# IRS e-file Signature Authorization for an Exempt Organization

| For calendar year 2018, or fiscal year beginning | , 2018, and ending |
|--|--------------------|
|  |                    |

| Department of the Treasury  | Do not send to the IRS. Keep for your records.  |   |   |
|---|---|---|---|
| Internal Revenue Service  | ► Go to www.irs.gov/Form8879EO for the latest information.  |   |   |
| Name of exempt organization   | -   | Employer  | identification number   |
| FUTURE OF LIF   | E INSTITUTE   | 47-1  | 052538  |
| Name and title of officer   |   |   |   |
| MAX TEGMARK   |   |   |   |
| PRESIDENT   |   |   |   |
|   | Return and Return Information (Whole Dollars Only)  |   |   |
| on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>  | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fr<br>a, below, and the amount on that line for the return being filed with this form was blank,<br>ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab   | then leave<br>le line belov   | line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more   |
| 1a Form 990 check here  | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)   | 1b  | 2,720,278.  |
| 2a Form 990-EZ check he   | ,   |   |   |
| 3a Form 1120-POL check  |   |   |   |
| 4a Form 990-PF check he   | · · · · · · · · · · · · · · · · · · ·   | -   |   |
| 5a Form 8868 check here   | b Balance Due (Form 8868, line 3c)  | 5b  |   |
| Part II Declarat  | ion and Signature Authorization of Officer  |   |   |
| intermediate service provions an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected a | count in Part I above is the amount shown on the copy of the organization's electronic reder, transmitter, or electronic return originator (ERO) to send the organization's return to freceipt or reason for rejection of the transmission, (b) the reason for any delay in proce pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organization to debit the entry to this account. To revoke a payment, I must contact the U.S an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic relectronic funds withdrawal. | the IRS and<br>essing the relectronic for<br>ation's federation's federations federations<br>and the institutions of resolve is | d to receive from the IRS eturn or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the esues related to the |
| Officer's PIN: check one  | box only  |   |   |
| I authorize   |   | to enter m  | y PIN   |
|   | ERO firm name   | •   | Enter five numbers, b   |
| is being filed wit<br>enter my PIN on<br>X As an officer of the<br>indicated within   | on the organization's tax year 2018 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auther return's disclosure consent screen.  The organization, I will enter my PIN as my signature on the organization's tax year 2018 this return that a copy of the return is being filed with a state agency(ies) regulating character my PIN on the return's disclosure consent screen.  | thorize the<br>electronica  | hat a copy of the return<br>aforementioned ERO to<br>ally filed return. If I have   |
| Officer's signature   | Date ►  |   |   |
|   |   |   |   |
| Part III Certifica  | tion and Authentication   |   |   |
| ERO's EFIN/PIN. Enter yo  | ur six-digit electronic filing identification   |   |   |
| number (EFIN) followed by   | your five-digit self-selected PIN.  04357548010  Do not enter all zeros   |   |   |
| •   | neric entry is my PIN, which is my signature on the 2018 electronically filed return for the good this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF se Returns.  | -   |   |
| ERO's signature 🕨   | Date ▶ 11/  | 13/19   |   |
|   | ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do  | So  |   |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

## EXTENDED TO NOVEMBER 15, 2019

990

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

and ending

| В                              | Check if       | C Name of organization   |               | D Employer identific               | cation number                 |
|--------------------------------|----------------|--|---------------|------------------------------------|-------------------------------|
| X                              | Addre          | S DIMIDE OF LIFE INCOLUMN  |               |                                    |                               |
| Ė                              | Name<br>chang  |  |               | 47-1                               | 052538                        |
| F                              | Initial return |  | Room/suite    | E Telephone number                 |                               |
| F                              | Final          | PO BOX 706   | rtoom, outlo  |                                    | 927-9800                      |
|                                | termin<br>ated | City or town, state or province, country, and ZIP or foreign postal code   |               | G Gross receipts \$                | 2,720,278.                    |
|                                | Ameno          |  |               | H(a) Is this a group re            | _                             |
|                                | Application    | F Name and address of principal officer:MAX TEGMARK  |               | for subordinates                   |                               |
|                                | pendir         | PO BOX 706, ALLSTON, MA 02134  |               | H(b) Are all subordinates in       |                               |
| Τ.                             | Tax-exe        | empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) 0  | or 527        | 1                                  | list. (see instructions)      |
|                                |                | e: > WWW.FUTUREOFLIFE.ORG  |               | H(c) Group exemption               | n number 🕨                    |
|                                |                | organization: X Corporation Trust Association Other  | <b>L</b> Year | of formation: $2014$ N             | State of legal domicile: PA   |
| Pa                             | art I          | Summary  |               |                                    |                               |
| ø                              | 1              | Briefly describe the organization's mission or most significant activities: CATAI  | LYZE A        | ND SUPPORT                         | RESEARCH                      |
| Activities & Governance        | 1              | AND INITIATIVES FOR SAFEGUARDING LIFE AND  |               |                                    |                               |
| ērn                            | 1              | Check this box   if the organization discontinued its operations or dispos   |               | 1 1                                | _                             |
| 9                              |                |  |               | 3                                  | <u>5</u>                      |
| ø                              |                | Number of independent voting members of the governing body (Part VI, line 1b)  |               | <del></del> 1                      | 0                             |
| ties                           |                | Total number of individuals employed in calendar year 2018 (Part V, line 2a)   |               |                                    | 20                            |
| ξį                             |                | Total number of volunteers (estimate if necessary)   |               |                                    | 0.                            |
| Ą                              |                | Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 38 |               |                                    | 0.                            |
|                                | "              | Net unrelated business taxable income norm of 1990-1, line 30  |               | Prior Year                         | Current Year                  |
| •                              | 8              | Contributions and grants (Part VIII, line 1h)  |               | 2,304,798.                         | 2,719,565.                    |
| nue                            |                | Program service revenue (Part VIII, line 2g)   |               | 0.                                 | 0.                            |
| Revenue                        |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |               | 1,133.                             | 713.                          |
| ď                              |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |               | 0.                                 | 0.                            |
|                                | 1              | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |               | 2,305,931.                         | 2,720,278.                    |
|                                | _              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |               | 1,120,000.                         | 2,240,000.                    |
|                                | 14             | Benefits paid to or for members (Part IX, column (A), line 4)  |               | 0.                                 | 0.                            |
| es                             |                | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .  |               | 0.                                 | 0.                            |
| Expenses                       | 16a            | Professional fundraising fees (Part IX, column (A), line 11e)  |               | 0.                                 | 0.                            |
| ğ                              |                | Total fundraising expenses (Part IX, column (D), line 25)  | <u>0.</u>     |                                    |                               |
| ш                              |                | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |               | 832,106.                           | 751,793.                      |
|                                | 1              | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |               | 1,952,106.                         | 2,991,793.                    |
|                                | 19             | Revenue less expenses. Subtract line 18 from line 12   |               | 353,825.                           | -271,515.                     |
| Net Assets or<br>Fund Balances |                | T (D V. );   | Re            | ginning of Current Year 1,513,421. | End of Year<br>1,241,906.     |
| sse<br>Bala                    | 20             | Total assets (Part X, line 16)   |               | 1,513,421.                         | 1,241,900.                    |
| Vet /                          | 21             | Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20                                      |               | 1,513,421.                         | 1,241,906.                    |
| P                              | art II         | Signature Block  |               | 1,313,4210                         | 1,241,5000                    |
|                                |                | Ities of perjury, I declare that I have examined this return, including accompanying schedules                                       | and statem    | ents, and to the best of my        | / knowledge and belief, it is |
|                                |                | t, and complete. Declaration of preparer (other than officer) is based on all information of wh                                      |               |                                    | ,                             |
|                                |                |  |               |                                    |                               |
| Sig                            | n              | Signature of officer   |               | Date                               |                               |
| Her                            | re             | MAX TEGMARK, PRESIDENT   |               |                                    |                               |
|                                |                | Type or print name and title   |               |                                    |                               |
|                                |                | Print/Type preparer's name Preparer's signature  |               |                                    | X PTIN                        |
| Pai                            |                | MICHAEL J WALSH, CPA   | 1             | 1/13/19 if self-employe            | P00111917                     |
|                                | parer          | Firm's name WALSH & CO.  |               | Firm's EIN ▶                       | 04-3209238                    |
| Use                            | Only           | Firm's address 632A MAIN STREET  |               | , / <del> </del>                   | 01\ 701 0005                  |
|                                |                | WINCHESTER, MA 01890   |               | Phone no. (7                       |                               |
| Ma                             | y tne IF       | RS discuss this return with the preparer shown above? (see instructions)   |               |                                    | X Yes No                      |

