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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

(Rev January 2020)

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

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

| | | ue Service | ► Go to ww | | Inspection | | | | | | |
|---|--------------|---------------|--|--|---------------------------------------|----------------------|-----------------|--------------------------------|--|--|--|
| Ā | For the | 2019 calen | dar year, or tax year beg | | , 20 | | | | | | |
| В | | applicable | C Name of organization No | | | | D Emplo | yer identification number | | | |
| _ | Address | | Doing business as NetC | | | | • | 27-1716101 | | | |
| ī | Name ch | | | O box if mail is not delivered to | street address) | Room/suite | E Teleph | one number | | | |
| \exists | initial reti | - | 1401 K St, NW | | | 502 | 202-331-2130 | | | | |
| Ħ | | rn/terminated | City or town, state or pro- | vince, country, and ZIP or foreig | on nostal code | | | | | | |
| \exists | Amende | | Washington, VA 20005 | Through Courting, and Elit of force, | g// poolar oboo | | G Gross | receipts \$ 2,167,319 | | | |
| 님 | | on pending | F Name and address of prin | cinal officer | | H(a) is this a no | | r subordinates? Yes No | | | |
| | Applicati | on pending | | K St, NW, Ste 502, Washin | aton, DC 20005 🗻 | 1 | | es included? Yes No | | | |
| | Tax-exer | npt status | | t (see instructions) | | | | | | | |
| | | ▶ www.ne | | number ► | | | | | | | |
| <u></u> - | | | | Association ☐ Other ► | L Year of for | | | of legal domicile DC | | | |
| _ | art I | Summa | | / toboolidation Catalar | 2 100 0110 | | · · · · · · · · | or logar dominons | | | |
| Briefly describe the organization's mission or most significant activities to engage in fast developing policy issues | | | | | | | | | | | |
| ė | ' | | | iding private policy local interne | | | | | | | |
| Activities & Governance | | | *************************************** | | | | | <u>ښ. بې</u> | | | |
| Ĕ | 2 | Check this | hox ▶ ☐ if the organi | zation discontinued its o | nerations or dispose | d of more than | 25% of | its net assets | | | |
| Š | ŧ | | | e governing body (Part V | | | 3 | 3 | | | |
| 8 | i . | | - | embers of the governing | · · · · · · · · · · · · · · · · · · · | , b) | 4 | 0 | | | |
| S | i i | | | oyed in calendar year 20 | • • | D) | 5 | 3 | | | |
| ŧ | ı | | · | • | ing (rait v, line za) | | 6 | 4 | | | |
| 당 | 1 | | per of volunteers (estim | • • | C\ line 10 | | 7a | 0 | | | |
| 4 | 1 | | | from Part VIII, column (| • | • | 7b | | | | |
| _ | 5 | ivet unreia | eu business taxable in | come from Form 990-T, | ilile 39 | Prior Year | | Current Year | | | |
| Revenue | 8 | Cantributio | one and grante (Port \/I | II line th | | ******* | 09,500 | 2,158,333 | | | |
| | 9 | | ons and grants (Part VII ervice revenue (Part VII | · · · · · · · · · · · · · · · · · · · | | ,,, | 05,500 | 2,130,333 | | | |
| ě | 10 | • | , | | ط/ | | 86 | 129 | | | |
| æ | 11 | | • | umn (A), lines 3, 4, and 7 (A), lines 5, 6d, 8c, 9c, 1(| • | | 85,130 | 8,857 | | | |
| | 12 | | , | h 11 (must equal Part VIII | | | 94,716 | 2,167,319 | | | |
| | | | | (Part IX, column (A), line | | 1 | 0 | 2,107,010 | | | |
| | 14 | | · · | Part IX, column (A), line | | | <u>_</u> | | | | |
| | 15 | - | | ployee benefits (Part IX, co | • | <u> </u> | 45,129 | 968,966 | | | |
| Ses | 1 | | · | rt IX, column (A), line 11 | | | 0 | 0 | | | |
| Expenses | I . | | - · | IX, column (D), line 25) | • | The state of | | | | | |
| X | 17 | | • | (A), lines 11a-11d, 11f-2 | | | 49.775 | 842,131 | | | |
| | 18 | - | • | (must equal Part IX, colu | • | | 94 904 | 1,811,097 | | | |
| | 19 | • | ess expenses Subtract | • | mm (A), me 25) | | 00,188 | 358,222 | | | |
| _ v | | Tievenue ie | 33 expenses Gubiraci | tille to Rollfille 12 | | Beginning of Curr | | End of Year | | | |
| Assets or | 20 | Total asset | ts (Part X, line 16) | | | y | 63,171 | 916,426 | | | |
| Ass | 21 | | ties (Part X, line 26) | | | | 10,535 | 7,569 | | | |
| Find A | 22 | | • • • | stract line 21 from line 20 |) | 552,636 908, | | | | | |
| _ | art II | | re Block | | | | | | | | |
| | | | ······································ | ed this return, including accom | poanving schedules and st | atements, and to the | best of m | ny knowledge and belief, it is | | | |
| | | | | her than officer) is based on all | | | | | | | |
| | | | | | ···· | | 10 | 112/20 | | | |
| Sig | gn | Signat | ure of officer | | | Date | | // | | | |
| He | ere | | RENT A | MU CF | ъ | | • | | | | |
| | | Туре с | or print name and title | | | | | | | | |
| D- | | Print/Type | preparer's name | Preparei 's signature | | Date | Check [| T If PTIN | | | |
| | aid | _ | | | | | self-emp | | | | |
| | epare | | me 🕨 | | | Firm's | EIN ► | | | | |
| US | se Onl | Firm's add | | | Phone no | | | | | | |
| Ма | y the IF | . <u> </u> | | parer shown above? (se | e instructions) | | . Yes No | | | | |
| | | | ion Act Notice, see the | · · · · · · · · · · · · · · · · · · · | _ | t No 11282Y | | Form 990 (2019) | | | |
| | | | | | ``\ | | | . 3 000 (2013) | | | |

