

### **IMPORTANT PUBLIC FILE INFORMATION**

Dear CBM Client,

This Federal 990 form should be used for copying, for anyone requesting a copy of the 990. All Schedules of contributors have been removed from this copy as allowed by law.

Do Not File This Copy!

If you have any questions, please do not hesitate to call 301-986-0600.

Thank you!!

Councilor, Buchanan + Mitchell, P.C.

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	roi un	e 2018 calendar year, or tax year beginning OCI I, 2018 and e	enuing p	EP 30, 2019											
В	Check if applicabl	C Name of organization		D Employer identifi	cation number										
Σ	Addre														
	Name chang	Doing business as		26-1	150699										
	Initial return		Room/suite	E Telephone numbe	r 448-0839										
	Final return	20 JAY ST													
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,493,045.										
L	Amen	BROOKHIN, NI 11201		H(a) Is this a group re											
	Application pendi			for subordinates	? Yes X No										
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No										
		empt status: X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)										
		e: ► WWW.350.ORG		H(c) Group exemptio											
		organization: X Corporation Trust Association Other	L Year	of formation: $2007$ $_{ m N}$	State of legal domicile: DC										
P	art I	Summary													
ø	1	Briefly describe the organization's mission or most significant activities: $350 \cdot C$	ORG IS	BUILDING A	GLOBAL										
Activities & Governance		GRASSROOTS MOVEMENT TO SOLVE THE CLIMATE	CRISI	S.											
ž	2	Check this box Fig. if the organization discontinued its operations or disposed of more than 25% of its net assets.													
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7										
ω Θ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7										
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	72										
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	6500										
Ç		Total unrelated business revenue from Part VIII, column (C), line 12			0.										
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.										
Revenue				Prior Year	Current Year										
	8	Contributions and grants (Part VIII, line 1h)		19,128,157.											
	9	Program service revenue (Part VIII, line 2g)		42,316.											
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,342.	13,355.										
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.										
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		19,193,815.											
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	311,598.										
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.										
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		5,208,904.	13,329,733.										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.										
x	b	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)   1,101,37	76.												
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,241,352.											
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,450,256.											
	19	Revenue less expenses. Subtract line 18 from line 12		3,743,559.	-10,252,547.										
Net Assets or			Be	ginning of Current Year	End of Year										
sets	20	Total assets (Part X, line 16)		16,253,112.	6,333,672.										
t As	21	Total liabilities (Part X, line 26)		1,259,916.	2,581,612.										
캺	22	Net assets or fund balances. Subtract line 21 from line 20		14,993,196.	3,752,060.										
	art II	Signature Block													
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is										
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.											
Sig	jn	Signature of officer		Date											
Не	re	GILLIAN MAY BOEVE, EXECUTIVE DIRECTOR													
		Type or print name and title			- I - BTIN										
		Print/Type preparer's name Preparer's signature	<b>I</b>	Date Check	PTIN										
Pai	d	HOLLY CAPORALE HOLLY CAPORALE	0	8/17/20 if self-employ	P00235685										
	parer	Firm's name COUNCILOR, BUCHANAN & MITCHELL,	P.C.	Firm's EIN ▶	52-1711839										
Use	Only	Firm's address 7910 WOODMONT AVE. STE. 500													
		BETHESDA, MD 20814		Phone no. ( 3	01) 986-0600										
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)		<del>-</del>	X Yes No										

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Part III | Statement of Program Service Accomplishments

Pai	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:
	350.ORG WORKS WITH PEOPLE AROUND THE WORLD, USING ONLINE TOOLS TO
	FACILITATE STRATEGIC CAMPAIGNS, ORGANIZING, AND PUBLIC ENGAGEMENT
	ACTIONS TO COMMUNICATE BOTH THE REALITIES OF SCIENCE AND PRINCIPLES OF
	JUSTICE IN ADDRESSING THE CLIMATE CRISIS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 14,507,799. including grants of \$ 311,598. ) (Revenue \$ 57,423. )
	FIELD: THE FIELD PROGRAM WORKS TO BRING INTERNATIONAL AND NATIONAL
	POLICY MORE IN LINE WITH THE SCIENTIFIC NECESSITIES OF TACKLING THE
	CLIMATE CRISIS. THIS WORK IS ACCOMPLISHED BY BUILDING BROAD AND DEEP
	CONNECTIONS TO SUPPORT AN INTERNATIONAL NETWORK OF CLIMATE ACTIVISTS,
	AS WELL AS IDENTIFYING KEY MOMENTS TO ELEVATE AN ISSUE AND ADVOCATE FOR
	SOCIAL CHANGE.
	1 605 007
4b	(Code:) (Expenses \$ 1,625,297. including grants of \$) (Revenue \$14,491.)
	COMMUNICATIONS: THE COMMUNICATIONS PROGRAM WORKS TO SHAPE THE TERMS OF
	DEBATE ON CLIMATE CHANGE INTERNATIONALLY AND DOMESTICALLY THROUGH A
	CREATIVE AND INCISIVE NARRATIVE, AND A SOPHISTICATED MEDIA STRATEGY
	ENCOMPASSING BOTH TRADITIONAL AND NEW MEDIA.
4c	(Code: ) (Expenses \$ 2,840,238 • including grants of \$ ) (Revenue \$ 0 • )
-10	DIGITAL: THE DIGITAL PROGRAM WORKS TO FACILITATE DIALOGUE AND
	ORGANIZING AMONGST INDIVIDUALS, ORGANIZERS, AND ORGANIZATIONS IN THE
	GLOBAL CLIMATE MOVEMENT AROUND THE WORLD. THIS WORK IS ACCOMPLISHED
	THROUGH ONLINE MEDIA SUCH AS EMAILS, BLOGS, AND SOCIAL NETWORKS,
	MULTIMEDIA SUCH AS PHOTO GALLERIES AND VIDEOS, AND WEB TOOLS SUCH AS
	ONLINE MAPS THAT ALLOW USERS TO MORE QUICKLY AND EASILY UNDERSTAND HOW
	TO CONNECT TO A GLOBAL MOVEMENT FOR CHANGE.
	TO COUNTED TO IT CHOPIE HOVEHELT TOR CHARGE.
	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 18,973,334.
	Form <b>990</b> (2018)