Page **2** 

| Pai       | rt III Statement of Program Service Accomplishments  |                       |
|-----------|--|-----------------------|
|           | Check if Schedule O contains a response or note to any line in this Part III   | <u></u>               |
| 1         | Briefly describe the organization's mission:   |                       |
|           | THE FUTURE OF LIFE INSTITUTE CATALYZES AND SUPPORTS RESEARCH AND INITIATIVES FOR SAFEGUARDING LIFE AND DEVELOPING OPTIMISTIC VISIO   | NC OF                 |
|           | THE FUTURE, INCLUDING POSITIVE WAYS FOR HUMANITY TO STEER ITS OWN  |                       |
|           | COURSE CONSIDERING NEW TECHNOLOGIES AND CHALLENGES.  | <u>N</u>              |
|           |  |                       |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the                         | Yes X No              |
|           | prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  | Tes LZL NO            |
| 2         | <u> </u>   | Yes X No              |
| 3         | If "Yes," describe these changes on Schedule O.  | Tes LZL NO            |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp       | oncoc                 |
| 7         | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper |                       |
|           | revenue, if any, for each program service reported.  | ses, and              |
| 42        |  | 19,565.)              |
| Ta        | SUPPORT RESEARCH, ORGANIZE CONFERENCES AND PROVIDE EDUCATIONAL   | <del></del>           |
|           | MATERIALS TO SUPPORT THE ORGANIZATION'S MISSION  |                       |
|           |  |                       |
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|           |  |                       |
|           |  |                       |
| 4b        | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |                       |
|           |  |                       |
|           |  |                       |
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|           |  |                       |
|           |  |                       |
| 4c        | (Code:) (Expenses \$ including grants of \$) (Revenue \$   | )                     |
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|           |  |                       |
|           |  |                       |
| 4d        | Other program services (Describe in Schedule O.)   |                       |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 2,991,073.                                     |                       |
| <u>4e</u> |  | 000 (224.5)           |
|           | FC   | orm <b>990</b> (2018) |

FUTURE OF LIFE INSTITUTE

## 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)?  |           | х   |              |
| 0         | If "Yes," complete Schedule A  | 2         | X   |              |
| 2<br>3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |           | 21  |              |
| 3         | public office? If "Yes," complete Schedule C, Part I   | 3         |     | x            |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   | ٦         |     | <del> </del> |
| •         | during the tax year? If "Yes," complete Schedule C, Part II  | 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   | <u> </u>  |     |              |
|           | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5         |     | Х            |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |           |     | _ v          |
| _         | 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,  | _         |     | x            |
| 0         | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>   | 7         |     | <u> </u>     |
| 8         |  | 8         |     | x            |
| 0         | Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | <u> </u>  |     |              |
| 9         | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |           |     |              |
|           | If "Yes," complete Schedule D, Part IV   | 9         |     | x            |
| 10        | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  | -         |     |              |
| 10        | 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   |           |     |              |
| •••       | 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       |     | Х            |
| 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       |     | Х            |
| 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   |           |     |              |
|           | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d       |     | X            |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e       |     | X            |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |           |     |              |
|           | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f       |     | X            |
| 12a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |           |     | x            |
|           | Schedule D, Parts XI and XII   | 12a       |     |              |
| D         | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 406       |     | x            |
| 12        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b<br>13 |     | X            |
| 13<br>14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a       |     | X            |
| b         | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  | 174       |     | +            |
| -         | 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       | Х   |              |
| 15        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |           |     |              |
|           | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15        |     | Х            |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |           |     |              |
|           | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16        | X   |              |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |           |     |              |
|           | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17        |     | X            |
| 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            |
| 20a       | 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?   | 20b       |     | -            |
| 21        | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | ,,        |     | X            |
|           | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21        |     | L 23         |

832003 12-31-18

Form 990 (2018) FUTURE OF LIFE INS

Part IV | Checklist of Required Schedules (continued)

