As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492015001140 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization ILLINOIS FĂMILY ACTION INC ☐ Address change 27-2135921 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 93 (708) 781-9371 ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return MOKENA, IL 60448 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization □ Corporation □ 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) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 71,244 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . 0 b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 71,244 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 500 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 4,859 16 Other expenses (describe in Schedule O) 16 73,054 17 17 Total expenses. Add lines 10 through 16 78,413 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -7,169 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 4,993 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 -2,176For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

| Part II | Balance Sheets (see the instruction Check if the organization used Schedule | , | question in this Part II | | | 🗵 |
|----------------------------------|---|---|---|---|--------------|--|
| | - | | (A) E | Beginning of year | | (B) End of year |
| 22 Cash, sa | vings, and investments | | | 16,798 | 22 | 2,171 |
| | d buildings | | | | 23 | |
| | sets (describe in Schedule O) | | | | 24 | 116 |
| | ssets | | | 17,144 | _ | 2,287 |
| | abilities (describe in Schedule O) | | | 12,151 | | 4,463 |
| Part III | ets or fund balances (line 27 of column Statement of Program Service | | • | 4,993 | 27 | -2,176 Expenses |
| What is the FORTIFY TH INFLUENCE | Check if the organization used Schedule organization used Schedule organization used Schedule organization's primary exempt purpose? E TRADITIONAL FOUNDATIONS OF CIVIL ELECTED OFFICIALS IN SUPPORT OF THE VALIENABLE RIGHTS TO LIFE, LIBERTY, A | e O to respond to any o SOCIETY THROUGH E COUNTRY'S HISTORI | question in this Part III FFORTS TO EDUCATE, I C IDEALS OF EQUALITY | □ INFORM AND UNDER THE LAW, | (3 or | equired for section 501(c)) and 501(c)(4) ganizations, optional for ners) |
| measured b benefited, a | e organization's program service accompl y expenses In a clear and concise manno nd other relevant information for each pr | er, describe the service | | | | |
| 28 See Addition | nal Data Table | | | | | |
| (Grants \$) | If this amour | nt includes foreign gran | nts, check here | . ▶ □ | 28a | |
| 29 | | J J | , | | 29a | |
| (Grants \$) | If this amour | nt includes foreign gran | nts, check here | . ▶ 🗆 | | |
| 30 | | | | | 30a | |
| | | | | _ | | |
| (Grants \$) | If this amour | nt includes foreign gran | nts, check here | . ▶ □ | | |
| 31 Other pr | ogram services (describe in Schedule 0) | | | <u>.</u> . | | |
| (Grants \$) | | | nts, check here | | 31a | |
| | ogram service expenses (add lines 28 List of Officers, Directors, Trustees, | | | | 32 | 71,506 |
| Part IV | Check if the organization used Schedule | e O to respond to any o | question in this Part IV. | ompensated — see the | · Instru | ictions for Part IV) |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-) | (d) Health ben- contributions to er benefit plans, deferred compen | nploy and | (e) Estimated amount ee of other compensation |
| RICHARD HA | ARTIAN | 2 00 | 0 | | | |
| BOARD MEM | IBER | | | | | |
| CALVIN LINI | | 2 00 | 0 | | | |
| BOARD MEM | IBER | | | | | |
| JAMES PITM | | 2 00 | 0 | | | |
| BOARD MEN | IDED. | | | | | |
| JAN KLAAS | IBEK | 2 00 | 0 | | | |
| | | 2 00 | | | | |
| BOARD MEM | | 2.00 | | | | |
| BONNIE QUI | IKKE | 2 00 | 0 | | | |
| BOARD MEM | | | | | | |
| STEPHANIE | TRUSSELL | 2 00 | 0 | | | |
| BOARD MEM | IBER | | | | | |
| DAVID SMIT | н | 10 00 | 0 | | | |
| Executive D | ır | | | | | |
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| Par | t V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. | | | |
|---------|--|---------|---------|----------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . | · · · · | Ī | N |
| 33 | 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 | Yes | No No |
| 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 change | | | |
| 35a | on Schedule O (see instructions) | | | No |
| h | activities (such as those reported on lines 2, 6a, and 7a, among others)? | | | No No |
| | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) | 35b | | |
| | notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | Yes | |
| 36 | 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 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions 12,070 | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | No |
| 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 | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| | Initiation fees and capital contributions included on line 9 | | | |
| b | 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 ▶, section 4912 ▶, section 4955 ▶ | | | |
| b | b 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 | | | |
| c | 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 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization | | | |
| e 41 | 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 | | No |
| 42a | List the states with which a copy of this return is filed. | | | |
| | organization's books are in care of DAVID SMITH Telephone no | (708) | 781-937 | 1 |
| | Located at ► 18470 THOMPSON COURT SUITE 2A TINLEY PARK, IL ZIP + 4 ► | 60477 | | |
| | 21 1 1 2 | 00 17 7 | | |
| | | | Yes | No |
| 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 | | No |
| | 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) | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U S ? | 42c | | No |
| | If "Yes," enter the name of the foreign country | | _ | |
| | 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 | | | |
| | | | Yes | No |
| | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | No |
| 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 | 44d | | No |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | No |
| | 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 Form 990-EZ (see instructions) | 45b | | No |
| | | ı | | |