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# Form 990 (2018) 350 • ORG 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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
_	Schedule D, Part III	8		X
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?			$ _{\mathbf{x}}$
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	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	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Λ	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
'	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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		<del></del>
	Schedule D, Parts XI and XII	12a		х
b	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	X	
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	4-	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	22	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
•••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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# Form 990 (2018) 350 • ORG Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
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		X
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		
25 a	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٦,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28D		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<del>                                     </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<b>D</b> -	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш.
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 43			

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	43						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gaming						
	(gambling) winnings to prize winners?			1c	Х				

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#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 72	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
	any contributions that were not tax deductible as charitable contributions?	6a		
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70	Х	
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76	- 21	
C	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		х
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	10		
	ii 163, Complete i Offi 4720, Conedule O.			

Form **990** (2018)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	<u>'</u>		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, FL, GA, HI, IL, KS, KY	, MA	, MD	,MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 802-448-0839			
	20 JAY ST, NO. 732, BROOKLYN, NY 11201			
		_		

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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	Position (do not check more than or box, unless person is both officer and a director/truster				than is bot	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KC GOLDEN	2.00	,,		,,					0	0
BOARD CHAIR	2.00	Х		Х	$\vdash$			0.	0.	0.
(2) CHINA BROTSKY TREASURER	2.00	x		x				0.	0.	0 .
(3) JESSY TOLKAN	1.00	^		Δ	$\vdash$			0.	0.	0.
SECRETARY	1.00	Х						0.	0.	0.
(4) BILL MCKIBBEN	1.00							•		<u> </u>
DIRECTOR		х						0.	0.	0.
(5) JAY HALFON	1.00							-		
DIRECTOR		Х						0.	0.	0.
(6) LIDY NACPIL	1.00									
DIRECTOR		Х						0.	0.	0.
(7) TASNEEM ESSOP	1.00									
DIRECTOR		Х			L			0.	0.	0.
(8) MELINA LABOUCAN-MASSIMO TO 3/19	1.00								_	_
DIRECTOR	40.00	Х			$ldsymbol{ld}}}}}}$			0.	0.	0 .
(9) GILLIAN MAY BOEVE	40.00							125 040	0	10 054
EXECUTIVE DIRECTOR	40 00			Х	<u> </u>			135,240.	0.	18,054
(10) HUMPHREYS MUNAI	40.00			x				102 606	0.	22 402
CHIEF OPERATING OFFICER	40.00			Δ	$\vdash$			103,606.	0.	32,493
(11) JAMESON HENN STRATEGY AND COMMUNICATIONS DIR	40.00					х		103,395.	0.	13,685
STRATEGE AND COMMONICATIONS DIR					$\vdash$	Δ		103,393.	0.	13,003
					Ш					

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos	itior	than	nne	Reportable	Reportable		Estimat	ed
		hours per	box	, unles	ss pe	rson	is bot or/trus	n an	compensation	compensation		amount	of
		week	_	cer an	uau	irecio	or/trus	iee)	from	from related		other	
		(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC	۱ ۱	compensation from the	
		related	e or (	stee			nsated		(W-2/1099-MISC)	(***2/1099***********************************	"	organiza	
		organizations	truste	al tru:		yee	эшре		(** = ** ** ** ** ** ** ** ** ** ** ** **			and rela	
		below	ndividual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	ner				organizat	ions
		line)	lndi	Insti	Officer	Key	High emp	Former			_		
											_		
											+		
											$\dashv$		
											$\dashv$		
											$\dashv$		
											$\neg$		
											_		
	0.4. 4-4-1							_	342,241.		) <b>.</b>	64,2	32
	Sub-total Total from continuation sheets to Part VI								0.		5.	04,2	0
	Total (add lines 1b and 1c)								342,241.		<u>;</u>	64,2	32.
2	Total number of individuals (including but n							no r				<u> </u>	
_	compensation from the organization						-,	-	···································	,			3
												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	mplo	yee,	or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4	For any individual listed on line 1a, is the su	•							•	•			
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J t	for such individual			4 X	<u> </u>
5	Did any person listed on line 1a receive or a	=				-							
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch ,	pers	son .					5	X
	tion B. Independent Contractors									<b></b>			
1	Complete this table for your five highest co	•	•								ensa	ition from	
	the organization. Report compensation for (A)	the calendar y	ear	enaii	ng v	vitri	or w	ıtnır	n the organization's tax (B)	year.		(C)	
	Name and business	address							Description of s	ervices	Co	(C) ompensatio	on
OL	IVIA LANGHOFF, WEG OVE		rsī	/EI	'D	18	8.	_	OPERATIONS			'	
	PE, NETHERLANDS 7399RJ					_	• ,	- 1	CONTRACTOR			133,3	88.
	SINTHA PATHER							$\dashv$					
PO	BOX 786888, SANDTON, S	SOUTH A	R.	I C P	A (	02:	146	5	CONSULTING			119,1	98.
								_					
	Total number of independent contraction (	n alı ıdin e de et e	ot I	mi+ -	4 + -	+le c	00 11:	+	d abaya) wha was shired w	nava than			
2	Total number of independent contractors (i \$100,000 of compensation from the organi		Ot II	mte	u to		se 118 <b>2</b>	iec	a abovej wno received n	iore triari			