NX 00 423214614MAR 022029

| Form 99 | 0 (2019) | | Page 2 |
|---------|--|-----------|--------|
| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission to engage in fast developing policy issues that are critical to internet commerce, including private policy. Iocal internet governance, child safety, data security and taxation | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | ☐ Yes | ☑ No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | □Yes | ☑ No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloce the total expenses, and revenue, if any, for each program service reported. | | |
| 4a | (Code) (Expenses \$including grants of \$) (Revenue \$ | | _) |
| | | | |
| | | | ••••• |
| | | | |
| | | | •••••• |
| | | | |
| | | | |
| 4b | (Code) (Expenses \$including grants of \$) (Revenue \$ | |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code) (Expenses \$including grants of \$) (Revenue \$ | |) |
| | ······································ | | |
| | | | |
| | | | |
| | | . | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ | <u></u> | |



Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----------|---|-----------|----------|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | ~ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | V |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | , |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | V | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | V |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | v |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | , |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | V |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | > |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ٧ | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| С | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . | 11c | | ~ |
| d | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | ~ |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ~ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | ~ |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | ~ |
| | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <i>y</i> |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | ~ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | ~ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | v |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | ~ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | v |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ~ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | v |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ~ |
| b 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | <u> </u> | |
| 5 I | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | v |

| Part | Checklist of Required Schedules (continued) | | | |
|----------|--|-----|------------|-------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | v |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | ۲ | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | V |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | V |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | V |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | V |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | ~ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | ~ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ~ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | V |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | > |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ~ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | ~ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | v |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ~ |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | ~ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ~ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O | 38 | V | |
| Part | V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | <u>.</u> . | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | ľ | |

| Form 99 | 0 (2019) | | | F | Page 5 | | | | |
|---------|---|-------------------|--|--------------|---------------|--|--|--|--|
| Part ' | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
| | | | | Yes | No | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 1 | , t | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a 4 | <u> </u> | · | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment | | 2b | ~ | | | | | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst | • | | 374. 1 | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year | | 3a | | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S | | 3b | . | ļ | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | • | ١. | | ١, | | | | |
| _ | a financial account in a foreign country (such as a bank account, securities account, or other finan | icial account)? | 4a | | V | | | | |
| | If "Yes," enter the name of the foreign country | Accounts /FRAD) | 2 | | 2 | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte | • | 5a 5b | | V | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | i transaction | 5c | | V | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,0 | 00 and did the | | | - | | | | |
| Va | organization solicit any contributions that were not tax deductible as charitable contributions | | 6a | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such | | | · · · · · · | | | | | |
| - | gifts were not tax deductible? | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | ۲, | , | 3 /2 | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and | partly for goods | <u> </u> | <u> </u> | -1 | | | | |
| | and services provided to the payor? | | 7a | <u> </u> | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property | for which it was | _ | | | | | | |
| | required to file Form 8282? | | 7c | | ļ., | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | [7d] | 1.14 1.5 | | _' z ' | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal band the organization during the year new premiums directly or indirectly, as a personal band | | 7e 7f | | | | | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene if the organization received a contribution of qualified intellectual property, did the organization file Form | | 7g | - | | | | | |
| - | If the organization received a contribution of qualified intellectual property, did the organization file organization file organization file. | • | 7h | | ļ | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m | | # 4 | | f - | | | | |
| Ü | sponsoring organization have excess business holdings at any time during the year? | iaintained by the | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | • | 1. | · _ į | 4 (- , | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor advisor. | son? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 . | 10a | = - | | f . | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 7 | | - 0 | | | | |
| | Section 501(c)(12) organizations. Enter | 1 1 | Į. | - | 1 | | | | |
| | Gross income from members or shareholders | 11a | [· · | 1 | 1 | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 146 | ļ. | ľ | | | | | |
| 12a | against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu | 11b | 12a | | - | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 17. | 1. | - | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | 1 |]* | , | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | • | 13a | | † | | | | |
| | Note: See the instructions for additional information the organization must report on Schedul | e O | 4 - 1 | 3 | , | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | 3 | - 1 | ١., | | | | |
| | the organization is licensed to issue qualified health plans | 13b | لسار | ļ., | , , | | | | |
| C | Enter the amount of reserves on hand | 13c | h | 3 | - | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | ļ | ~ | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on | | 14b | <u> </u> | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in | remuneration or | 1 | | | | | | |
| | excess parachute payment(s) during the year? If "You " one instructions and file Form 4720. Schodule N. | | 15 | | 1 | | | | |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N is the organization an educational institution subject to the section 4968 excise tax on net invi- | actment income? | 16 | ئىندا. | - ii. | | | | |
| 10 | If "Yes," complete Form 4720, Schedule O. | saunent micome? | | F 0.1 | | | | | |
| | | | الموسوعة الز | I | <u> 1' – </u> | | | | |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, ar response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See | | | | | | | |
|-------|--|----------|----------|------------|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | |
| Secti | on A. Governing Body and Management | | | | | | | |
| | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 3 | (° n' | | .] | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O | | , , | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 0 | 1 | , . | . 1 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | ٠ | 7 | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | ~ | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ~ | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | ~ | | | | |
| 6 | Did the organization have members or stockholders? . | 6 | | ~ | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | ~ | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | ~ | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. | · - | | | | | | |
| a | The governing body? | 8a | <u> </u> | <u> </u> | | | | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | ~ | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | 1- 1 | , | | | | |
| Secu | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | yes | Alo | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 165 | No | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | IUa | | - | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ~ | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 |)(+ g | , , | ¥ | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 1 | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ~ | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | ٧ | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | ~ | <u> </u> | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | ~ | <u> </u> | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | <u>.</u> | - 1 | | | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | ン | - | | | | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 15b | ļ , | ı ,i | | | | |
| 160 | | 5, + | 1 | 11 | | | | |
| 16a | with a taxable entity during the year? | 16a | | 7 | | | | |
| ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | ٠ | | | | | |
| Secti | on C. Disclosure | 100 | ! | Ь | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ N/A | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- | T (Sec | tion | 501(c) | | | | |
| | (3)s only) available for public inspection. Indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain on Schedule O) | . 1060 | OII : | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year | if inter | rest p | oolicy, | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re Rene Adam, 1401 K ST, NW, STE 502, WASHINGTON, DC, 20005 | cords | • | | | | | |