| | | | | | | Yes | No |
|---|--|---|---|--|----------------------------|-------------------|------|
| | the organization engage, directly or indire | | | of or in opposition to | | | |
| | | <u> </u> | | | 46 | | No |
| Part VI | Section 501(c)(3) organization All section 501(c)(3) organization | - | ions 47- 49b and 52 | 2, and complete the tabl | es for line | es 50 | and |
| | 51. Check if the organization used Schedu | ıle O to respond to any q | juestion in this Part VI | | | [| 1 |
| | J | , , , | • | | | Yes | No |
| | the organization engage in lobbying activ 'es," complete Schedule C, Part II | rities or have a section 50 | 01(h) election in effect | during the tax year? | 47 | | |
| 18 Is th | ne organization a school as described in s | ection 170(b)(1)(A)(ii)? | If "Yes," complete Sch | edule E | 48 | | |
| 19a Did t | the organization make any transfers to a | n exempt non-charitable | related organization? | | 49a | | |
| b If "Y | es," was the related organization a section | on 527 organization? . | | | 49b | | |
| | plete this table for the organization's five | | | | and key er | mploye | es) |
| | each received more than \$100,000 of co | ompensation from the org | ganization If there is r | none, enter "None " (d) Health benefits, | (e) Estir | nated | mour |
| (α | y Name and the or each employee | hours per week devoted to position | compensation (Forms W-2/1099- MISC) | contributions to employee benefit plans, and deferred compensation | | | |
| ONE | | | | | | | |
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| | tal number of other employees paid over | | | · · · · · - | | 000 6 | _ |
| 51 Com | tal number of other employees paid over iplete this table for the organization's five pensation from the organization If there | e highest compensated in | | ▶s who each received more t | han \$100, | 000 of | _ |
| 51 Com | plete this table for the organization's five | e highest compensated ir is none, enter "None " | · | | han \$100, | | |
| 51 Com | plete this table for the organization's five pensation from the organization If there | e highest compensated ir is none, enter "None " | · | | | | |
| 51 Com | plete this table for the organization's five pensation from the organization If there | e highest compensated ir is none, enter "None " | · | | | | |
| 51 Com | plete this table for the organization's five pensation from the organization If there | e highest compensated ir is none, enter "None " | · | | | | |
| 51 Com | plete this table for the organization's five pensation from the organization If there | e highest compensated ir is none, enter "None " | · | | | | |
| 51 Com | plete this table for the organization's five pensation from the organization If there | e highest compensated ir is none, enter "None " | · | | | | |
| 51 Com | plete this table for the organization's five pensation from the organization If there | e highest compensated ir is none, enter "None " | · | | | | |
| 51 Com | plete this table for the organization's five pensation from the organization If there | e highest compensated ir is none, enter "None " | · | | | | |
| 51 Com | plete this table for the organization's five pensation from the organization If there | e highest compensated ir is none, enter "None " | · | | | | |
| 51 Com comp | plete this table for the organization's five pensation from the organization If there (a) Name and business address of | e highest compensated in is none, enter "None " each independent contr | actor | | | | |
| d Tot | plete this table for the organization's five pensation from the organization. If there (a) Name and business address of | e highest compensated in is none, enter "None " each independent contr | \$100,000 | (b) Type of service (c | | | |
| d Tot | plete this table for the organization's five pensation from the organization If there (a) Name and business address of | tors each receiving over | \$100,000 | (b) Type of service (c | Compen. | sation | |