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350.ORG 26-1150699 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (**D**)
Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue business revenue exempt function revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a **b** Membership dues ..... 1b **c** Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ...... 14,807,848. 1,520,636. g Noncash contributions included in lines 1a-1f: \$ 14,807,848. h Total. Add lines 1a-1f ...... Business Code Program Service Revenue 2 a ADMISSIONS 900099 151,206. 151,206 b С Other Revenue

	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b></b>	151,206.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶ L	31,764.			31,764.
	4	Income from investment of ta						
	5	Royalties		▶ [				
			(i) Real	(ii) Personal				
	6 a	Gross rents	.,					
	b							
		Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,502,227	<del>  ``</del>				
	h	Less: cost or other basis						
		and sales expenses	1 520 636	1				
	•	Gain or (loss)						
		Net gain or (loss)			-18,409.			-18,409.
					10,403.			10,403.
2	оа	Gross income from fundraisin	•	1				
:		including \$		1				
:		contributions reported on line	•					
2		Part IV, line 18		' <u> </u>				
5		Less: direct expenses		·				
		Net income or (loss) from fund	•	<b>&gt;</b>				
	9 a	Gross income from gaming a		1				
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan	-	·· <u>·····</u>				
	10 a	Gross sales of inventory, less		1				
		and allowances		·				
	b	Less: cost of goods sold	b	·				
	С	Net income or (loss) from sale	es of inventory .					
		Miscellaneous Revenu	ue	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶ L				
	12	Total revenue. See instructions			14,972,409.	151,206.	0.	13,355.
200	9 12-31				·			Form <b>990</b> (2018)
					9			
30	817	759370 50000-0	000 2	018.06010	350.ORG			50000-01

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#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo	<u> </u>		miplete column (7 y.	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	31,000.	31,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	280,598.	280,598.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	327,690.	243,950.	60,701.	23,039
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	11,285,512.	9,196,866.	1,664,330.	424,316
8	Pension plan accruals and contributions (include		4 4 4 4 4 4		د د د
	section 401(k) and 403(b) employer contributions)	162,934.	121,296.	30,182.	11,456
9	Other employee benefits	775,390.	409,208.	314,175.	52,007
10	Payroll taxes	778,207.	592,284.	137,169.	48,754
11	Fees for services (non-employees):				
а	Management				
b	Legal	249,252.	30,797.	204,927.	13,528
С	Accounting	72,989.	109.	72,880.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	181,962.	155,687.	14,608.	11,667
13	Office expenses	375,062.	278,923.	90,822.	5,317
14	Information technology				
15	Royalties	450 000	050 000	200 000	
16	Occupancy	452,880.	250,808.	202,072.	
17	Travel	1,288,488.	1,077,936.	200,965.	9,587
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	010 200	005 444	15 401	0 265
19	Conferences, conventions, and meetings	912,300.	885,444.	17,491.	9,365
20	Interest				
21	Payments to affiliates	EO 073		E0 072	
22	Depreciation, depletion, and amortization	59,973.	111 000	59,973.	
23	Insurance	175,564.	111,006.	64,558.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	2 117 57/	1 071 110	1 022 242	10/ 110
a	CONSULTING SERVICES	3,117,574.	1,971,119.	1,022,342.	124,113
b	PARTNER MOUS	1,268,192.	1,208,192.	60,000.	270
C	EVENTS & MATERIALS	985,987.	591,073.	392,544.	2,370
d	ADMIN FEES	881,389.	821,124.	60,265.	265 057
	All other expenses	1,562,013.	715,914.	480,242.	365,857
25	Total functional expenses. Add lines 1 through 24e	25,224,956.	18,973,334.	5,150,246.	1,101,376
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)				Form <b>990</b> (2018

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Part X | Balance Sheet 350.ORG

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	11,841,587.	1	1,517,237.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,222,924.	3	2,250,814.
	4	Accounts receivable, net	247,238.	4	279,878.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ŋ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	398,413.	9	597,655
	l	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 470,675			
	b	Less: accumulated depreciation 10b 304,191	107,692.	10c	166,484.
	11	Investments - publicly traded securities	4= 100	11	1,022,628.
	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	368,125.	15	498,976.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,253,112.	16	6,333,672
	17	Accounts payable and accrued expenses	1,259,916.	17	2,051,921.
	18	Grants payable		18	529,691
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		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		25	
	26	Total liabilities. Add lines 17 through 25	1,259,916.	26	2,581,612.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	10,554,547.	27	1,110,981.
Bal	28	Temporarily restricted net assets	4,438,649.	28	2,641,079.
Da l	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>e</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	14,993,196.	33	3,752,060.
	34	Total liabilities and net assets/fund balances	16,253,112.	34	6,333,672.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,97</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,22		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	,99		
5	Net unrealized gains (losses) on investments	5		7	7,5	93.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	-1	,06	6,1	82.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3	,75	2,0	60.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			LX.
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	ļ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:		ļ			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		ļ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2018)