|         |   |      |          | _  |
|---------|---|------|----------|--|
| 00      | Did the every institute was set as see the set of 000 of swants or athere as interesting in dividuals are   |      | 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  |      |          | 125  |
| 20      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |      |          |  |
|         | Schedule J  | 23   |          | X  |
| 24 a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |      |          | <del>                                     </del> |
| 214     | 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  |          | $\top$   |
|         | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |      |          | $\top$   |
|         | 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  |          |  |
|         | 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  |          | Х  |
| 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,"  |      |          |  |
|         | 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   |      |          |  |
|         | of any of these persons? If "Yes," complete Schedule L, Part III  | 27   |          | X  |
| 28      | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   |      |          |  |
|         | instructions for applicable filing thresholds, conditions, and exceptions):   |      |          |  |
| а       | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a  |          | X  |
| b       | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b  |          | X  |
| С       | 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   |          | X  |
| 30      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |      |          |  |
|         | contributions? If "Yes," complete Schedule M  | 30   |          | X  |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations?  |      |          | l  |
|         | If "Yes," complete Schedule N, Part I   | 31   |          | X  |
| 32      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |      |          | l  |
|         | Schedule N, Part II   | 32   |          | X  |
| 33      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |      |          | ١  |
|         | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |          | X  |
| 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   |          | X  |
|         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  | <u> </u> | 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  | <u> </u> | $\vdash$   |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |      |          | X  |
| ^-      | If "Yes," complete Schedule R, Part V, line 2   | 36   |          | ┼^   |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 0.7  |          | X  |
| 20      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37   |          | <del>  ^</del>                                   |
| 38      | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  | 38   | X        |  |
| Pai     | Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance  | _ ან |          |  |
| . ui    | Check if Schedule O contains a response or note to any line in this Part V  |      |          |  |
|         |   |      | Yes      | No   |
| 10      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |      | 162      | 140  |
| ia<br>b | Enter the number reported in Box of Form root. Enter of inter applicable  |      |          |  |
|         | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  | 1    |          |  |
| C       | (gambling) winnings to prize winners?   | 1c   |          |  |
|         | (3  |      |          |  |

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

|     |   |          | Yes | No          |
|-----|---|----------|-----|-------------|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |          |     |             |
|     | filed for the calendar year ending with or within the year covered by this return   |          |     |             |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       |     |             |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          |     |             |
| 3а  | 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   |          |     | 37          |
|     | 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).   |          |     | Х           |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a<br>5b |     | X           |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c       |     |             |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   | 30       |     |             |
| va  | any contributions that were not tax deductible as charitable contributions?   | 6a       |     | х           |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  | - Ou     |     | <del></del> |
| -   | were not tax deductible?  | 6b       |     |             |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |          |     |             |
| а   | 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?                                     | 7a       |     | Х           |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |     |             |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |          |     |             |
|     | to file Form 8282?  | 7c       |     | Х           |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   |          |     |             |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |     |             |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       |     |             |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |     | <u> </u>    |
| 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  |          |     | v           |
| _   | sponsoring organization have excess business holdings at any time during the year?  | 8        |     | X           |
| 9   | Sponsoring organizations maintaining donor advised funds.   |          |     | X           |
| a   | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a<br>9b |     | X           |
| 10  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  | 90       |     | 25          |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  |          |     |             |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   | -        |     |             |
| 11  | Section 501(c)(12) organizations. Enter:  |          |     |             |
| а   | Gross income from members or shareholders 11a   |          |     |             |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against  |          |     |             |
|     | amounts due or received from them.)   |          |     |             |
| 12a | 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?  | 13a      |     |             |
|     | Note. 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  |          |     |             |
|     | Enter the amount of reserves on hand  |          |     | v           |
|     | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |     | X           |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b      |     | $\vdash$    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   | 4-       |     | X           |
|     | excess parachute payment(s) during the year?  | 15       |     | A           |
| 16  | If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         | 16       |     | Х           |
| 10  | If "Yes," complete Form 4720, Schedule O.   | 10       |     |             |
|     | n 100, complete l'omi 4120, comedute o.   |          |     |             |

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   |         |          |      |
|     | <u> </u>  |         | Yes      | No   |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 1a 1  | 5       |          |      |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         | 1       |          |      |
|     | 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 1b   | 3       |          |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            | 1       |          |      |
|     | 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       |          | X    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |          | Х    |
| 6   | Did the organization have members or stockholders?  | 6       |          | Х    |
| 7a  |   |         |          |      |
|     | more members of the governing body?   | 7a      |          | X    |
| 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   |   | 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       |          | X    |
| 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     |          | Х    |
|     | 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     | Х        |      |
| 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     | Х        |      |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | Х        |      |
| 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     | Х        |      |
| 13  | Did the organization have a written whistleblower policy?   | 13      | Х        |      |
| 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     |          | X    |
| 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 ▶PA  |         |          |      |
| 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.   |         |          |      |
|     | 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 finan | cial     |      |
| _   | 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 - 800-927-9800   |         |          |      |
|     | PO BOX 706, ALLSTON, MA 02134   |         |          |      |

## 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.

| Check this box if neither the organization |                   | orga<br>T                      | al IIZa               |                 |                | пре                          | nsai          |                      |                           | (E)             |
|--|-------------------|--------------------------------|-----------------------|-----------------|----------------|------------------------------|---------------|----------------------|---------------------------|-----------------|
| (A)  | (B)               |                                |                       | Pos             | C)<br>ition    | ,                            |               | (D)                  | (E)                       | (F)             |
| Name and Title                             | Average           |                                | not c                 | heck            | more           | than                         |               | Reportable           | Reportable                | Estimated       |
|  | hours per<br>week | offi                           | , unie<br>cer ar      | ss pe<br>id a d | rson<br>irecto | is bot<br>or/trus            | n an<br>stee) | compensation<br>from | compensation from related | amount of other |
|  | (list any         | 5.                             |                       |                 |                |                              |               | the                  | organizations             | compensation    |
|  | hours for         | direc                          |                       |                 |                | D.                           |               | organization         | (W-2/1099-MISC)           | from the        |
|  | related           | tee or                         | stee                  |                 |                | ensate                       |               | (W-2/1099-MISC)      | ,                         | organization    |
|  | organizations     | Itrus                          | nal tru               |                 | oyee           | ompe                         |               |                      |                           | and related     |
|  | below             | Individual trustee or director | Institutional trustee | Je.             | Key employee   | loyee                        | ner           |                      |                           | organizations   |
|  | line)             | lndi                           | Inst                  | Officer         | Key            | Highest compensated employee | Forr          |                      |                           |                 |
| (1) MAX TEGMARK                            | 10.00             |                                |                       |                 |                |                              |               | _                    | _                         | _               |
| PRESIDENT                                  |                   | Х                              |                       | Х               |                |                              |               | 0.                   | 0.                        | 0.              |
| (2) MEIA CHITA-TEGMARK                     | 5.00              |                                |                       |                 |                |                              |               |                      |                           |                 |
| TREASURER                                  |                   | Х                              |                       | Х               |                |                              |               | 0.                   | 0.                        | 0.              |
| (3) VIKTORIYA KRAKOVNA                     | 5.00              |                                |                       |                 |                |                              |               |                      |                           |                 |
| SECRETARY                                  |                   | Х                              |                       | X               |                |                              |               | 0.                   | 0.                        | 0.              |
| (4) ANTHONY AGUIRRE                        | 3.00              |                                |                       |                 |                |                              |               |                      |                           |                 |
| DIRECTOR                                   |                   | X                              |                       |                 |                |                              |               | 0.                   | 0.                        | 0.              |
| (5) JAAN TALLINN                           | 1.00              |                                |                       |                 |                |                              |               |                      |                           |                 |
| DIRECTOR                                   |                   | Х                              |                       |                 |                |                              |               | 0.                   | 0.                        | 0.              |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   | 1                              |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   | 1                              |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   | 1                              |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   | 1                              |                       |                 |                |                              |               |                      |                           |                 |
|  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   | 1                              |                       |                 |                |                              |               |                      |                           |                 |
| -  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   | 1                              |                       |                 |                |                              |               |                      |                           |                 |
| -  |                   |                                |                       |                 |                |                              |               |                      |                           |                 |
|  |                   | 1                              |                       |                 |                |                              |               |                      |                           |                 |
|  | 1                 |                                | 1                     |                 |                | 1                            | 1             | l .                  | l .                       |                 |