| d Tot 52 Di co Juder pena | tal number of other independent contract If the organization is five pensation from the organization. If there (a) Name and business address of the organization is five pensation. If there are the organization complete schedule A penpleted Schedule A | tors each receiving over | \$100,000 | (b) Type of service (c | Compen | sation Nest of r | |
| d Tot 52 Di co | tal number of other independent contract of the organization and the organization and the organization and the organization are the tall number of other independent contract of the organization complete Schedule Appropriate Schedule Appropriate of perjury, I declare that I have exampled the organization, it is true, correct, and complete and belief, it is true, correct, and complete organization complete Schedule Appropriate organization complete organization comp | tors each receiving over | \$100,000 | (b) Type of service (c | Compen | sation Nest of r | |
| d Tot 52 Di co Inder pena nowledge as any kn | tal number of other independent contract of the organization and the organization and the organization and the organization are tall to the organization complete Schedule A? The organization complete Schedule A? The organization complete and belief, it is true, correct, and complete organization complete and belief, it is true, correct, and complete organization. | tors each receiving over | \$100,000 | (b) Type of service (c | Compen | sation Nest of r | |
| d Tot 52 Di co nder pena nowledge as any kn | tal number of other independent contract in the organization of the organization of the organization. If there (a) Name and business address of the organization complete Schedule A? In the organization complete Schedule A? In the organization of the organization complete Schedule A? In the organization of the organization complete Schedule A | tors each receiving over | \$100,000 | (b) Type of service (constant) Ist attach a | Compen | sation Nest of r | |
| d Tot 52 Di co nder pena nowledge as any kn | tal number of other independent contract and the organization complete Schedule Arompleted Arompleted Arompleted Arompleted Arompleted Arompleted | tors each receiving over NOTE. All section 501(amined this return, included Declaration of preparations) | \$100,000 | (b) Type of service (constitution of the constitution of the const | Compen | sation Nest of r | |
| d Tot 52 Di conder penanowledge as any kn | tal number of other independent contract id the organization completed Schedule A | tors each receiving over | \$100,000 | (b) Type of service (constitution of the constitution of the const | Yes d to the be of which p | sation Nest of r | |
| d Tote d Tote 52 Di cooled pena nowledge as any kn Sign lere Paid Prepare | tal number of other independent contract Id the organization complete Schedule A? In the organization complete S | tors each receiving over NOTE. All section 501(amined this return, included Declaration of preparations) | \$100,000 | (b) Type of service (constitution of the constitution of the const | Yes d to the be of which p | sation Nest of r | |
| d Tot 52 Di co | tal number of other independent contract Id the organization complete Schedule A? In the organization complete S | tors each receiving over NOTE. All section 501(amined this return, included Declaration of preparations) | \$100,000 | (b) Type of service (constitution of the constitution of the const | Yes d to the be of which p | sation Nest of r | |
| d Tote d Tote 52 Di cooled pena nowledge as any kn Sign lere Paid Prepare | tal number of other independent contract and the organization complete Schedule Arompleted Schedule Arompl | tors each receiving over NOTE. All section 501(a) amined this return, included Declaration of preparations of preparations. | \$100,000 | (b) Type of service (constraints) Institute the service t | Yes d to the be of which p | sation Nest of r | |