| Form | 990 | (2019) |
|---------|------------|--------|
| 1 01111 | 930 | (4013) |

Page 7

| Part VII | Compensation of Officers, Dir | rectors, Trustees, | Key Employees, I | Highest Compensate | d Employees, and |
|----------|-------------------------------|--------------------|------------------|--------------------|------------------|
| | Independent Contractors | | | | , |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

| Check this box if neither the organization nor | any relate | d orga | anız | atıo | n c | ompe | nsa | ted any current | officer, director, | or trustee | |
|--|---|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|----------------------------------|--------------------------------------|---|--|
| | | | | ((| C) | | | | | | |
| (A) | (B) | | | | ition | | | (D) | (E) | (F) | |
| Name and title | Average hours per week | box, i | unles | s pe | rson | s than o is both or/trust | an | Reportable compensation from the | Reportable compensation from related | Estimated amount of other compensation | |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations | |
| (1) Steven DelBianco | 50 | | | | | | | | | 5.00 | |
| Executive Director/Board Member | | ~ | | ~ | ~ | ~ | | 425,305 | 0 | 5,305 | |
| (2) Carl Szabo Employee | 50 | | | | v | | | 262,454 | 0 | 4,537 | |
| (3) Jonathan Zuck | 2 | | | | | | | | | | |
| Board Member | | ~ | | ~ | <u></u> | | | 0 | 0 | | |
| (4) Rene Adam | 4 | Į | | | | | | _ | _ | _ | |
| Board Member | | ~ | | ~ | | | | 0 | 0 | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | - | | |

| Part | VII Section A. Officers, Directors, | rustees, | Key | Em | plo | yee | s, an | id F | lighest Compe | nsated Em | iplo | yees (contir | nued) |
|-------|---|------------------------|--------------------------------|-----------------------|---------------|--------------------|------------------------------|-------------------------|-----------------------------|------------------------------|--------------------------|--------------------------------------|----------|
| | | | | | C) | | | | | | | | |
| | (B) | | | neck | | e than (| | (D) | (E) Reportable compensation | | (F) | | |
| | Average hours | | | | | is both or/trus | | Reportable compensation | | | Estimated am of other | | |
| | | per week (list any | | Τ_ | $\overline{}$ | · | | | from the organization | from relater organization | | compensati from the | on |
| | | hours for related | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MI | SC) | organization related organization | |
| | | organizations below | or all | onal t | | ploye | com | | | | | rolation of garmen | |
| | | dotted line) | stee | ruste | | ď | Senso | | | | | | |
| | | | | Ö | | | <u> </u> | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | · | |
| (20) | | | | \vdash | | | | | | | | | |
| (21) | | | | _ | | <u> </u> | | - | | | | | |
| (22) | | | | - | | | | H | - | | | | |
| (23) | | | | _ | | | | | | | | | |
| | | | <u> </u> | | | <u> </u> | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1h | Subtotal . | | J | L. | <u></u> | L | L | <u> </u> | 687,759 | | - | | 9,842 |
| | Total from continuation sheets to Part | VII, Section | · · · · · · | | | | | > | 0 | | 0 | | 0 |
| | Total (add lines 1b and 1c) | | | | | | | > | 687,759 | | 0 | | 9,842 |
| 2 | Total number of individuals (including bur reportable compensation from the organi | | d to th | ose | e list | ted | abov | e) w | ho received more | e than \$100 | ,000 | of | |
| | reportable compensation from the organ | Zation | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete to | | | | | | | mp | loyee, or highes | t compens | ated | 3 | |
| 4 | For any individual listed on line 1a, is the | | | | | | | on a | and other compe | nsation from | the | | |
| | organization and related organizations individual | greater th | an \$ | 150, | ,000 | ? / | f "Ye | s," | complete Sched | dule J for s | such | 4 4 | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | tion or indivi | dual | 5 | |
| Secti | on B. Independent Contractors | | | | | | | | | | | | <u> </u> |
| 1 | Complete this table for your five high compensation from the organization Rep | | | | | | | | | | | | |
| | (A) Name and business add | Iress | | | | | | | (B) Description of serv | /ices | (| (C) Compensation | |
| | an, 1455 Pennsylvania Ave, NW, Suite 100, Wa | | | 04 | | | | | iblic relations | | | | 0,000 |
| | | | | | | intracted services | | | | 35,000 39,046 | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractor | • | • | | | | | o tł | | e) who | | 11. | - Yes to |
| | received more than \$100,000 of compens | ation from | tne or | gan | ıızat | lion | | | 3 | | | F 000 | |

