Memi	per						_
Ann Olson		40	4	12,000		0	0
Executive D	rector						
Pat Ormstor	1	3		0		0	0
Treasurer							
Cotton Wilse	on	3		0		0	0
Cocrotory							
Secretary Kerry D'Am	ato	3		0		0	0
Kerry D Ann		3		o l		U	
Board Memi							
Deb Ouellet	te	3		0		0	0
Board Memb	per						

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 No Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change 34 Nο on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? No 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 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 Nο Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Nο 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Nο 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Nο 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **0** , section 4912 ▶ 0 , section 4955 ▶ 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b No Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter 40e Nο 41 List the states with which a copy of this return is filed \blacktriangleright MN 42a The organization's books are in care of ▶ Ann Olson _ Telephone no 🟲 (651) 222-2821 Located at ► 1043 Grand Avenue Number 115 St Paul , MN Yes No At any time during the calendar year, did the organization have an interest in or a signature or other authority over a Νo 42b financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶_ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ? 42c Nο If "Yes," enter the name of the foreign country ▶_ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . and enter the amount of tax-exempt interest received or accrued during the tax year 43 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 Nο Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed 44b Nο Did the organization receive any payments for indoor tanning services during the year? 44c Nο If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Νo 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of No 45b Form 990-EZ (see instructions)

46		organization engage, directly or indirect les for public office? If "Yes," complete			of or in opposition to	46		No
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables 51. Check if the organization used Schedule O to respond to any question in this Part VI								
		neck if the organization used Schedule	O to respond to any o	question in this Part VI		· · · · ·	Yes	⊔ No
		organization engage in lobbying activiti complete Schedule C, Part II 🐒 .	es or have a section 5	01(h) election in effect	during the tax year?	47	Yes	
	,	rganization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes." complete Sche	edule F	48		No
		organization make any transfers to an e	,,,,,,,,,	• •		49a		No
b	If "Yes,"	was the related organization a section	527 organization? .			49b		
50		te this table for the organization's five h				and key	employ	ees)
		h received more than \$100,000 of com	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e of othe		amoun ensatior
NONE								
51		te this table for the organization's five his sation from the organization. If there is (a) Name and business address of expressions.	none, enter "None "	· 		than \$100 c) Compe		
		(,						
NONE		(-)						
NONE								
NONE								_
NONE								
NONE								_
NONE								— — —
				¢100.000				— — —
d 52	Total r	number of other independent contractor ne organization complete Schedule A? N	I OTE. All section 501(c)(3) organizations mus	 st attach a			— — —
d 52	Total r Did th	number of other independent contractor le organization complete Schedule A? N eted Schedule A	IOTE. All section 501(c)(3) organizations mus	st attach a		s 🗆 i	
d 52 Under	Total r Did th comp	number of other independent contractor le organization complete Schedule A? N leted Schedule A	IOTE. All section 501(c)(3) organizations mus	st attach a edules and statements, ar	nd to the	best of	my
d 52 Under knowl has ar	Total r Did th compi penaltie edge and ny knowl	number of other independent contractor le organization complete Schedule A? N leted Schedule A	IOTE. All section 501(c)(3) organizations mus	st attach a edules and statements, ar	nd to the	best of	my
d 52 Under knowl has ar	Total r Did th comp penaltie edge and ny knowl	number of other independent contractor ne organization complete Schedule A? N leted Schedule A	IOTE. All section 501(c)(3) organizations mus	edules and statements, ar	nd to the	best of	my
d 52 Under knowl has ar Sign Here	Total r Did th compi	number of other independent contractor le organization complete Schedule A? N leted Schedule A	IOTE. All section 501(c)(3) organizations mus	edules and statements, ar is based on all information 2019-09-04 Date Check rf PTIN	nd to the n of which	best of	my
Under knowl has ar	Total r Did th compi	number of other independent contractor le organization complete Schedule A? Note that I have examed belief, it is true, correct, and complete edge Signature of officer Ann Olson Executive Director Type or print name and title	note. All section 501(c)(3) organizations mus	edules and statements, ar is based on all information 2019-09-04 Date	nd to the n of which	best of	my
d 52 Underknowl has ar	Total r Did th comp	number of other independent contractor le organization complete Schedule A? Note letted Schedule A	note. All section 501(c)(3) organizations mus	edules and statements, ar is based on all information 2019-09-04 Date Check if PTIN self-employed	nd to the n of which	best of	my