Page **4**

Form 990-EZ (2018)

Additional Data

Software ID: 18007218
Software Version: 2018v3.1

EIN: 27-2135921

Name: ILLINOIS FAMILY ACTION INC

Expenses

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

| Describe the organization's progra services, as measured by expense number of persons benefited, and | (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.) | | |
|--|--|-----|--|
| INFLUENCE ELECTED OFFICIALS IN SU | IONS OF CIVIL SOCIETY THROUGH EFFORTS TO EDUCATE, INFORM AND UPPORT OF THE COUNTRY'S HISTORIC IDEALS OF EQUALITY UNDER THE TO LIFE, LIBERTY, AND THE PURSUIT OF HAPPINESS ON WHICH THE | 28a | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data - SCHEDULE C Political Campaign an

Political Campaign and Lobbying Activities

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

2018

DLN: 93492015001140

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

► 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.

C

Open to Public Inspection

| mem | al Revenue Service | | | | | | | |
|---------|--|--|---|----------------------------------|--|-------------|--|--|
| • S | section 501(c)(3) organizations Co Section 501(c) (other than section | on Form 990, Part IV, Line 3, or Form omplete Parts I-A and B Do not comple 501(c)(3)) organizations Complete Pa | ete Part I-C | - | | _ | ctivities), the | en |
| f the | Section 501(c)(3) organizations the Section 501(c)(3) organizations the | on Form 990, Part IV, Line 4, or Form at have filed Form 5768 (election under at have NOT filed Form 5768 (election on on Form 990, Part IV, Line 5 (Proxy T ns), then | r section 501(h)) Counder section 501(h | omplete Par | t II-A Do not e Part II-B D | com o no | plete Part II-l t complete Pa | art II-A |
| Nar | me of the organization NOIS FAMILY ACTION INC | | | | Employer ic 27-2135921 | lenti | fication nun | nber |
| Par | t I-A Complete if the orga | anization is exempt under sect | ion 501(c) or is | a section | 1 527 orga | niza | ition. | |
| 1 | Provide a description of the orga "political campaign activities") | nization's direct and indirect political ca | ampaign activities ii | n Part IV (se | ee instruction | ns for | definition of | |
| 2 | Political campaign activity exper | nditures (see instructions) | | | • | \$ | | |
| 3 | | paign activities (see instructions) | | | | | | |
| | | anization is exempt under sect | | | | | | |
| 1 | · | tax incurred by the organization under | | | ▶ | \$ | | |
| 2 | | tax incurred by organization managers | | | • | \$ | | |
| 3 4a | Was a correction made? | ction 4955 tax, did it file Form 4720 foi | r this year? | | | | ☐ Yes ☐ Yes | □ No |
| h | If "Yes," describe in Part IV | | | | | | ies | |
| | | anization is exempt under secti | ion 501(c), exc | ept sectio | n 501(c)(| 3). | | |
| 1 | Enter the amount directly expen | ded by the filing organization for sectio | on 527 exempt funct | tion activitie | es 🕨 | \$ | | 12,070 |
| 2 | Enter the amount of the filing or function activities | ganization's funds contributed to other | organizations for se | ection 527 e | exempt • | \$ | | |
| 3 | Total exempt function expenditu | res Add lines 1 and 2 Enter here and | on Form 1120-POL, | line 17b | • | \$ | | 12,070 |
| 4 | Did the filing organization file Fo | orm 1120-POL for this year? | | | | Ψ, | | ✓ No |
| 5 | organization made payments. For of political contributions received | employer identification number (EIN) or each organization listed, enter the ar d that were promptly and directly delive tee (PAC) If additional space is needed | mount paid from the ered to a separate p | e filing orgai political orga | nization's fur inization, suc | ıds A | the filing Also enter the | amount |
| | (a) Name | (b) Address | (c) EIN | filing o | unt paid fror rganization's f none, entei -0- | | (e) Amount contribution: and prompt directly delives separate organization enter | s received of the political of the polit |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 1 | | | | | | | | |
| 5 | | | | | | | | |
| 5 | | | | | | | | |