| Part VIII | | Statement of Revenue | | | | | | | | | | |
|--|-----|--|---------------|--------------|-----------|-------------------|----------------------|--|--------------------------------------|--|--|--|
| | | Check if Schedule | Осо | ntains a re | spor | ise or note to ar | ny line in this Pa | ırt VIII | | | | |
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 | | |
| ts st | 1a | Federated campaig | ns | ******* | 1a | | , | | | | | |
| irar Dun | b | Membership dues | | • | 1b | 1,728,833 | , | | • | - | | |
| S, G | С | Fundraising events | | | 1c | | } | , | | , . | | |
| Contributions, Giffs, Grants and Other Similar Amounts | d | Related organization | | | 1d | | ь | | | | | |
| S, G | е | Government grants | | - | <u>1e</u> | | | , | 1 | | | |
| on: Si | f | All other contribution | ns, gi | fts, grants, | ١ | | | | , | | | |
| he | | and similar amounts no | | | 1f | 429,500 | | , | | ŀ | | |
| 돌 | g | | | | | | a . | | | | | |
| 20 and | h | lines 1a-1f 1g ! | | | | ⊅ | 2,158,333 | | | | | |
| | - " | | | | | Business Code | 2,100,000 | | | | | |
| e, | 2a | | | | | COSITIOS COUL | | | | · · · · · · · · · · · · · · · · · · · | | |
| ه ₹. | b | | | | | | | | | | | |
| Se | C | | | | | | | - | | | | |
| gram Sen Revenue | d | | | | | | | | | <u> </u> | | |
| Program Service Revenue | е | | | | | | _ | | | | | |
| P. | f | All other program se | | | | | | | | | | |
| | g | Total. Add lines 2a- | -2f | <u> </u> | | . • | | | | | | |
| | 3 | Investment income | | uding divi | dends | s, interest, and | | | | | | |
| | | other similar amoun | • | | | · | 129 | | | | | |
| | 4 | Income from investn | nent d | of tax-exem | ipt bo | ind proceeds | | | | | | |
| | 5 | Royalties | · - | (ı) Rea | | (ii) Personal | | | | | | |
| | 6a | Gross rents . | 6a | (I) Nea | | (ii) Feisoriai | 1 | į | | | | |
| | b | Less rental expenses | 6b | - | _ | | | | | | | |
| | c | Rental income or (loss) | | | | | | | | | | |
| | d | Net rental income of | | :) | _ | • | | | | | | |
| | 7a | Gross amount from | ,,,,,, | (i) Securit | ies | (ii) Other | | | | | | |
| , | 10 | sales of assets | | | | | r | | | | | |
| | | other than inventory | 7a | | | | | | | | | |
| e e | b | Less cost or other basis | | | | | • | | | | | |
| Other Revenue | | and sales expenses . | 7b | | | | | | , | | | |
| ě | C | Gain or (loss) . | 7c | | | | | · | | | | |
| ia l | d | Net gain or (loss) | | | | > | | | | | | |
| Ě | 8a | Gross income from | | ndraising | | | , | | | | | |
| ١ | | events (not including of contributions rep | | d on lon | | | | | | | | |
| | | 1c). See Part IV, line | | . On line | 8a | | | | | | | |
| | b | Less. direct expense | | • | 8b | | | | | i | | |
| | | Net income or (loss) | | fundraisin | | nts . ▶ | | | | | | |
| | 9a | Gross income f | | gaming | <u> </u> | | | | | | | |
| | | activities See Part I | | | 9a | | , | | | | | |
| | b | Less direct expense | es | | 9b | | ı | | | | | |
| | C | Net income or (loss) | from | gaming ad | tivitie | s . | | | | | | |
| | 10a | Gross sales of in | | ory, less | | | | | | | | |
| | | returns and allowan | | | 10a | | t . | | | | | |
| | | Less cost of goods | | | 10b | | | | | | | |
| | С | Net income or (loss) | HOI | sales of Ir | vento | Business Code | | | | | | |
| Miscellaneous Revenue | 11a | reimbursable expense | es | | | 541611 | 8,857 | | | <u></u> | | |
| scellaneo Revenue | b | | | | | 541011 | 0,007 | | | | | |
| is ela | c | | | | | | _ | | | | | |
| S & | d | All other revenue | | | | _ | | | | | | |
| Σ | | Total. Add lines 11a | <u>1-1</u> 1d | l | | . • | 8,857 | | | | | |
| | 12 | Total revenue. See | | | · _ | • | 2,167,319 | | | | | |