| Pa       | Tt VII Section A. Officers, Directors, Trus   | tees, Key Em                                   | ploy                           | ees   | , an    | d Hi         | ighe                         | st C  | Compensated Employe                       | es (continued)  |      |                    |  |               |
|----------|---|--|--------------------------------|---|---------|--------------|------------------------------|-------|---|---|------|--------------------|--|---------------|
|          | (A)   | (B)  |                                |   | •       | C)           |                              |       | (D)                                       | (E)   |      |                    | (F)                                    |               |
|          | Name and title  | Average<br>hours per<br>week<br>(list any      | box                            | Position (do not check more than one box, unless person is both an officer and a director/trustee |         |              |                              |       | Reportable<br>compensation<br>from<br>the | Reportable<br>compensation<br>from related<br>organizations |      | am                 | imate<br>ount o<br>other<br>oensat     | of            |
|          |   | hours for<br>related<br>organizations<br>below | Individual trustee or director | Institutional trustee   | er      | Key employee | Highest compensated employee | ıer   | organization<br>(W-2/1099-MISC)           | (W-2/1099-MIS   |      | fro<br>orga<br>and | om the<br>anizati<br>relate<br>nizatio | e<br>on<br>ed |
|          |   | line)  | Indiv                          | Instit  | Officer | Keye         | High                         | Form  |   |   |      |                    |  |               |
|          |   |  | _                              |   |         |              |                              |       |   |   |      |                    |  |               |
|          |   |  |                                |   |         |              |                              |       |   |   |      |                    |  |               |
|          |   |  |                                |   |         |              |                              |       |   |   |      |                    |  |               |
|          |   |  | _                              |   |         |              |                              |       |   |   |      |                    |  |               |
|          |   |  | <u> </u>                       |   |         |              |                              |       |   |   |      |                    |  |               |
|          |   |  | _                              |   |         |              |                              |       |   |   |      |                    |  |               |
|          |   |  | <u> </u>                       |   |         |              |                              |       |   |   |      |                    |  |               |
|          | Cub Astal   |  | <u>l</u>                       |   |         |              |                              |       | 0.  |   | 0.   |                    |  | 0.            |
| С        | Sub-total  Total from continuation sheets to Part VI  | II, Section A                                  |                                |   |         |              |                              |       | 0.  |   | 0.   |                    |  | 0.            |
| 2        | Total (add lines 1b and 1c)  Total number of individuals (including but no appropriation from the arganization                                  |  |                                |   |         |              |                              |       | •   | ,000 of reportable  |      |                    |  | (             |
|          | compensation from the organization  |  |                                |   |         |              |                              |       |   |   |      |                    | Yes                                    | No            |
| 3        | Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s   | such individual                                |                                |   |         |              |                              |       |   |   |      | 3                  |  | Х             |
| 4        | For any individual listed on line 1a, is the su<br>and related organizations greater than \$15<br>Did any person listed on line 1a receive or a | 0,000? If "Yes,                                | " co                           | mple  | ete S   | Sch          | edul                         | e J f | for such individual                       |   |      | 4                  |  | X             |
| 5<br>—   | rendered to the organization? If "Yes," com   | •  |                                |   |         | •            | ,                            |       | ed organization or indiv                  |   |      | 5                  |  | Х             |
| Sec<br>1 | ction B. Independent Contractors  Complete this table for your five highest co  | mnensated in                                   | den:                           | ende  | ent c   | ont          | racto                        | ors t | that received more than                   | \$100,000 of com  | nens | ation fr           | om                                     |               |
| _        | the organization. Report compensation for   |  |                                |   |         |              |                              |       |   |   |      |                    |  |               |
|          | (A)<br>Name and business  | address  | NO                             | INC   | 3       |              |                              |       | (B)<br>Description of s                   | ervices   | С    | (C<br>Comper       | )<br>isation                           | 1             |
|          |   |  |                                |   |         |              |                              |       |   |   |      |                    |  |               |
|          |   |  |                                |   |         |              |                              |       |   |   |      |                    |  |               |
|          |   |  |                                |   |         |              |                              |       |   |   |      |                    |  |               |
|          | _   |  |                                |   |         |              |                              | 1     |   |   |      |                    |  |               |
| 2        | Total number of independent contractors (i  |  | not li                         | mite  | d to    | tho          | se li                        | stec  | d above) who received m                   | nore than   |      |                    |  |               |
|          | \$100,000 of compensation from the organi   | zation >                                       |                                |   |         |              | <u> </u>                     |       |   |   |      | Form 9             | <b>390</b> (2                          | 010           |