Additional Data

Software ID: 18007995 **Software Version:** v1.00 **EIN:** 80-0530102

Name: Animal Folks

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

nal nel oltr	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
	PROGRAM 1 Animal Cruelty Research GOAL To research animal cruelty cases and issues pertaining to crimes against animals, and provide credible Minnesota-specific data to the public, agencies, and organizations upon request 2018 Strategies and Actions * Animal Cruelty Databank - Animal Folks has continued its compilation of animal cruelty cases (convictions) statewide from 2008-2018. This research allows us to study all aspects of a case, from charging to sentencing to related crimes, which supports our training and system reform efforts * General animal cruelty - Animal Folks gathers data on a variety of animal cruelty issues, such as The Link (animal abuse linked to elder abuse, child abuse, domestic violence). This research is used to support our education activities * Data Requests Federal -Animal Folks continued to submit multiple data requests to the U S Department of Agriculture (USDA) for information related to licensing violations of the Animal Welfare Act Animal Folks also continued to file data requests with state agencies and local law enforcement agencies related to cruelty cases or animal transport. (Grants \$ 0) If this amount includes foreign grants, check here	33,649

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	(Require (c)(3) organi	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
PROGRAM 2 Criminal and Civil Justice GOAL. To investigate and report suspected or known animal cruelty (or related crimes against animals) and provide input to criminal and civil cases throughout the legal process. 2018 Strategies and Actions.* Filing of Animal Cruelty Complaints - In 2018, Animal Folks worked on multiple cases of suspected animal cruelty. As some of these cases are still active, full details are confidential.* Lawsuit against USDA - Animal Folks is a plaintiff in a lawsuit against the U.S. Department of Agriculture (USDA) for abruptly removing critical animal welfare documents from its website. Led by the Animal Legal Defense Fund, oral arguments were presented December 17, 2018 before the Ninth Circuit Court of Appeals.* Fulfill Requests - Animal Folks provided guidance to citizens who request help in filing complaints pertaining to suspected animal cruelty or understanding MN consumer protection laws. Animal Folks also acts as a resource for law enforcement, humane agents, or animal control officers who have questions about Minnesota state statutes. (Grants \$ 0) If this amount includes foreign grants, check here	29a	8,240

Accomplishments
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Exp (Required for (c)(3) and organizatio for of	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
PROGRAM 3 Animal Law Resources GOAL. To foster professionalism and competency by providing training, resources, and support to Minnesota authorities responsible for the enforcement of animal law. 2018 Strategies and Actions.* Animal Cruelty Training for Veterinarians - For the fourth year, Animal Folks partnered with the Minnesota Veterinary Medical Association (MVMA) to host a training session at the MVMA annual meeting in February. This was a full day session with local speakers and national speakers. Key topics included Minnesota animal law, forensic photography, and how to identify, document, and report animal cruelty to over 50 veterinarians attended. The second day we also hosted a one-hour session on identifying animal cruelty to about 200 veterinarians. For the multi-day conference, Animal Folks had a booth to distribute literature and meet with veterinarians, veterinary technicians, and vet students.* Law Enforcement Policies and Procedures - In pilot training sessions on animal cruelty, Animal Folks learned that policies and procedures are needed to clearly explain Minnesota's animal cruelty statutes, so laws would be interpreted correctly. In 2018, we started the "policy and procedures" initiative, and are working to develop clear explanations of animal law. (Grants \$ 0) If this amount includes foreign grants, check here	30a	43,261

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
PROGRAM 4 Legislative Action GOAL To lead and support state and local legislative efforts, including crafting of humane laws, lobbying, and advocacy, that protects animals and lays a foundation for systemic reform 2018 Strategies and Actions * Humane Pet Store Ordinance - Working with the St Paul City Council and residents, Animal Folks was able to get a humane pet store ordinance passed in the city of St Paul which prohibits the selling of dogs and cats (obtained through commercial facilities) at pet stores * Veterinary Immunity Bill - In 2018, Animal Folks continued to lobby the "Veterinary Immunity" bill (HF 787/SF 1167), working with veterinarians and the bill authors This bill would grant immunity to veterinarians for good faith reporting of animal cruelty (MN-licensed veterinarians are mandated reporters of animal cruelty) * Companion Animal Board - The Minnesota state government is currently structured to serve the needs of agriculture production, animal disease, or wildlife issues There is no state agency with the knowledge and expertise to serve the welfare needs of companion animals In 2018, Animal Folks worked to craft a bill (introduction in the 2019-2020 legislative session) to create a new (Grants \$ 0) If this amount includes foreign grants, check here	7,554

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

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As Filed Data -

SCHEDULE A (Form 990 or 990EZ)

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 the latest information.