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 350.ORG 26-1150699 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11233864.	13763514.	16801763.	19128157.	14807848.	75735146.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11233864.	13763514.	16801763.	19128157.	14807848.	75735146.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4652282.
	Public support. Subtract line 5 from line 4.						71082864.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	<u> 11233864.</u>	13763514.	16801763.	19128157.	14807848.	75735146.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	435.	2,567.	3,030.	10,685.	31,764.	48,481.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,828.	863.	2,983.			11,674.
11	<b>Total support.</b> Add lines 7 through 10						75795301.
12	Gross receipts from related activities					12	243,148.
13	First five years. If the Form 990 is fo		s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publ					l l	93.78 %
	Public support percentage for 2018 (					14	<u> </u>
15	Public support percentage from 2017					15	
16a	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
D	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
170							
17 a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fact				•	-	
h	meets the "facts-and-circumstances"  10% -facts-and-circumstances tes						
Ď	more, and if the organization meets the	_					
	organization meets the "facts-and-cire		•				
10	Private foundation. If the organization						
10	i invate roundation. It the organization	on ala not check a	DUN UIT IIIIE TO, TO	a, 100, 11a, 01 11	D, OHEON HIIS DUX 8	and see monuchor	········ -

Schedule A (Form 990 or 990-EZ) 2018

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

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

Se	ction A. Public Support	ciow, picase com	pioto i dit ii.j				
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5		-	-		1	
/ 6	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	<u> </u>
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves						
17						17	%
18	1 3					18	%
19	a 33 1/3% support tests - 2018. If the						17 is not
	more than 33 1/3%, check this box at						<b>.</b>
ŀ	o 33 1/3% support tests - 2017. If the	•			•	·	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organization						<b>\</b>
70	EUVAIR IOUNGANON, IT THE ORGANIZATIO	а оно погелеска	LOOK OF THE 14 19	a or iso check t	us oox and see if	ISOTICHOUS	

#### Part IV | Supporting Organizations

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

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	oa -		
;	3b		
	3c		
_	4a		
	4b		
	4c		
_ :	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
1	0a		
1	0b		

Pa	t IV Supporting Organizations (continued)			
	(oonsingod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Í I	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u>~</u> .		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or its supported organizations: it res, describe in Fait VI the role played by the organization in this regard.	L OD		į.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting ord	ganization (see
	instructions).			<del>.</del>

Schedule A (Form 990 or 990-EZ) 2018

Par	rt V   Type III Non-	Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions				Current Year
1	Amounts paid to support	rted organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform	n activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess	of income from activity			
3	Administrative expenses	าร			
4	Amounts paid to acquire				
5	Qualified set-aside amou	unts (prior IRS approval required)			
6	Other distributions (des	cribe in <b>Part VI</b> ). See instructions.			
7	Total annual distribution	ons. Add lines 1 through 6.			
8	Distributions to attentive	e supported organizations to which the	ne organization is responsive	e	
	(provide details in Part \	/I). See instructions.			
9	Distributable amount for	2018 from Section C, line 6			
10	Line 8 amount divided b	by line 9 amount			
Secti	ion E - Distribution Allo	cations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1		r 2018 from Section C, line 6			
2	•	y, for years prior to 2018 (reason-			
		olain in <b>Part VI</b> ). See instructions.			
3	Excess distributions car	ryover, if any, to 2018			
	From 2013				
	From 2014				
	From 2015				
d	From 2016				
	From 2017				
f	Total of lines 3a through	n e			
g	Applied to underdistribu	itions of prior years			
h	Applied to 2018 distribu	table amount			
i	Carryover from 2013 no	t applied (see instructions)			
j	Remainder. Subtract line	es 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	om Section D,			
	line 7:	\$			
а	Applied to underdistribu	itions of prior years			
b	Applied to 2018 distribu	table amount			
С	Remainder. Subtract line	es 4a and 4b from 4.			
5	Remaining underdistribu	utions for years prior to 2018, if			
	any. Subtract lines 3g a	nd 4a from line 2. For result greater			
	than zero, explain in Par	t VI. See instructions.			
6	Remaining underdistribu	utions for 2018. Subtract lines 3h			
	and 4b from line 1. For r	esult greater than zero, explain in			
	Part VI. See instructions	S.			
7	Excess distributions ca	arryover to 2019. Add lines 3j			
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
_	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

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

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

350.ORG 26-1150699 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

II, and III.

Name of organization

Employer identification number

26-1150699

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 298,880.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

26-1150699

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		<del></del>   \$	

Name of or	ganization			Employer identification number
350.OF	RG			26-1150699
Part III		) through (e) and the following lin- charitable, etc., contributions of \$1,000	e entry. For organization	8), or (10) that total more than \$1,000 for the years
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of		hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of		
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	gift	
	Transferee's name, address, a			hip of transferor to transferee

#### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

2018

Open to Public Inspection

OMB No. 1545-0047

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

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

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

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.							
Name of appointables							
1	yer identification number						
350.ORG	26-1150699						
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization	ganization.						
<ul> <li>1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.</li> <li>2 Political campaign activity expenditures</li> <li>\$ Volunteer hours for political campaign activities</li> </ul>							
Part I-B Complete if the organization is exempt under section 501(c)(3).							
1 Enter the amount of any excise tax incurred by the organization under section 4955							
2 Enter the amount of any excise tax incurred by organization managers under section 4955 > \$							
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?							
4a Was a correction made?	Yes No						
<b>b</b> If "Yes," describe in Part IV.							
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)	)(3).						
Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0						

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

	t II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and fi	led Form 5768 (el	ection under
	expenses, and share of exce	ngs to an affiliated group (and list in Part IV each affiliated ss lobbying expenditures). ked box A and "limited control" provisions apply.	d group member's nam	e, address, EIN,
	Limits on Lok	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pu	olic opinion (grass roots lobbying)	0.	
		egislative body (direct lobbying)	0.	
С		nd 1b)	0.	
d			25,224,956.	
е	Total exempt purpose expenditures (add lin	es 1c and 1d)	25,224,956.	
		ount from the following table in both columns.	1,000,000.	
	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)	250,000.	
h	Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less,	enter -0-	0.	
j	If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
	(Some organizations that made	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all	of the five columns b	elow.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total				
2a Lobbying nontaxable amount	680,913.	793,913.	922,513.	1,000,000.	3,397,339.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,096,009.				
c Total lobbying expenditures	25,661.	13,662.	35,785.		75,108.				
<b>d</b> Grassroots nontaxable amount	170,228.	198,478.	230,628.	250,000.	849,334.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,274,001.				
f Grassroots lobbying expenditures	680.	1,386.	26,952.		29,018.				