| | X Statement of Functional Expenses | | | | |
|----------|--|-----------------------|------------------------------------|---|---------------------------------------|
| Section | n 501(c)(3) and 501(c)(4) organizations must comp | olete all columns All | other organization | s must complete colu | umn (A) |
| | Check if Schedule O contains a response | | | <u>, , , , , , , , , , , , , , , , , , , </u> | <u> </u> |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | 4 |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | · |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and | | | | |
| 4 | foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members | | | | , , |
| 5 | Compensation of current officers, directors, trustees, and key employees | 687,759 | | , ., | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages . | 87,999 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 38,317 | | | |
| 9 | Other employee benefits | 117,037 | • | | · · · · · · · · · · · · · · · · · · · |
| 10 | Payroll taxes | 37,854 | | - | |
| 11 | Fees for services (nonemployees) | | | † | |
| а | Management | | | | |
| b | Legal . | 1,200 | | 1 | |
| С | Accounting . | 10 | | | |
| d | Lobbying | 125,860 | | | |
| е | Professional fundraising services See Part IV, line 17 | | , Yı. | 78.7 | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 191,284 | | | |
| 12 | Advertising and promotion | 124,169 | | | |
| 13 | Office expenses | 70,001 | | | |
| 14 | Information technology | 20,150 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 65,078 | | | |
| 17 | Travel | 160,648 | | | , |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings . | 6,347 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,838 | | | - |
| 23 | Insurance | 5,545 | | <u> </u> | |
| 24 | Other expenses Itemize expenses not covered | li. | , - , - <u>,</u> | 74 | ₹ 3,0 |
| | above (List miscellaneous expenses on line 24e If | 10 | • | - | <u>'</u> |
| | line 24e amount exceeds 10% of line 25, column | , , | ٠, | * | |
| | (A) amount, list line 24e expenses on Schedule O) | <u> </u> | , a _ tes | * ' · | |
| а | sponsorships | 13,572 | | | |
| b | dues & subscriptions | 51,685 | | | |
| С | bank fees | 1,028 | | | |
| d | taxes & filing fees | 3,716 | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,811,097 | | | |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation Check here ▶ ☐ if | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

| | 1 990 (20 art X | Balance Sheet | . = | | Page 1 |
|--------------------------|--------------------|---|--|--------|---|
| _ | aitA | Check if Schedule O contains a response or note to any line in this Pa | art X | | |
| - | | Chock in Concount of Contains a response of free to any line in this . C | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash-non-interest-bearing . | 503,171 | 1 | 364,563 |
| | 2 | Savings and temporary cash investments . | | 2 | |
| | 3 | Pledges and grants receivable, net . | | 3 | |
| | 4 | Accounts receivable, net | 60,000 | 4 | 552,250 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | 3 2 2 3 3 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | The second | 6 | 1 |
| S | 7 | Notes and loans receivable, net | | 7 | -387 |
| Assets | 8 | Inventories for sale or use | | 8 | |
| å | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 12.473 | र्ड दिन् _य े क | 4 1 | p w ye w |
| | ь | Less accumulated depreciation 10b 12,473 | 0 | 10c | |
| | 11 | Investments—publicly traded securities . | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 563,171 | 16 | 916,426 |
| | 17 | Accounts payable and accrued expenses . | 4,978 | 17 | 1,469 |
| | 18 | Grants payable . | | 18 | |
| | 19 | Deferred revenue . | | 19 | |
| | 20 | Tax-exempt bond liabilities . | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D . | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | ٠٠٠ الآيق المراجع المراجع | | |
| g | | controlled entity or family member of any of these persons | | 22 | - |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 5,557 | 25 | 6,100 |
| | 26 | Total liabilities. Add lines 17 through 25 | 10,535 | | 7,569 |
| (A) | 20 | Organizations that follow FASB ASC 958, check here ▶ □ | ا المالية | 1 20 | , |
| ances | | and complete lines 27, 28, 32, and 33. | | | ; |
| ä | 27 | Net assets without donor restrictions | | 27 | |
| פַ | 28 | Net assets with donor restrictions | 1 3. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. | 1 20 | |
| Net Assets or Fund Balan | | Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. | | | |
| ts (| 29 | Capital stock or trust principal, or current funds . | | 30 | |
| Se | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ĕ | 31 32 | Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances | 552,636 | _ | 908,85 |
| ĕ | 33 | Total liabilities and net assets/fund balances | 563,171 | | 916,42 |
| _ | 1 33 | TOTAL HADWINES AND HEL ASSESSIBLE DAMANCES | 1 500,171 | | , 5.5,72 |

33

Total liabilities and net assets/fund balances

Form **990** (2019)