DLN: 93492253003339 OMB No 1545-0047

•		f the Treasury	► Go to	► Go to <u>www.irs.qov/Form990</u> for the latest information. Insp							
Nam	e of tl	nue Service he organization					Employer identific	<u> </u>			
Anım	al Folks						80-0530102				
Pa	rt I	Reason for Public	Charity State	us (All organization	s must comple	te this part.) S					
The	organız	zation is not a private fou	ndation because	on because it is (For lines 1 through 12, check only one box)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))					
3		A hospital or a cooperat	tive hospital ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).				
4		A medical research organisme, city, and state	anızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's			
5		An organization operate (b)(1)(A)(iv). (Compl		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170			
6		A federal, state, or loca	l government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).				
7	✓	An organization that no section 170(b)(1)(A)			s support from a	governmental u	ınıt or from the gener	al public described in			
8		A community trust desc	cribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)					
9		An agricultural research non-land grant college						ege or university or a			
10		An organization that no from activities related to investment income and 30, 1975 See section	o its exempt fur unrelated busin	ections—subject to cer less taxable income (le	taın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross			
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		An organization organiz more publicly supported in lines 12a through 12	d organizations o	described in section 5	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(</mark> a				
а		Type I. A supporting or organization(s) the pow complete Part IV, See	er to regularly a	appoint or elect a majo							
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar							
С		Type III functionally supported organizations						ited with, its			
d		Type III non-function functionally integrated instructions) You mus	The organizatio	n generally must satis	fy a distribution	requirement and					
е		Check this box if the or integrated, or Type III				RS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter	r the number of supporte	d organizations		_						
g	Provi	de the following informat	ion about the su	pported organization(s)						
	(i) Name of supported (ii) EIN (iii) Type of organization organization (v) Amount of organization organizatio						(vi) Amount of other support (see instructions)				
					Yes	No					
			1								

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

- 5	ection A. Public Support	' '		, , , , , , , , , , , , , , , , , , ,	<u>'</u>			
	Calendar year	(a) 2014	(b) 2015	(a) 2016	(4) 2017	(0)	2010	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	119,649	131,080	102,393	167,445		142,437	663,004
_	include any "unusual grant ")							
2	Tax revenues levied for the	0	٥					0
	organization's benefit and either paid to or expended on its behalf	U	ď					U
3	The value of services or facilities						+	
3	furnished by a governmental unit to	0	o					0
	the organization without charge	ŭ	Ĭ					Ü
4	Total. Add lines 1 through 3	119,649	131,080	102,393	167,445		142,437	663,004
5	The portion of total contributions by	115,045	131,000	102,333	107,113		142,437	003,001
5	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							235,062
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from							407.040
-	line 4							427,942
5	ection B. Total Support			_			•	
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)	2018	(f)Total
	(or fiscal year beginning in) 🕨					(-)		
7	Amounts from line 4	119,649	131,080	102,393	167,445		142,437	663,004
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10		2.452						2.452
	loss from the sale of capital assets	3,153						3,153
	(Explain in Part VI)							
11	Total support. Add lines 7 through							666,157
	10 Gross receipts from related activities, e	to (see instruction	nc)			T 45		
						12		
13	First five years. If the Form 990 is fo	-					· · · · <u>-</u>	nization,
	check this box and stop here						▶∟	
S	ection C. Computation of Public	Support Perce	entage					
14	Public support percentage for 2018 (lin	ne 6, column (f) div	vided by line 11, c	olumn (f))		14		64 240 %
15	Public support percentage for 2017 Sch	nedule A, Part II, l	ine 14			15		59 14 %
16:	33 1/3% support test—2018. If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more.	heck this b	
	and stop here. The organization quality							▶ ☑
ı	33 1/3% support test—2017. If the		• • •		nd line 15 is 33 to	/3% or r	nore check	
-	· · · · · · · · · · · · · · · · · · ·	=			25 55 1,	5 70 0	,	▶ □
	box and stop here. The organization 10%-facts-and-circumstances test				- 12 16 16h	مرا امم	- 14	
178	is 10% or more, and if the organization	-2016. If the org	anization did not t	check a box on line	boy and stop bo	anu iini Evol	= 14 	
	in Part VI how the organization meets							
	in Part VI now the organization meets	the racts-and-circ	umstances test	rne organization q	uaimes as a publi	ciy supp	orteu	
	organization							▶□
b	10%-facts-and-circumstances tes						ind line	
	15 is 10% or more, and if the organiz							
	Explain in Part VI how the organizatio	n meets the "facts	-and-circumstance	es" test. The orgar	nzation qualifies a	s a publ	licly	
	supported organization							ightharpoons
18	Private foundation. If the organization	on did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box	and see	<u> </u>	
	instructions		,					ightharpoons
	mad actions							