Schedule C (Form 990 or 990-EZ) 2018

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity.		(a)		(b)	
		Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, na	ational, state, or				
local legislation, including any attempt to influence public opinion on a leg	gislative matter				
or referendum, through the use of:					
a Volunteers?					
${f b}$ Paid staff or management (include compensation in expenses reported o	n lines 1c through 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legis					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or an					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in so					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers of					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 art III-A Complete if the organization is exempt under se		on 501(c)	(5) or s	ection	
	otion 50 1(5)( <del>1</del> ), 500t	011 00 1(0)	(0), 01 3	COLIOII	
· · · · · · · · · · · · · · · · · · ·				1 1/	N
501(c)(6).				Yes	14
501(c)(6).	mbers?		1	Yes	IN
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by me				Yes	14
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 Did the organization agree to carry over lobbying and political campaign art III-B Complete if the organization is exempt under se 501(c)(6) and if either (a) BOTH Part III-A, lines 1	or less?activity expenditures from ction 501(c)(4), sect	he prior yea on 501(c)	2 r? 3 (5), or s	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 Did the organization agree to carry over lobbying and political campaign art III-B Complete if the organization is exempt under se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered	he prior yea on 501(c) I "No," Ol	r? 3 (5), or s R (b) Pa	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 and the organization agree to carry over lobbying and political campaign art III-B Complete if the organization is exempt under se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."  Dues, assessments and similar amounts from members	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered	he prior yea on 501(c) I "No," Ol	r? 3 (5), or s R (b) Pa	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med bid the organization make only in-house lobbying expenditures of \$2,000 Bid the organization agree to carry over lobbying and political campaign at III-B Complete if the organization is exempt under se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."  Dues, assessments and similar amounts from members	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered	he prior yea on 501(c) I "No," Ol	r? 3 (5), or s R (b) Pa	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 in the organization agree to carry over lobbying and political campaign and sart III-B Complete if the organization is exempt under se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not expenses for which the section 527(f) tax was paid).	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered include amounts of political contents.	he prior yea on 501(c) I "No," OI	2 17: 3 1(5), or s R (b) Pa	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 Did the organization agree to carry over lobbying and political campaign and III-B Complete if the organization is exempt under set 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not expenses for which the section 527(f) tax was paid).  a Current year	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered include amounts of polit	he prior yea on 501(c) I "No," OI	2 17: 3 1(5), or s R (b) Pa	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 in the organization agree to carry over lobbying and political campaign and sart III-B Complete if the organization is exempt under se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not expenses for which the section 527(f) tax was paid).	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered include amounts of polit	he prior yea on 501(c) I "No," OI	2 3 3 (5), or s R (b) Pa 2 2 2 2 2	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 Did the organization agree to carry over lobbying and political campaign art III-B Complete if the organization is exempt under se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered include amounts of polit	he prior yea on 501(c) I "No," OI	2 3 (5), or s R (b) Pa 2a 2b 2c	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 in the organization agree to carry over lobbying and political campaign art III-B Complete if the organization is exempt under se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered include amounts of politicities are section 162(e) dues	he prior yea on 501(c) I "No," OI	2 3 (5), or s R (b) Pa 2a 2b 2c	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 Did the organization agree to carry over lobbying and political campaign art III-B Complete if the organization is exempt under se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeduction of the section 500 dues to the section 500 dues to the section 60030(e)(1)(A) notices of nondeduction of the section 60030(e)(1)(A) notices of nondeduction due to the section 60030(e)(1)(A) n	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered include amounts of politicible section 162(e) dues are 3, what portion of the expension of the exp	he prior yea on 501(c) I "No," OI	2 3 (5), or s R (b) Pa 2a 2b 2c	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by med Did the organization make only in-house lobbying expenditures of \$2,000 Did the organization agree to carry over lobbying and political campaign art III-B Complete if the organization is exempt under see 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductions the organization agree to carryover to the reasonable estimate of notices of the context of the organization agree to carryover to the reasonable estimate of notices of the context of the organization agree to carryover to the reasonable estimate of notices of the carryover to the reasonable estimate of notices of the carryover to the reasonable estimate of notices of the carryover to the reasonable estimate of notices of the carryover to the reasonable estimate of notices of the carryover to the reasonable estimate of notices of the carryover to the reasonable estimate of notices of the carryover to the reasonable estimate of notices of the carryover to the reasonable estimate of the carryover to the reasonable e	or less? activity expenditures from ction 501(c)(4), sect and 2, are answered include amounts of politicible section 162(e) dues are 3, what portion of the expension of the exp	he prior yea on 501(c) I "No," OI	2 3 (5), or s R (b) Pa 2a 2b 2c	ection	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