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| 1 a Federated campaigns   1 b   Membership dues   1 b   |                              |     |   | Check if Schedule O cont                | tains a respo | <u>nse</u> | or note to any l | ine in this Part VIII | ······                     | ·····              |                |
|---|------------------------------|-----|---|---|---------------|------------|------------------|-----------------------|----------------------------|--------------------|----------------|
| Business Code    2 a  |                              |     |   |   |               |            |                  | (A)<br>Total revenue  | Related or exempt function | Unrelated business | from tax under |
| Business Code    2 a  | nts                          | 1 : | а | Federated campaigns                     | 1a            |            |                  |                       |                            |                    |                |
| Business Code  2 a  b  c  d  d  d  d  d  d  d  d  f All other program service revenue  f All other program service program services, and allower pro  | S'a<br>Ou                    |     | b | Membership dues                         | 1b            |            |                  |                       |                            |                    |                |
| Business Code    2 a  | ts, (                        |     | С | Fundraising events                      | 1c            |            |                  |                       |                            |                    |                |
| Business Code    2 a  | ar                           |     | d | Related organizations                   | 1d            | Щ          |                  |                       |                            |                    |                |
| Business Code    2 a  | ntributions,<br>d Other Simi |     |   | - ·                                     |               |            |                  |                       |                            |                    |                |
| Business Code  2 a  b  c  d  d  d  d  d  d  d  d  f All other program service revenue  f All other program service program services, and allower pro  | ᅙᆲ                           | 1   |   |   |               |            |                  |                       |                            |                    |                |
| Business Code  2 a  b  c  d  d  d  d  d  d  d  d  f All other program service revenue  f All other program service program services, and allower pro  | ᅙᆂᅵ                          |     |   | similar amounts not included abo        | ve <b>1f</b>  | 2,         | 719,565          | <u>-</u>              |                            |                    |                |
| Business Code    2 a  | 털                            | ,   | g | Noncash contributions included in lines | s 1a-1f: \$   |            |                  |                       |                            |                    |                |
| 2 a b d d d d d d d d d d d d d d d d d d   | ğ Ö                          |     | h | Total. Add lines 1a-1f                  |               |            |                  |                       |                            |                    |                |
| Total. Add lines 2a.21  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  b Less: cost or other basis and sales expenses  c Gain or (loss)  b Less: cost or other basis and sales expenses  c Gain or (loss)  b Less: cist content an inventory  b Less: cist content an inventory  b Less: cost or other basis  and sales expenses  b Less: circle texpenses  b Lest income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18  a Less: direct expenses  b Less: circle expenses  c Net income or (loss) from fundraising events  10 a Gross ales of inventory, less returns  and allowances  b Less: cost of goods sold  b Lest: cost of goods sold  d All other revenue  e Total. Add lines 11a-11d  |                              |     |   |   |               |            | Business Cod     | е                     |                            |                    |                |
| Total. Add lines 2a:21  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  7 a Gross amount from sales of other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  4 b Less: cost or other basis and sales expenses  c Gain or (loss)  b C Net income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross ales of inventory, less returns and allowances  b Less: cost of goods sold  b Lest: cost of goods sold  b Lest: cost of goods sold  b Lest: cost of goods sold b b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C Total. Add lines 11a-11d   | <u>i</u>                     | 2   | а |   |               |            |                  |                       |                            |                    |                |
| Total. Add lines 2a:21  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  7 a Gross amount from sales of other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  4 b Less: cost or other basis and sales expenses  c Gain or (loss)  b C Net income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross ales of inventory, less returns and allowances  b Less: cost of goods sold  b Lest: cost of goods sold  b Lest: cost of goods sold  b Lest: cost of goods sold b b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C Total. Add lines 11a-11d   | le S                         | ١   | b |   |               |            |                  |                       |                            |                    |                |
| Total. Add lines 2a-2f  Total. Add lines 2a-2f  Total. Add lines 2a-2f  Total. Add lines 2a-2f  Total. Add lines 11a-11d  | m S                          | •   | С |   |               |            |                  |                       |                            |                    |                |
| Total. Add lines 2a-2f  Total. Add lines 2a-2f  Total. Add lines 2a-2f  Total. Add lines 2a-2f  Total. Add lines 11a-11d  | Re                           | (   | d |   |               |            |                  |                       |                            |                    |                |
| Total. Add lines 2a-2f  Total. Add lines 2a-2f  Total. Add lines 2a-2f  Total. Add lines 2a-2f  Total. Add lines 11a-11d  | Š                            |     |   | All II                                  |               | _          |                  |                       |                            |                    |                |
| 3   | _                            |     |   |   |               |            |                  |                       |                            |                    |                |
| other similar amounts)  A Income from investment of tax-exempt bond proceeds  5 Royalties    (ii) Personal   (iii) Personal   |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 3 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory.  Miscellaneous Revenue  8 usiness Code 11 a b  |                              | 3   |   | , ,                                     |               |            | •                | 713.                  | 713.                       |                    |                |
| Securities   Sec    |                              | 4   |   |   |               |            |                  | 7130                  | 7 2 3 4                    |                    |                |
| (i) Real   (ii) Personal   (ii) Personal   (ii) Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal     |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c c d All other revenue e Total. Add lines 11a-11d  |                              | Ŭ   |   | noyanos                                 |               |            |                  |                       |                            |                    |                |
| b Less: rental expenses CRental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses CAGain or (loss) (including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities see Part IV, line 19 a b Less: cost of goods sold b c Net income or (loss) from sales of inventory line and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory line sevenue Business Code and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b c Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a b Less: Call of the sale and II a less: Call o |                              | 6   | а | Gross rents                             | · · · · ·     |            | (ii) i diddiidi  |                       |                            |                    |                |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C C d All other revenue e Total. Add lines 11a-11d  |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: cost of goods sold b c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11 a b C C d All other revenue e Total. Add lines 11a-11d  |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b  Miscellaneous Revenue  11 a  b  All other revenue e Total. Add lines 11a-11d  |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$  |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11 a b  C d All other revenue e Total. Add lines 11a.11d  |                              |     |   | assets other than inventory             |               |            |                  |                       |                            |                    |                |
| C Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  |                              | -   | b | Less: cost or other basis               |               |            |                  |                       |                            |                    |                |
| d Net gain or (loss)    8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  |                              |     |   | and sales expenses                      |               |            |                  |                       |                            |                    |                |
| d Net gain or (loss)    8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  |                              |     | С | Gain or (loss)                          |               |            |                  |                       |                            |                    |                |
| including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities b less: direct expenses b c Net income or (loss) from gaming activities and allowances a b Less: cost of goods sold  |                              |     |   |   |               |            | <u></u>          |                       |                            |                    |                |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  |                              | 8   |   |   | •             | ot         |                  |                       |                            |                    |                |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d   | eve                          |     |   |   |               |            |                  |                       |                            |                    |                |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  | F F                          |     |   | Part IV, line 18                        |               | . a        |                  |                       |                            |                    |                |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  | Ĕ                            | -   |   |   |               |            |                  |                       |                            |                    |                |
| Part IV, line 19  | ١                            | (   | С | Net income or (loss) from fund          | draising ever | nts        | <u></u>          |                       |                            |                    |                |
| b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C d All other revenue E Total. Add lines 11a-11d  |                              | 9   |   |   |               |            |                  |                       |                            |                    |                |
| c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d   |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| and allowances a  |                              |     |   |   |               | s          | <b></b>          |                       |                            |                    |                |
| b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  |                              | 10  | а |   |               |            |                  |                       |                            |                    |                |
| C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d   |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d   |                              |     |   |   |               |            |                  |                       |                            |                    |                |
| 11 a b C C C C C C C C C C C C C C C C C C  | ŀ                            | - ( | С |   |               |            |                  |                       |                            |                    |                |
| b c d All other revenue e Total. Add lines 11a-11d  | ŀ                            | 4.  | _ | Miscellaneous Revenu                    | ie            |            | Rusiness Cod     | e                     |                            |                    |                |
| c d All other revenue e Total. Add lines 11a-11d  |                              |     |   |   |               | _          |                  |                       |                            |                    |                |
| d All other revenue  e Total. Add lines 11a-11d   |                              |     |   |   |               | _          |                  |                       |                            |                    |                |
| e Total. Add lines 11a-11d  |                              |     |   | All other revenue                       |               | _          |                  |                       |                            |                    |                |
| 12 Total revenue. See instructions 2.720.278. 713. 0.   |                              |     |   |   |               |            |                  |                       |                            |                    |                |
|   |                              |     | _ | Total revenue See instructions          |               |            | ·····            | 2.720.278.            | 713.                       | 0.                 | 0.             |