| ь | Total lobbying expenditures to influence a legislative | | | |
|---|--|---|--|---|
| c | c Total lobbying expenditures (add lines 1a and 1b) | | | |
| d | Other exempt purpose expenditures | | | |
| e | Total exempt purpose expenditures (add lines 1c and | i 1d) | | |
| f | f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | |
| | 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 | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -(|)- | | |
| | | | | |

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public? Publications, or published or broadcast statements?

1

2

b

C

3

5

Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

(b)

Amount

(a)

No

Yes

2a

2b

2c 3

4

Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Yes 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Part III-B Complete 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." 1 Dues, assessments and similar amounts from members 1

expenditure next year?

Carryover from last year

Current year

Part IV **Supplemental Information** 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

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Return Reference

Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

Taxable amount of lobbying and political expenditures (see instructions)

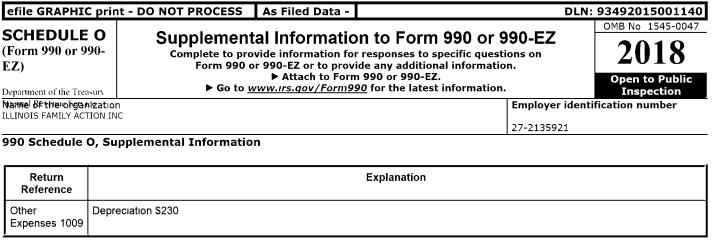
expenses for which the section 527(f) tax was paid).

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

POLITICAL ADVOCACY AND DIRECT AND GRASSROOTS LOBBYING TO EDUCATE. INFORM AND INFLUENCE ELECTED OFFICIALS IN SUPPORT OF THE COUNTRY'S HISTORICAL IDEALS OF EQUALITY UNDER THE LAW

AND THE UNALIENABLE RIGHTS TO LIFE, LIBERTY AND THE PURSUIT OF HAPPINESS ON WHICH THE NATION WAS FOUNDED Schedule C (Form 990 or 990EZ) 2018

Explanation



990 Schedule O, Supplemental Information Return Explanation Reference Other PROMOTION \$47148 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other **ELECTIONEERING \$11570**

990 Schedule O, Supplemental Information Return Explanation Reference

Other OUTSIDE SERVICES \$7610
Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference

Other WEBSITE/ELECTION COMMITTEE \$1500
Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference

Other BANK AND CREDIT CARD CHARGES \$1362
Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference Other ARTICLES & EDUCATION \$1025

990 Schedule O, Supplemental Information Return Explanation Reference Other TRAVEL & MEETINGS \$970

990 Schedule O, Supplemental Information Return Explanation Reference Other RESEARCH \$500 Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other SPONSORSHIP \$450
Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other WEBSITE \$194 Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference

Other COMMUNICATIONS \$166
Expenses 12

990 Schedule O, Supplemental Information Return Explanation Reference

Other PODCAST \$100 Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Other SUPPLIES \$84
Expenses 14

990 Schedule O, Supplemental Information Return Explanation Reference

Other AUTO EXPENSE \$75

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 16 SOFTWARE \$35

990 Schedule O, Supplemental Information Return Explanation Reference

Other TAXES & LICENSES \$35

Return Explanation

990 Schedule O, Supplemental Information

Reference Other

Furniture and Fixtures - Beginning \$346 Furniture and Fixtures - Ending \$116 Assets 1002

Return

990 Schedule O, Supplemental Information

Liabilities 1007

| Reference | — |
|-----------|---|
| Total | Secured Mortgages and Notes Payable - Beginning \$12151 Secured Mortgages and Notes Payable - Ending \$4463 |