350, ORG

**Employer identification number** 26-1150699

Pai	t I Organizations Maintaining Donor Advise	d Funds or Otl	oer Similar Fund	de or Accou	nts Complete if the
ı aı			iei oiiiiiai i uiic	is of Accou	1163.Complete il the
	organization answered "Yes" on Form 990, Part IV, lin		dvised funds	(b) Euro	ds and other accounts
		(a) Donor a	uvisea iurias	(6) 1 011	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the ass	ets held in donor adv	rised funds	
	are the organization's property, subject to the organization's	exclusive legal con	trol?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing th	at grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or	for any other purpos	e conferring	
	impermissible private benefit?				Yes No
Pai					
1	Purpose(s) of conservation easements held by the organizati				
	Preservation of land for public use (e.g., recreation or e	· —	Preservation of a his	storically impor	tant land area
	Protection of natural habitat		Preservation of a ce		
	Preservation of open space		1 10001 141011 01 4 00	Timod motorio c	or actar c
2	Complete lines 2a through 2d if the organization held a qualit	find conconvotion of	antribution in the form	n of a concent	tion accoment on the last
2		neu conservation co	ontribution in the ion	II OI a COIISEIVA	Held at the End of the Tax Year
	day of the tax year.				neiu at tile Eliu of tile Tax Year
а	Total number of conservation easements				
b					
С	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired	•			
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re-	leased, extinguishe	d, or terminated by t	he organization	during the tax
	year ▶				
4	Number of states where property subject to conservation ear	sement is located	<b>-</b>	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, in	spection, handling o	f	
	violations, and enforcement of the conservation easements in	t holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
	<b>&gt;</b>	· ·			,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, a	nd enforcina conserv	ation easemer	its during the vear
	<b>▶</b> \$	9,	<b>g</b>		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requir	ements of section 17	'()(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?	•			Yes No
9	In Part XIII, describe how the organization reports conservati				
9	-		· ·		
	include, if applicable, the text of the footnote to the organization	lion s imanciai state	ements that describe	s trie organizat	ion's accounting for
Dai	conservation easements.  † III   Organizations Maintaining Collections o	f Δrt Historica	l Treasures or	Other Simil	ar Accate
rai	Complete if the organization answered "Yes" on Form				ai Assets.
					man ale and supplies of aid
ıa	If the organization elected, as permitted under SFAS 116 (AS	**			
	historical treasures, or other similar assets held for public exh		or research in further	rance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ed	ducation, or researd	ch in furtherance of p	ublic service, p	rovide 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			🕨 🤄	§
2	If the organization received or held works of art, historical tre	asures, or other sin	nilar assets for financ	ial gain, provid	е
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relation	ng to these items:		
а	Revenue included on Form 990, Part VIII, line 1		-	<b>&gt;</b> \$	\$
	Assets included in Form 990, Part X				

832051 10-29-18

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

350.ORG 26-1150699 Page 2

	t III Organizations Maintaining C	ollections of A	t. Historical	reasures. o	r Othe	r Similar A	ssets/contin	nued)
	Using the organization's acquisition, accession		-				•	
Ū	(check all that apply):	ori, uria otrior record	io, officer arry of th	ic following that	caro a or	grimoarit acc c	i ito comeetici	TICOTTIO
а	Public exhibition	d	Loan or e	xchange progra	me			
b	Scholarly research	e		kchange progra	1113			
C	Preservation for future generations	E						
4	Provide a description of the organization's co	lloctions and ovalai	a how thoy furtho	r the erganization	on'e ovor	ant nurnoso in	Dart VIII	
5	During the year, did the organization solicit or						rait Aiii.	
3	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arrange							
· u	reported an amount on Form 990, Par		ete ii tile organiza	lion answered	165 011	1 01111 990, Fai	t iv, iiile ə, oi	
	Is the organization an agent, trustee, custodia	<u> </u>	liary for contributi	ons or other as	sets not	included		
ıu	on Form 990, Part X?						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				103	110
	in res, explain the arrangement in rait xin a	and complete the ro	nowing table.				Amount	<del></del>
_	Reginning halance					1c	Amount	•
	Additions during the year							
	Additions during the year							
f	Distributions during the year							
	Ending balance  Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.					•	163	
Par								
		(a) Current year	(b) Prior year			<b>d)</b> Three years b	ack (e) Four	vears hack
1a	Beginning of year balance	(a) carrein year	(b) i noi year	(c) The year	o buon	(a) Times yours a	(C) Tour	youro buon
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
C								
f	Administrative expenses							
	End of year balance							
g 2	Provide the estimated percentage of the curr	ent year and halanc	e (line 1a, column	(a)) beld as:				
	Board designated or quasi-endowment	ent year end balanc	%	r (a)) rield as.				
	Permanent endowment	%						
	Temporarily restricted endowment	% 						
C	The percentages on lines 2a, 2b, and 2c shot							
32	Are there endowment funds not in the posses	•	ation that are held	l and administer	red for th	ne organization		
Ja	by:	331011 Of the organiza	ation that are neit	and administer	ied ioi ti	ie organization	Γ	Yes No
	(i) unrelated organizations						3a(i)	163 140
							3a(ii)	
h	(ii) related organizations	tione listed as requir	red on Schedule I					
4	Describe in Part XIII the intended uses of the			11				
	t VI Land, Buildings, and Equipm		willett fullus.					
	Complete if the organization answered		) Part IV line 11a	See Form 990	Part X	line 10		
	Description of property	(a) Cost or o		st or other		cumulated	(d) Book	c value
	bescription of property	basis (investr	',	is (other)		reciation	(4) 5001	Value
12	Land	`	540	(5.1.5.)	235			
	Land Buildings							
	Buildings Leasehold improvements							
			<del>  3</del>	34,320.	1	67,836.	166	6,484.
	Equipment Other			36,355.		36,355.	13,	0.
	. Add lines 1a through 1e. (Column (d) must ed					,	166	6,484.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 3 3 0 • ORG			20-	-1130033 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of				afa.u maaultakali.a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	-or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of		line 11c. See Form 990,	, Part X, line 13.	-£
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		line 11d. See Form 990	, Part X, line 15.	
	escription			(b) Book value
(1) SECURITY DEPOSIT				498,976.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>	498,976.
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f. See For	m 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
, ,	,			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 350.ORG 26-1150699 Page 4