## 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).

|                 | Check if Schedule O contains a respon-   |                       |   |                                     |                                       |
|-----------------|--|-----------------------|---|-------------------------------------|---------------------------------------|
|                 | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                             | (A)<br>Total expenses | <b>(B)</b> Program service expenses     | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1               | Grants and other assistance to domestic organizations  |                       |   |                                     |                                       |
|                 | and domestic governments. See Part IV, line 21   |                       |   |                                     |                                       |
| 2               | Grants and other assistance to domestic  | 0 040 000             | 0 040 000                               |                                     |                                       |
|                 | individuals. See Part IV, line 22  | 2,240,000.            | 2,240,000.                              |                                     |                                       |
| 3               | Grants and other assistance to foreign   |                       |   |                                     |                                       |
|                 | organizations, foreign governments, and foreign  |                       |   |                                     |                                       |
|                 | individuals. See Part IV, lines 15 and 16  |                       |   |                                     |                                       |
| 4               | Benefits paid to or for members  |                       |   |                                     |                                       |
| 5               | Compensation of current officers, directors,   |                       |   |                                     |                                       |
|                 | trustees, and key employees  |                       |   |                                     |                                       |
| 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   |                       |   |                                     |                                       |
| 8               | Pension plan accruals and contributions (include   |                       |   |                                     |                                       |
| _               | section 401(k) and 403(b) employer contributions)  |                       |   |                                     |                                       |
| 9               | Other employee benefits  |                       |   |                                     |                                       |
| 10              | Payroll taxes  |                       |   |                                     |                                       |
| 11              | Fees for services (non-employees):   |                       |   |                                     |                                       |
| a               | Management   | 812.                  | 812.                                    |                                     |                                       |
| b               | Legal  | 1,440.                | 720.                                    | 720.                                |                                       |
| С               | Accounting   | 1,440.                | 720.                                    | 720.                                |                                       |
| d               | Lobbying   |                       |   |                                     |                                       |
| e               | Professional fundraising services. See Part IV, line 17  |                       |   |                                     |                                       |
| f               | Investment management fees   |                       |   |                                     |                                       |
| g               | ,  | 348,901.              | 348,901.                                |                                     |                                       |
| 40              | column (A) amount, list line 11g expenses on Sch 0.)   | 249.                  | 249.                                    |                                     |                                       |
| 12              | Advertising and promotion  | 6,312.                | 6,312.                                  |                                     |                                       |
| 13              | Office expenses  | 18,441.               | 18,441.                                 |                                     |                                       |
| 14              | Information technology   | 10,441.               | 10,441.                                 |                                     |                                       |
| 15              | Royalties  |                       |   |                                     |                                       |
| 16<br>17        | Occupancy  | 13,600.               | 13,600.                                 |                                     |                                       |
| 17<br>18        | Travel Payments of travel or entertainment expenses  | 13,000.               | 13,000.                                 |                                     |                                       |
| 10              |  |                       |   |                                     |                                       |
| 10              | for any federal, state, or local public officials Conferences, conventions, and meetings               | 360,433.              | 360,433.                                |                                     |                                       |
| 19<br>20        |  | 333,1334              | 333,133.                                |                                     |                                       |
| 20<br>21        | Interest Payments to affiliates  |                       |   |                                     |                                       |
| 22              | Depreciation, depletion, and amortization  |                       |   |                                     |                                       |
| 23              | Insurance  |                       |   |                                     |                                       |
| 23<br>24        | Other expenses. Itemize expenses not covered   |                       |   |                                     |                                       |
| <b>4</b>        | 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.)  BANK CHARGES   | 1,605.                | 1,605.                                  |                                     |                                       |
| a               | DUMI CHANGES   | 1,005.                | 1,000.                                  |                                     |                                       |
| b               |  |                       |   |                                     |                                       |
| q               |  |                       |   |                                     |                                       |
| d               | All other expanses   |                       |   |                                     |                                       |
| е<br>25         | All other expenses   | 2,991,793.            | 2,991,073.                              | 720.                                | 0                                     |
| <u>25</u><br>26 | Joint costs. Complete this line only if the organization   | 2,331,1330            | 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 720•                                |                                       |
| 20              | reported in column (B) joint costs from a combined   |                       |   |                                     |                                       |
|                 | educational campaign and fundraising solicitation.   |                       |   |                                     |                                       |
|                 | Check here if following SOP 98-2 (ASC 958-720)   |                       |   |                                     |                                       |
|                 | in following doi: 30-2 (Add 300-720)   |                       | L                                       |                                     | Form <b>990</b> (201                  |