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ection A. Public Support	1 /		, ,	•		
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
-	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
_	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
•	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	(or fiscal year beginning in) ▶	(4) 201	(5) 2013	(0, 2010	(4) 2017	(0) 2020	(1) 1014
9							
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst. second. tl	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
				,,	,		▶ □
-	check this box and stop here	Support Borco	ntago				
	Public Support percentage for 2018 (lin			column (f))		45	
15			•	column (1))		15	
16	Public support percentage from 2017 S	*	*			16	
	ection D. Computation of Investi				· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 201	,		line 13, column (f))	17	
18	Investment income percentage from 2					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ie 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	ion	▶ □
	33 1/3% support tests—2017. If the	-					3% and line 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported ora	anızatıon	ightharpoons
20	Private foundation. If the organization	-	-				▶ □
			, -				

Part IV Supporting Organizations

Section A. All Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
_		2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below			
L	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied	3a		
D	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	30		
·	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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 amendment to the organizing document)	5a		
h	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?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
	, ,	6		
7	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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
_	· · · · · · · · · · · · · · · · · · ·	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
		9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
	· · · · · · · · · · · · · · · · · · ·	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below			
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10h		

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
	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		
	Section 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 of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Power No with 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.	art		
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
- 5	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of		
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	· · · · · · · · · · · · · · · · · · ·			
	Section 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 organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of 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?		Tes	No
		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)	n		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the toyear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_	Casting F. Town TTT Franciscopilis Internated Companies Openingtions			
1	Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	tions\		
-	a The organization satisfied the Activities Test Complete line 2 below	uctions)		
	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 government entity (see ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte 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	d 2a		
	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 involvement	's 2b		
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 trustees of each the supported organizations? Provide details in Part VI.	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check instru	here if the organization satisfied the Integral Part Test as a qualifying actions. All other Type III non-functionally integrated supporting orgai	trust on Nov 20, 1970 (explain in Firstions Aurations Au	ın Part VI) See s A through E
Section	Section A - Adiusted Net Income	(A) Prior Year	(B) Current Year

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
н	Net short-term capital gain	1		
7	Recoveries of prior-year distributions	7		
ю	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
2	Depreciation and depletion	2		
ဖ	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)	9		
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)
- -	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	H		
е	Average monthly value of securities	1a		
٩	Average monthly cash balances	41 41		
ပ	Fair market value of other non-exempt-use assets	1c		
Р	d Total (add lines 1a, 1b, and 1c)	PT		
Ð	e Discount claimed for blockage or other factors (explain in detail in Part VI)			
7	Acquisition indebtedness applicable to non-exempt use assets	7		
m	Subtract line 2 from line 1d	е		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
2	Net value of non-exempt-use assets (subtract line 4 from line 3)	22		
9	Multiply line 5 by 035	9		
7	Recoveries of prior-year distributions	2		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	F		
7	Enter 85% of line 1	7		
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		
2	Income tax imposed in prior year	2		
9	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	9		
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	ıtegrat	ed Type III supporting org	janization (see
				4 111 000

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (continu	ed)
Section D - Distributions		·	Current Year
Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity		l organizations, in	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizat	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI) See instruction	•		
7 Total annual distributions. Add lines 1 through 6			
B Distributions to attentive supported organizations to wheeleads in Part VI) See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line			
Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016 e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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)

	Facts And Circumstances Test
990 Schedule A, Supplement	pplemental Information
Return Reference	Explanation
Schedule A, Part II, Line 10	Fee revenue for training conducted

DLN: 93492253003339

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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.

Open to Public

Inter	nal Revenue Service	.o <u>www.irs.gov/Form990</u> for instru	ictions and the la	itest information.	Inspection
• :	Section 501(c)(3) organizations Cor	n Form 990, Part IV, Line 3, or Form nplete Parts I-A and B Do not complet i01(c)(3)) organizations Complete Par e Part I-A only	te Part I-C	, ,	Activities), then
If th • • If th (Pro	e organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form thave filed Form 5768 (election under thave NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Ta s), then	section 501(h)) Co inder section 501(h	omplete Part II-A Do not co i)) Complete Part II-B Do r	mplete Part II-B not complete Part II-A
	ime of the organization	actions complete raism		Employer iden	tification number
An	ımal Folks			00.0530403	
Pa	rt I-A Complete if the orga	nization is exempt under section	on 501(c) or is	80-0530102	zation
1	<u> </u>	ization's direct and indirect political ca		_	
2	Political campaign activity expend	litures (see instructions)			\$
3	Volunteer hours for political camp	,			Ψ
		nization is exempt under sections	on 501(c)(3).		
		•	. ,, ,		
1	•	ix incurred by the organization under s			ф
2	· ·	ax incurred by organization managers i			>
3	-	tion 4955 tax, did it file Form 4720 for	this year?		∐ Yes ☐ No
4a	Was a correction made?				🗌 Yes 🔲 No
b					
Рa	rt I-C Complete if the orga	nization is exempt under section	on 501(c), exce		
1	, ,	ed by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other	organizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	on Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly delive see (PAC) If additional space is needed	nount paid from the red to a separate p	e filing organization's funds political organization, such a	ch the filing Also enter the amount
	(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					