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	itements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	•	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	0.1			
d				
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:	, ,		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_				
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.			
5				
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	8.)	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	8.)4; Part IV, lines 1b and 2b; I	5	t XI,

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

350.ORG 26-1150699 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (T	he following Parl	I, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
				CLIMATE CHANGE AWARENESS	
				RAISING THROUGH PARTNER	
EAST ASIA & THE				ENGAGEMENT, EDUCATION,	
PACIFIC	1	11	PROGRAM SERVICES	TRAINING, AND EVENTS.	1,219,486.
				CLIMATE CHANGE AWARENESS	
				RAISING THROUGH PARTNER	
EUROPE ( INCLUDING				ENGAGEMENT, EDUCATION,	
ICELAND & GREENLAND)	1	44	PROGRAM SERVICES	TRAINING, AND EVENTS.	1,688,815.
				CLIMATE CHANGE AWARENESS	
				RAISING THROUGH PARTNER	
MIDDLE EAST AND				ENGAGEMENT, EDUCATION,	
NORTH AFRICA	0	0	PROGRAM SERVICES	TRAINING, AND EVENTS.	93,140.
NORTH AMERICA -				CLIMATE CHANGE AWARENESS	
CANADA AND MEXICO,				RAISING THROUGH PARTNER	
BUT NOT THE UNITED				ENGAGEMENT, EDUCATION,	
STATES	1	87	PROGRAM SERVICES	TRAINING, AND EVENTS.	778,153.
				CLIMATE CHANGE AWARENESS	
				RAISING THROUGH PARTNER	
SOUTH AMERICA -				ENGAGEMENT, EDUCATION,	
ARGENTINA, BOLIVIA	0	6	PROGRAM SERVICES	TRAINING, AND EVENTS.	1,204,626.
				CLIMATE CHANGE AWARENESS	
				RAISING THROUGH PARTNER	
SUB-SAHARAN AFRICA -				ENGAGEMENT, EDUCATION,	
ANGOLA	2	29	PROGRAM SERVICES	TRAINING, AND EVENTS.	813,706.
				CLIMATE CHANGE AWARENESS	
SOUTH ASIA -				RAISING THROUGH PARTNER	
AFGHANISTAN,				ENGAGEMENT, EDUCATION,	
BANGLADESH	0	2	PROGRAM SERVICES	TRAINING, AND EVENTS.	68,771.
				·	
3 a Subtotal	5	179			5,866,697.
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	5	179			5,866,697.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING	PERSONNEL, CAMPAIGN,					
			AND TRAINING EXPENSES					
		GREENLAND)	TO END FOSSIL FUELS.	280,598.	WIRE TRANSFER	0.		
2 Enter total number of by the IRS, or for which		ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

350.ORG 26-1150699

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 3

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 350 • ORG 26-1150699 Page 4

#### Part IV | Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes X No 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; don't file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2018

6

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

350.ORG	3				26-1150	699
Part I Fundraising Activities	Complete if the organization answer	ered "Y	'es" o	n Form 990, Part IV,		
required to complete this pa  1 Indicate whether the organization rai a Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	sed funds through any of the following sets and solicitates and solicitates are solicitated by the following so	ation of ation of I fundra Il (includ profess	non-g gover aising ding o ional f	overnment grants rnment grants events  fficers, directors, true fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustoav	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
FRESH EYES DIGITAL - 60 TURNER PL. #2J, BROOKLYN, NY	STRATEGY & CAMPAIGN DEVELOPMENT	Yes	No X	1,100,000.	90,000.	1,010,000.
Total			<b></b>	1,100,000.	90,000.	
List all states in which the organization or licensing.  AL , AK , AZ , AR , CA , CO , CT ,					·	
MT, NE, NV, NH, NJ, NM, NY,						

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

SEE PART IV FOR CONTINUATIONS

		of fundraising event contributions and gre	•	-		(d) Total events
			(event type)	(event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	Ŭ	Gross income (into 1 minus into 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
çpen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
莅		Entortoinment				
	8	Entertainment Other direct expenses				
	10				<b>&gt;</b>	
_	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		<b>&gt;</b>	
Pa	art I		answered "Yes" on For	m 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses	V 0/	V 0/	V 0/	
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9		ter the state(s) in which the organization condu	-	1-10		N.
		the organization licensed to conduct gaming and No," explain:		e states?		
	' ''	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or	terminated during the tax	year?	Yes No
k	) If "	Yes," explain:				
	_					
	_				<u> </u>	
8320	82 1	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 350 • ORG	26-1150699 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes  No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other ent	ity formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events boo	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming re-	evenue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
Director/officer Employee independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds	
retain the state gaming license?	Yes L No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	ons or spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
COMEDINE C DADM T LINE OD LICH OF MEN HICHECH DAID	EUNDD AT GED G
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID	FUNDRAISERS:
(I) NAME OF FUNDRAISER: FRESH EYES DIGITAL	
(I) ADDRESS OF FUNDRAISER: 60 TURNER PL. #2J, BROOKLYN	N, NY 11218
	.,

Schedule G (Form 990 or 990-EZ) 350 • ORG	26-1150699 Page 4
Schedule G (Form 990 or 990-EZ) 350. ORG  Part IV Supplemental Information (continued)	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