908,857

916,426

563,171 33

| Form 99 | 90 (2019) | | | Р | age 12 |
|---------|---|--------|---------|---------------|----------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | ٠. | | . 🗹 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2,16 | 67,319 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,8 | 11,097 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 3! | 56,222 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 55 | 52,636 |
| 5 | Net unrealized gains (losses) on investments . | 5 | | | 0 |
| 6 | Donated services and use of facilities , , , , | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | -1 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | | 90 | 08,857 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | — | |
| | | | <u></u> | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | — Be | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O | xplain | ın K | 27 | 1.3 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | 2a | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | noiled | or F | , pr | A. |
| | reviewed on a separate basis, consolidated basis, or both | | Ţ. | ليها الخارك | 1 -4 |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | E | <u>`_</u> ` ` | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | 2b | V |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted o | na 🚡 | | 1 1 |
| | separate basis, consolidated basis, or both | | j. | · - | 1 -1 |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 1 | | لحتا |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersigh | tof | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounts | ent? | | 2c | _ |
| | If the organization changed either its oversight process or selection process during the tax year, ex | xplaın | . 11 | W 4 | 4 |
| | Schedule O | | , | | الشندا |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in | | | |
| | Single Audit Act and OMB Circular A-133? | • | | За | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | • | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits | 3 | 3b | 1 |

Form **990** (2019)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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

| | organization answered "Yes see separate instructions), t | s," on Form 990, Part IV, line 5 (Prox hen | y Tax) (see separat | e instructions) or Form 990 | -EZ, Part V, line 35c (Prox |
|-----------------------|--|---|--|--|--|
| • S | ection 501(c)(4), (5), or (6) orga | anizations Complete Part III | | | |
| | of organization | | - | Employer ider | ntification number 27-1716101 |
| Part | I-A Complete if th | e organization is exempt und | er section 5010 | c) or is a section 527 of | organization. |
| 1 | | f the organization's direct and ir | | | |
| 2 | | ty expenditures (see instructions) | | ▶ \$ | ; |
| 3 | | cal campaign activities (see instru | ctions) | | |
| Part | | e organization is exempt und | | c)(3). | |
| 1 | | excise tax incurred by the organiz | | | |
| 2 | | excise tax incurred by organizatio | | | |
| 3 | • | ed a section 4955 tax, did it file Fo | - | | Yes No |
| 4a | Was a correction made? | | | | Yes No |
| b | If "Yes," describe in Part | IV | | | |
| Part | I-C Complete if th | e organization is exempt und | ler section 501(| c), except section 501 | (c)(3). |
| 1 2 3 4 5 | activities Enter the amount of the 527 exempt function act Total exempt function of line 17b Did the filing organization Enter the names, addres organization made paym the amount of political co | filing organization's funds contributives. expenditures Add lines 1 and 2 and file Form 1120-POL for this year ses and employer identification numbers. For each organization listed, contributions received that were profit fund or a political action committed (b) Address | outed to other org ! Enter here and .? mber (EIN) of all senter the amount | panizations for section son Form 1120-POL, ection 527 political organic paid from the filing organic delivered to a separate p | Yes No zations to which the filing ization's funds. Also ente political organization, such |
| (1) | | | - | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | 1 | | |
| (5) | | | - | | |
| (6) | | | | | |

| Schedule | C (Form | 990 or | 990.E71 | 201 |
|----------|---------|--------|---------|-----|

| Sched | dule C (Form 990 or 990-EZ) 2019 | | | | | Page 2 |
|------------|---|--|---|-------------------|----------------------------------|--------------------------------|
| Par | t II-A Complete if the organizate section 501(h)). | tion is exempt u | under section 50 | 01(c)(3) and file | d Form 5768 (ele | ection under |
| | Check ► ☐ If the filing organization be address, EIN, expenses, all the filing organization chi | nd share of excess | s lobbying expend | itures) | lliated group memb | per's name, |
| B C | | | | Ovisions apply | | |
| | Limits on Lo (The term "expenditures" | bbying Expendit means amounts | |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influer | ice public opinion | (grassroots lobby) | ng) | | |
| b | Total lobbying expenditures to influen | ice a legislative bo | ody (direct lobbying | g) | | • |
| C | Total lobbying expenditures (add lines | s 1a and 1b) . | | | | |
| d | Other exempt purpose expenditures | | | | | - |
| е | Total exempt purpose expenditures (a | add lines 1c and 1 | d) . | | | |
| f | | | | g table in both | | |
| | If the amount on line 1e, column (a) or (b) | is: The lobbying | nontaxable amoun | t is: | ka . 4 . 2 | P = 7, 4H; |
| | Not over \$500,000 | | nount on line 1e | | | Language with the same |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus | 15% of the excess | over \$500,000 | μ, χ <u>τ</u> η | |
| | 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 5% of the excess of | ver \$1,500,000 | 10 10 10 | 7,000 |
| | Over \$17,000,000 | \$1,000,000 | | | | A - Brown |
| g | Grassroots nontaxable amount (enter | 25% of line 1f) | | | | |
| h | | | | | | |
| i | Subtract line 1f from line 1c If zero or | less, enter -0- | | • | | |
| j | If there is an amount other than ze reporting section 4911 tax for this ye | | 1h or line 1i, did | the organization | file Form 4720 | ∏Yes ∏No |
| | 4- (Some organizations that made a | Year Averaging section 501(h) ele | Period Under Sec ection do not hav ructions for lines | e to complete all | of the five colum | ns below. |
| | Lobby | ing Expenditures | During 4-Year A | veraging Period | T | |
| | Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Totai |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | in the state of th | | | 1 | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | 400 | | | |
| f | Grassroots lobbying expenditures | | | | | |