١.	Check If the filing organization belonged expenses, and share of excess leading to the control of the control	s to an affiliated group (and list in Part IV each affiliated obbying expenditures)	group member's name, a	address, EIN,
3	Check ▶ ☐ If the filing organization checke	d box A and "limited control" provisions apply		
		bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
а	Total lobbying expenditures to influence public	c opinion (grass roots lobbying)	3,214	
b	Total lobbying expenditures to influence a leg	ıslatıve body (dırect lobbyıng)	4,340	
c	Total lobbying expenditures (add lines 1a and	1b)	7,554	
d	Other exempt purpose expenditures		127,866	
e	Total exempt purpose expenditures (add lines	1c and 1d)	135,420	
f	Lobbying nontaxable amount Enter the amou columns	nt from the following table in both	27,084	
	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	line 1f)	6,771	
h	Subtract line 1g from line 1a If zero or less, e	enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, e	nter -0-	0	
j	If there is an amount other than zero on either section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4720 re	eporting [☐ Yes ☐ No

	Lobbying Expenditu	res During 4-	Year Averagii	ng Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount	0	0	0	27,084	27,084
b	Lobbying ceiling amount (150% of line 2a, column(e))					40,626
_c	Total lobbying expenditures	0	0	0	7,554	7,554
d	Grassroots nontaxable amount	0	0	0	6,771	6,771
e 	Grassroots ceiling amount (150% of line 2d, column (e))					10,157
f	Grassroots lobbying expenditures	0	0	0	3,214	3,214

Schedule C (Form 990 or 990-EZ) 2018

Partites Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(p)
For eac activity	For each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity	Yes	ŝ	Amount
 	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			
æ	Volunteers?			
q	Paid staff or management (include compensation in expenses reported on lines 1c through 11)?			
ပ	Media advertisements?			
Р	Mailings to members, legislators, or the public?			
a	Publications, or published or broadcast statements?			
Ŧ	Grants to other organizations for lobbying purposes?			
6	Direct contact with legislators, their staffs, government officials, or a legislative body?			
2	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
-	Other activities?			
j	Total Add lines 1c through 1:			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	
p	If "Yes," enter the amount of any tax incurred under section 4912			
o	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
Р	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	Partitica Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).	(5), or	section	_
				Yes No
-	Were substantially all (90% or more) dues received nondeductible by members?		-	
7	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		7	
m	Did the organization agree to carry over lobbying and political expenditures from the prior year?		e	
Par	Part III-B and letter if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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."	(5), or III-A,	section line 3, i	s 501(c)(6)
-	Dues, assessments and similar amounts from members	ī		
7	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
rs -		2a		
ם נ	Carryover Form last year Total	200		
, (Addrenate amount reported in section 6033(a)(1)(A) notices of nondeductible section 162(a) dues	ď		
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 arree to carrover to the reasonable estimate of nondeductible lobbound and political			
	expenditure next year?	4		
2	Taxable amount of lobbying and political expenditures (see instructions)	2		
Pa	Part IV Supplemental Information			

Schedule C (Form 990 or 990EZ) 2018

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.

Explanation

Return Reference

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SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	on to Form 990 or 990-l	
(Form 990 or 990-	Complete to provide information fo	Complete to provide information for responses to specific questions on	X = X
EZ)	Form 990 or 990-EZ or to prov	Form 990 or 990-EZ or to provide any additional information.	
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Department of the Treasury	► Go to www.irs.gov/Form9	▶ Go to www.irs.gov/Form990 for the latest information.	Inspection
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990 Schedule O, Supplemental Information

Refurn Referenc Form 990- EZ, Part I, Line 16

990 Schedule O, Supplemental Information

Explanation	Description, EOY Amount^Accounts Receivable,12440^Total,12440^
Return Reference	Form 990- EZ, Part II, Line 24

990 Schedule O, Supplemental Information

Explanation	Description,EOY Amount^Accounts Payable,220 Credit Card,1105^Total,1325^
Return	Form 990- EZ, Part II, Line 26