|               |          | Check if Schedule O contains a response or note to any line in this Part X   |                   |     |               |
|---------------|----------|--|-------------------|-----|---------------|
|               |          |  | (A)               |     | (B)           |
|               |          |  | Beginning of year |     | End of year   |
|               | 1        | Cash - non-interest-bearing  | 1,513,421.        | 1   | 235,778.      |
|               | 2        | Savings and temporary cash investments   |                   | 2   | 1,006,128.    |
|               | 3        | Pledges and grants receivable, net   |                   | 3   |               |
|               | 4        | Accounts receivable, net   |                   | 4   |               |
|               | 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  | ng                |     |               |
|               |          | employers and sponsoring organizations of section 501(c)(9) voluntary  |                   |     |               |
| ţ             |          | employees' beneficiary organizations (see instr). Complete Part II of Sch L  |                   | 6   |               |
| Assets        | 7        | Notes and loans receivable, net  |                   | 7   |               |
| ⋖             | 8        | Inventories for sale or use  |                   | 8   |               |
|               | 9        | Prepaid expenses and deferred charges  |                   | 9   |               |
|               | 10a      | Land, buildings, and equipment: cost or other  |                   |     |               |
|               |          | basis. Complete Part VI of Schedule D 10a  |                   |     |               |
|               | b        | Less: accumulated depreciation   |                   | 10c |               |
|               | 11       | Investments - publicly traded securities   |                   | 11  |               |
|               | 12       | Investments - other securities. See Part IV, line 11   |                   | 12  |               |
|               | 13       | Investments - program-related. See Part IV, line 11  |                   | 13  |               |
|               | 14       | Intangible assets  |                   | 14  |               |
|               | 15       | Other assets. See Part IV, line 11   |                   | 15  | 1 041 006     |
|               | 16       | Total assets. Add lines 1 through 15 (must equal line 34)  |                   | 16  | 1,241,906.    |
|               | 17       | Accounts payable and accrued expenses  |                   | 17  |               |
|               | 18       | Grants payable   |                   | 18  |               |
|               | 19       | Deferred revenue   |                   | 19  |               |
|               | 20       | Tax-exempt bond liabilities  |                   | 20  |               |
|               | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D  |                   | 21  |               |
| Liabilities   | 22       | Loans and other payables to current and former officers, directors, trustees,  |                   |     |               |
| Ξ             |          | key employees, highest compensated employees, and disqualified persons.  |                   | 00  |               |
| Lia           | 22       | Complete Part II of Schedule L   |                   | 22  |               |
|               | 23<br>24 | Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties |                   | 23  |               |
|               | 25       | Other liabilities (including federal income tax, payables to related third   |                   | 24  |               |
|               | 25       | 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   | 0.                | 26  | 0.            |
|               |          | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and   | ••                |     |               |
| S             |          | complete lines 27 through 29, and lines 33 and 34.   |                   |     |               |
| nce.          | 27       | Unrestricted net assets  | 1,513,421.        | 27  | 1,241,906.    |
| ala           | 28       | Temporarily restricted net assets  |                   | 28  |               |
| Fund Balances | 29       | Permanently restricted net assets  |                   | 29  |               |
| Ξ             |          | Organizations that do not follow SFAS 117 (ASC 958), check here ▶  |                   |     |               |
| ō             |          | 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  |               |
| Net Assets or | 32       | Retained earnings, endowment, accumulated income, or other funds   |                   | 32  | 4 0 1 1 0 2 2 |
| Z             | 33       | Total net assets or fund balances  |                   |     | 1,241,906.    |
|               | 34       | Total liabilities and net assets/fund balances   | 1,513,421.        | 34  | 1,241,906.    |