| Part | II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)). | led | Form | 5768 | | |
|--------------|--|--------|----------|----------|--------|----------|
| For | | | (a) | | (b) | •• |
| | | | No | А | mount | ł |
| 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 Volunteers? | | | | | |
| b c | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | 1 | | , |
| d e | Mailings to members, legislators, or the public? Publications, or published or broadcast statements? | | | | | |
| f g h | Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? | | | | | |
| j 2a b | Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c d | | | | | | |
| Part | Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6). | (5), (| or se | ction | | , |
| 1 2 3 | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the political campaign activity expensions. | | | | Yes | No V |
| Lean | Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." | | | | line 3 | 3, is |
| 1 | Dues, assessments and similar amounts from members . | | 1 | | 2,15 | 8,333 |
| 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 | | | | |
| a | Current year | | 2a | | 12 | 5,860 |
| b | Carryover from last year Total | • | 2b 2c | | 12 | 5.860 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | 5,860 |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi and political expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Par | t IV Supplemental Information | | | L | | |
| | de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groue instructions); and Part II-B, line 1 Also, complete this part for any additional information | p lis | t); Pa | rt II-A, | 1 | and |
| | | | | | | . * * * |

| Page 4 | rm 990 or 990-EZ) 2019 | |
|--------|---|---------|
| | Supplemental Information (continued) | Part IV |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2019 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

27-1716101 NetChoice, LLC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year. 1 Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 🐛 🕠 Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 🗌 Yes 🔲 No violations, and enforcement of the conservation easements it holds? . 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Я and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X \$

| Part | III Organizations Maintaining | Collections of | Art, Hist | torical T | reasures | , or Oth | er Similar As | sets (conti | nued) |
|-----------|--|----------------------|-------------|--|--------------------------|------------|-----------------------|--------------------|-----------|
| 3 | Using the organization's acquisition, collection items (check all that apply). | | her recor | ds, chec | k any of th | e followi | ng that make s | ignificant us | se of its |
| а | ☐ Public exhibition | | d l | ☐ Loan | or exchang | e progra | ım | | |
| | ☐ Scholarly research | | e | Other | | | | | |
| C | ☐ Preservation for future generations | 3 | | | | | | | |
| 4 | Provide a description of the organiza XIII | tion's collections a | and expla | un how t | hey further | the orga | anization's exen | npt purpose | ın Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | □ No |
| Part | | | <u></u> | | | | | | ···· |
| | Complete if the organization 990, Part X, line 21 | | | | | | | | orm |
| 18 | Is the organization an agent, trustee included on Form 990, Part X? | • | | • | | tions or | other assets no | ot 🗌 Yes | □ No |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete the fo | llowing to | able | | l Ai | mount | |
| С | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amou | nt on Form 990, Pa | art X, line | 21, for e | scrow or co | ustodial | account liability | [?] ☐ Yes | ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII. Check here | e if the ex | planatio | n has been | provide | d on Part XIII . | | |
| Part | V Endowment Funds. | ···· | | | | | | | |
| | Complete if the organization | answered "Yes" | " on For | m 990, F | Part IV, line | e 10. | <u>.</u> | | |
| | | (a) Current year | (b) Pric | or year | (c) Two year | rs back | (d) Three years back | (e) Four yea | ırs back |
| 1a | Beginning of year balance | | | | ļ | | | Ļ | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | |
| f | Administrative expenses . | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of | | id balanc | e (line 1g | j, column (a | a)) held a | s | | |
| а | Board designated or quasi-endowme | nt ▶ | _ % | | | | | | |
| b | Permanent endowment > | | | | | | | | |
| С | Term endowment ▶% | | | | | | | | |
| | The percentages on lines 2a, 2b, and | 2c should equal 1 | 00% | | | | | | |
| 3a | Are there endowment funds not in th organization by | e possession of th | ne organi: | zation tha | at are held | and adn | ninistered for th | Ye | s No |
| | (i) Unrelated organizations | • | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | 3a(ii) | - |
| | If "Yes" on line 3a(ii), are the related of | | | | | • | | _3b | |
| 4 Part | Describe in Part XIII the intended use | | on's enac | wment to | unas | | | | |
| rari | Land, Buildings, and Equip Complete if the organization | | " on For | m 000 l | Port IV Jun | a 11a S | See Form 990 | Dart Y line | - 10 |
| | Description of property | (a) Cost or ot | her basis | (b) Cost of | or other basis other) | (c) A | ccumulated preciation | (d) Book va | |
| 1a | Land | | | | ······ | 11/ 2 | 71-27, | | |
| b | Buildings | | | | | 125 | <u> </u> | | |
| c | Leasehold improvements | · | | | | | | | |
| d | Equipment . | | 12,473 | | | | 12,4473 | | 0 |
| e | Other | | | | | | | | |
| Total. | Add lines 1a through 1e (Column (d) r | nust equal Form 9 | 90, Part) | X, columr | n (B), line 10 | 0c) | > | | 0 |
| | | | | | | | | | |