Name of the organization 350 • ORG							Employer identification number 26-1150699
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						tion Yes X No
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Parl	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addit	tional space is need	ded.			
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UPROSE							
166A 22ND STREET							
BROOKLYN, NY 11232	11-2490531	501(C)(3)	15,000.	0.			CLIMATE STRIKES
MN350 ON BEHALF OF MINNESOTA YOUTH CLIMATE STRIKE - 4407 E LAKE STREET - MINNEAPOLIS, MN 55406	45-2754381	501(C)(3)	5,000.	0.			CLIMATE STRIKES
NEW YORK COMMUNITIES FOR CHANGE 1 METRO TECH CENTER NORTH, 11TH FL BROOKLYN, NY 11201	27-1359103	501(C)(4)	5,000.	0.			CLIMATE STRIKES
PEOPLE'S JUSTICE COUNCIL/ALABAMA INTERFAITH POWER AND LIGHT - 1500 DANIEL PAYNE DRIVE - BIRMINGHAM, AL 35214		501(C)(3)	6,000.	0.			CLIMATE STRIKES
				•			
2 Enter total number of section 501(c)(3) a	nd aovernment o	rganizations listed in the	ne line 1 table			I	3.
3 Enter total number of other organizations	-	1 table					

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, column	ı (b); and any other a	dditional information.			

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

**Employer identification number** 26-1150699 350.ORG **Questions Regarding Compensation** 

			Yes	No
<b>1</b> a	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		
2	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 1a?	2		
3	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			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	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:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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(a)(2) 501(a)(4) and 501(a)(20) aggregations must complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
9		5a		х
a h	The organization?  Any related organization?	5b		X
J	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	00		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	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		Х
8	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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

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-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) GILLIAN MAY BOEVE	(i)	135,240.	0.	0.	4,522.	13,532.	153,294.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<del> </del>
	(i)							
	(ii)							<del>                                     </del>
	(i)							<del>                                     </del>
-	(ii) (i)							
	(ii)							<del>                                     </del>
	(i)							<del>                                     </del>
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							<u> </u>
	(ii)							

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Schedule J (Form 990) 2018

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Part III Supplemental Information	ition		
Provide the information, explana	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b	, 7, and 8, and for Part II. Also complete this part for any additional information	on.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**Employer identification number** 26-1150699 350.ORG

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	101	1,520,636.	FAIR MARKET	VA]	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828		-					
							Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date				<del>-</del>			
	exempt purposes for the entire holding period?			•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	itions?	31	х	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?		-			32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.			_				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

## 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.

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 26-1150699

Name of the organization

350.ORG

330.OKG

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT OF THE FORM 990 IS GIVEN TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FORMS ARE MAILED EACH YEAR TO ALL BOARD MEMBERS. THE FORMS ARE RETURNED
TO THE EXECUTIVE DIRECTOR AND FILED TOGETHER.

FORM 990, PART VI, SECTION B, LINE 15:

(PART A) - THE EXECUTIVE DIRECTOR'S SALARY COMPENSATION IS DETERMINED BY

THE BOARD OF DIRECTORS IN AN ANNUAL REVIEW PROCESS THAT CONSIDERS THE TERMS

OF HER HIRING CONTRACT, THE FINANCIAL STATUS OF THE ORGANIZATION, AND

PERCENTAGE SALARY INCREASES GIVEN TO OTHER STAFF MEMBERS WITHIN THAT SAME

PERIOD. THE BOARD OF DIRECTORS ALSO REVIEWED SALARIES AND INCREASES FROM

COMPARABLE ORGANIZATIONS IN MAKING THEIR DECISION AND DELIBERATED ON THE

BASIS OF ALL THOSE FACTORS IN ADDITION TO A THOROUGH PERFORMANCE REVIEW IN

MAKING ITS DECISION.

(PART B) - THE CHIEF OPERATING OFFICER'S SALARY COMPENSATION IS DETERMINED

BY AN ANNUAL REVIEW PROCESS PERFORMED BY HUMAN RESOURCES WHICH IS CONDUCTED

FOR ALL STAFF EXCLUSIVE OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NJ,NM,NY,OR,PA,RI,SC,TN,UT,VA
WI,WV,ND,NH

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

Schedule O (Form 990 or 990-EZ) (2018)

FORM 990, PART VI, SECTION C, LINE 19:  THE ORGANIZATION MAKES ITS ANNUAL REPORTS, GOVERNING DOCUMENTS AND  FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST OF SUCH DOCUMENTS  BY THE PUBLIC.  FORM 990, PART IV, LINE 12A:  350.ORG'S AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2019 IS CURRENTLY IN  PROCESS.	Name of the organization 350 • ORG	Employer identification number 26-1150699
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST OF SUCH DOCUMENTS BY THE PUBLIC.  FORM 990, PART IV, LINE 12A: 350.ORG'S AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2019 IS CURRENTLY IN	FORM 990, PART VI, SECTION C, LINE 19:	
BY THE PUBLIC.  FORM 990, PART IV, LINE 12A:  350.ORG'S AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2019 IS CURRENTLY IN	THE ORGANIZATION MAKES ITS ANNUAL REPORTS, GOVERNING DOCU	JMENTS AND
FORM 990, PART IV, LINE 12A:  350.ORG'S AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2019 IS CURRENTLY IN	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	OF SUCH DOCUMENTS
350.ORG'S AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2019 IS CURRENTLY IN	BY THE PUBLIC.	
350.ORG'S AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2019 IS CURRENTLY IN		
	FORM 990, PART IV, LINE 12A:	
PROCESS.	350.ORG'S AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2019 IS	CURRENTLY IN
	PROCESS.	