| Part VII | Investments — Other Securities. Complete if the organization answered "Yes" on Fo | orm 990 Part IV li | ne 11h See Form | 990 Part X line 12 |
|----------------|--|----------------------|---------------------------------------|--------------------------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Meth | od of valuation of-year market value |
| (1) Financial | derivatives | | | |
| (2) Closely h | neld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | *************************************** | | | |
| (D) | | | | |
| (E) | *************************************** | | | . |
| (F) | | | ļ | |
| (G) | | | | |
| (H) | mn (b) must equal Form 990, Part X, col (B) line 12) | ·· · | 19. s 2 1. | |
| Part VIII | Investments—Program Related. | | 19 Section | <u> </u> |
| i dit viii | Complete if the organization answered "Yes" on Fo | orm 990 Part IV li | ne 11c. See Form | 990 Part X line 13 |
| | (a) Description of investment | (b) Book value | | od of valuation |
| | (a) Description of investment | (b) book value | | of-year market value |
| (1) | | | <u> </u> | |
| (2) | | | | |
| (3) | | | | |
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| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col (B) line 13) | · | len - 16 | |
| Part IX | Other Assets. | 000 David IV II | no 11d Can Form | 000 Dark V. Brand E |
| | Complete if the organization answered "Yes" on Fo | orm 990, Part IV, II | ne 11a. See Form | |
| (1) | (a) Description | | | (b) Book value |
| (2) | | | | |
| (3) | | <u> </u> | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | 181 | | • |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu. | mn (b) must equal Form 990, Part X, col. (B) line 15) | | > | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" on Fo | orm 990, Part IV, li | ne 11e or 11f. See | Form 990, Part X, |
| 1. | line 25. | | · · · · · · · · · · · · · · · · · · · | (h) Daali vali a |
| (1) Federal in | (a) Description of liability | | | (b) Book value 3.637 |
| (2) FSA pay | | | | 2,463 |
| (3) payroll | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25) | | ▶ | 6,100 |
| | r uncertain tax positions. In Part XIII, provide the text of the fool | | | |

| Page | 4 |
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| | |

| Part | | ments With Revenu | e per Return. |
|---------------------|--|------------------------------------|--------------------------------------|
| | Complete if the organization answered "Yes" on Form 99 | 0, Part IV, line 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statemen | ts | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on investments | . 2a | i al |
| b | Donated services and use of facilities | 2b | الم الم |
| С | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | - 514 |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 111 |
| C | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, II | | 5 |
| Part | | | ses per Return. |
| | Complete if the organization answered "Yes" on Form 99 | 0, Part IV, line 12a | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | 12, 1 |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| C | Other losses | 2c | |
| d | Other (Describe in Part XIII) . | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | <u>3</u> —√3 |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | 3 - 6 |
| | Other (Desemble of Best VIII.) | 4b | |
| b | Other (Describe in Part XIII) | 1.00 | |
| | Add lines 4a and 4b | 1,00 | . 4c |
| | · · | | . 4c 5 |
| c 5 Part | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. | line 18.) | 5 |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | line 18.) and 4, Part IV, lines 1b | and 2b; Part V, line 4, Part X, line |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. | line 18.) and 4, Part IV, lines 1b | and 2b; Part V, line 4, Part X, line |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | line 18.) and 4, Part IV, lines 1b | and 2b; Part V, line 4, Part X, line |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | line 18.) and 4, Part IV, lines 1b | and 2b; Part V, line 4, Part X, line |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | line 18.) and 4, Part IV, lines 1b | and 2b; Part V, line 4, Part X, line |
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| Schedule D (Fo | | Page 5 |
|----------------|---|---|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

Compensated Employees, and ringings Compensated Employees

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection Employer identification number

27-1716101 NetChoice, LLC **Questions Regarding Compensation** No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b ΙÆ Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 4 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☐ Written employment contract Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a a Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? . 5a Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 133

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | |
|------------------------------------|-------|--|-------------------------------------|---|--------------------------------|----------------|----------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| Steven DelBianco | (i) | 285,000 | 135,000 | 5,305 | 17 900 | 32,650 | 475,855 | 0 |
| 1 President/CEO | (iı) | | | | | | | |
| Carl Szabo 2 V-P, Legal Counsel | (i) | 197,917 | 60,000 | 4,537 | 16,937 | 30,076 | 309,467 | 0 |
| | (11) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (11) | | | : | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (11) | | | | | | | |
| | (1) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
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| 9 | (ii) | | | | | | | |
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| 10 | (ii) | | | | | | | , |
| | (i) | | | | | | | |
| 11 | (ii) | | | ······ | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | · · ·· | | *************************************** |
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| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (u) | | | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

NetChoice, LLC

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

Open to Public Inspection

Employer identification number

27-1716101

Part VI, line 8a/8b - the notes of all Board and Executive Committee meetings are documented Part VI, line 11b - forms are completed by the CFO and reviewed by the Executive Director and at least one Board Member prior to filing with the IRS Part VI, line 12C - all employees are made aware of the conflict of interest policy and if there are any potential breaches, they are discussed at weekly staff meetings Part VI, Line 15a/15b - in order to determine compensation of all employees, research is performed on current employees salaries for comparison in the non-profit industry. In addition, research of various non-profit industry associations is performed, reviewed and salaries are recommended to the Board Part VI, line 19 - the organization makes its governing documents, conflict of interest policy and financial statements available upon to the blic upon request Part IX, Line 11g - Other fee for services Independent contractors (non-1099) - \$191,284 Part XI, Line 9 - Other Changes in assets and fund balances - \$-1, rounding

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization NetChoice, LLC | Employer identification number 27-1716101 |
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