| 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       |      |           |            | 78. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2       | 2,   | <u>99</u> | <u>1,7</u> | 93. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3       |      |           |            | 15. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4       | 1,   | 51        | 3,4        | 21. |
| 5  | Net unrealized gains (losses) on investments   | 5       |      |           |            |     |
| 6  | Donated services and use of facilities   | 6       |      |           |            |     |
| 7  | Investment expenses  | 7       |      |           |            |     |
| 8  | Prior period adjustments   | 8       |      |           |            |     |
| 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      | 1,   | 24        | 1,9        | 06. |
| Pa | rt XII Financial Statements and Reporting  |         |      |           |            |     |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                       |         |      |           |            |     |
|    |  |         |      |           | 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.      |      |           |            |     |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                 |         |      |           |            | 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:   |         |      |           |            |     |
|    | 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 separat    | e basis | s,   |           |            |     |
|    | consolidated basis, or both:   |         |      |           |            |     |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |         |      |           |            |     |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th  | e audit | t,   |           |            |     |
|    | 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 ( | э. 🗍 |           |            |     |
| 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 Au | udit |           |            |     |
|    | 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  | ired au | ıdit |           |            |     |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |         |      | 3b        |            |     |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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 FUTURE OF LIFE INSTITUTE 47-1052538 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X 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. 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. 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  | tion 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.")  |                    |                 |          |          |          |                 |
| 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  |                    |                 |          |          |          |                 |
|      | 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)  |                    |                 |          |          |          |                 |
| 6    | Public support. Subtract line 5 from line 4.                                |                    |                 |          |          |          |                 |
| 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   |                    |                 |          |          |          |                 |
| 8    | Gross income from interest,   |                    |                 |          |          |          |                 |
|      | dividends, payments received on   |                    |                 |          |          |          |                 |
|      | securities loans, rents, royalties,   |                    |                 |          |          |          |                 |
|      | and income from similar sources   |                    |                 |          |          |          |                 |
| 9    | Net income from unrelated business  |                    |                 |          |          |          |                 |
|      | activities, whether or not the  |                    |                 |          |          |          |                 |
|      | business is regularly carried on  |                    |                 |          |          |          |                 |
| 10   | Other income. Do not include gain   |                    |                 |          |          |          |                 |
|      | or loss from the sale of capital  |                    |                 |          |          |          |                 |
|      | assets (Explain in Part VI.)  |                    |                 |          |          |          |                 |
| 11   | <b>Total support.</b> Add lines 7 through 10                                |                    |                 |          |          |          |                 |
|      | Gross receipts from related activities,                                     | •                  | ,               |          |          | 12       |                 |
| 13   | First five years. If the Form 990 is for                                    |                    |                 |          |          |          |                 |
| 80/  | organization, check this box and store ction C. Computation of Publ         | here               | roontago        |          |          |          | <u></u>         |
|      | ·   |                    | <u> </u>        |          |          |          |                 |
|      | Public support percentage for 2018 (  |                    |                 |          |          | 14       | <u>%</u>        |
|      | Public support percentage from 2017   |                    |                 |          |          | 15       | <u>%</u>        |
| Ioa  | 33 1/3% support test - 2018. If the content have The experience qualifies   |                    |                 |          |          |          |                 |
| h    | stop here. The organization qualifies 33 1/3% support test - 2017. If the o |                    |                 |          |          |          |                 |
| U    | and <b>stop here.</b> The organization qual                                 |                    |                 |          |          |          | I IIS DOX       |
| 170  | 10% -facts-and-circumstances tes  |                    |                 |          |          |          | or more         |
| 11 a | and if the organization meets the "fac                                      |                    |                 |          |          |          |                 |
|      | meets the "facts-and-circumstances"   |                    |                 | =        |          | -        |                 |
| h    | 10% -facts-and-circumstances tes  |                    |                 |          |          |          |                 |
| IJ   | more, and if the organization meets the                                     | -                  |                 |          |          |          |                 |
|      | organization meets the "facts-and-circ                                      |                    |                 |          | -        |          |                 |
| 18   | Private foundation. If the organization                                     |                    |                 |          |          |          |                 |
|      |   | a.a .iot oi look a |                 |          |          |          | 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  | ,,                        | ,                      |                       |                    |                    |             |
|------|--|---------------------------|------------------------|-----------------------|--------------------|--------------------|-------------|
| Cal  | endar year (or fiscal year beginning in)   | (a) 2014                  | <b>(b)</b> 2015        | (c) 2016              | (d) 2017           | <b>(e)</b> 2018    | (f) Total   |
| 1    | Gifts, grants, contributions, and  |                           |                        |                       |                    |                    |             |
|      | membership fees received. (Do not  |                           |                        |                       |                    |                    |             |
|      | include any "unusual grants.")   | 201,329.                  | 2,106,459.             | 3,290,120.            | 2,304,798.         | 2,719,565.         | 10,622,271. |
| 2    | Gross receipts from admissions,  |                           |                        |                       |                    |                    |             |
|      | merchandise sold or services per-<br>formed, or facilities furnished in              |                           |                        |                       |                    |                    |             |
|      | any activity that is related to the  |                           |                        |                       |                    |                    |             |
|      | organization's tax-exempt purpose  |                           |                        |                       |                    |                    |             |
| 3    | Gross receipts from activities that  |                           |                        |                       |                    |                    |             |
|      | are not an unrelated trade or bus-   |                           |                        |                       |                    |                    |             |
|      | iness under section 513  |                           |                        |                       |                    |                    |             |
| 4    | Tax revenues levied for the organ-   |                           |                        |                       |                    |                    |             |
|      | ization's benefit and either paid to   |                           |                        |                       |                    |                    |             |
|      | or expended on its behalf  |                           |                        |                       |                    |                    |             |
| 5    | The value of services or facilities  |                           |                        |                       |                    |                    | _           |
|      | furnished by a governmental unit to  |                           |                        |                       |                    |                    |             |
|      | the organization without charge  |                           |                        |                       |                    |                    |             |
| 6    | Total. Add lines 1 through 5   | 201,329.                  | 2,106,459.             | 3,290,120.            | 2,304,798.         | 2,719,565.         | 10,622,271. |
| 78   | Amounts included on lines 1, 2, and  |                           |                        |                       |                    |                    |             |
|      | 3 received from disqualified persons   |                           |                        |                       |                    |                    | 0.          |
| 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   |                           |                        |                       |                    |                    | 0.          |
|      | Add lines 7a and 7b  |                           |                        |                       |                    |                    | 0.          |
|      | Public support. (Subtract line 7c from line 6.)                                      |                           |                        |                       |                    |                    | 10,622,271. |
|      | ction B. Total Support   | •                         | •                      |                       |                    |                    |             |
| Cale | endar year (or fiscal year beginning in) 🕨   | (a) 2014                  | <b>(b)</b> 2015        | (c) 2016              | (d) 2017           | (e) 2018           | (f) Total   |
| 9    | Amounts from line 6  | 201,329.                  | 2,106,459.             | 3,290,120.            | 2,304,798.         | 2,719,565.         | 10,622,271. |
| 10   | a Gross income from interest,  |                           |                        |                       |                    |                    |             |
|      | dividends, payments received on  |                           |                        |                       |                    |                    |             |
|      | securities loans, rents, royalties, and income from similar sources                  |                           | 828.                   | 1,142.                | 1,133.             | 713.               | 3,816.      |
| ŀ    | Unrelated business taxable income  |                           |                        |                       |                    |                    |             |
|      | (less section 511 taxes) from businesses   |                           |                        |                       |                    |                    |             |
|      | acquired after June 30, 1975   |                           |                        |                       |                    |                    |             |
|      | Add lines 10a and 10b  |                           | 828.                   | 1,142.                | 1,133.             | 713.               | 3,816.      |
|      | 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   |                           |                        |                       |                    |                    |             |
| 13   | assets (Explain in Part VI.)   | 201,329.                  | 2,107,287.             | 3,291,262.            | 2,305,931.         | 2,720,278.         | 10,626,087. |
|      | First five years. If the Form 990 is for   | L                         |                        |                       |                    |                    |             |
|      | check this box and stop here   |                           | ,                      |                       | •                  | . , . ,            | <b>&gt;</b> |
| Se   | ction C. Computation of Publ   |                           |                        |                       |                    |                    | ,           |
| 15   | Public support percentage for 2018 (   | line 8, column (f), di    | ivided by line 13, c   | column (f))           |                    | 15                 | 99.96 %     |
| 16   | Public support percentage from 2017  | Schedule A, Part I        | III, line 15           |                       |                    | 16                 | 99.96 %     |
|      | ction D. Computation of Inve   |                           |                        |                       |                    |                    |             |
| 17   | Investment income percentage for 20  | 18 (line 10c, colum       | nn (f), divided by lin | ne 13, column (f))    |                    | 17                 | .04 %       |
| 18   | Investment income percentage from  | <b>2017</b> Schedule A, F | Part III, line 17      |                       |                    | 18                 | .04 %       |
|      | a 33 1/3% support tests - 2018. If the   |                           |                        |                       |                    | 3 1/3%, and line 1 | 7 is not    |
|      | more than 33 1/3%, check this box a  |                           |                        |                       |                    |                    | <b>▶</b> X  |
| ŀ    | 33 1/3% support tests - 2017. If the   |                           |                        |                       |                    |                    | and         |
|      | line 18 is not more than 33 1/3%, che  | eck this box and sto      | p here. The organ      | nization qualifies as | s a publicly suppo | rted organization  | <b></b> ▶□  |
| 20   | Private foundation If the organization   |                           |                        |                       |                    |                    |             |

## 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  |     |    |
|   |     |     |    |
|   | 3b  |     |    |
|   |     |     |    |
|   | 3с  |     |    |
|   |     |     |    |
|   | 4a  |     |    |
|   |     |     |    |
|   | 4b  |     |    |
|   |     |     |    |
|   | 4c  |     |    |
|   |     |     |    |
|   | 5a  |     |    |
|   | 5b  |     |    |
|   | 5c  |     |    |
|   | 33  |     |    |
|   | 6   |     |    |
|   |     |     |    |
|   | 7   |     |    |
|   |     |     |    |
|   | 8   |     |    |
|   | 9a  |     |    |
|   | Ju  |     |    |
|   | 9b  |     |    |
|   |     |     |    |
|   | 9с  |     |    |
|   |     |     |    |
|   | 10a |     |    |
|   | 10b |     |    |
| _ |     |     |    |

| Par        | rt IV   Supporting Organizations <sub>(continued)</sub>   |           |     |                |
|------------|---|-----------|-----|----------------|
|            |   |           | 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 <b>Part VI</b> 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,                   |           |     |                |
|            |   | 2         |     |                |
| 800        | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations                               |           |     |                |
| <u> </u>   | tion 6. Type it Supporting Organizations  |           | V   | N <sub>2</sub> |
| _          | Managements of the companiestical editor have been always at the transfer of the disorder                                     |           | 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                        |           |     |                |
| <u> </u>   | 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>       |
| <u>Sec</u> | 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 | s). |                |
| 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                        |           |     |                |
|            | 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? Provide details in Part VI.  | За        |     |                |
| b          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each           |           |     |                |
|            | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.             | 3b        |     |                |

| Pai  | TV Type III Non-Functionally Integrated 509(a)(3) Supporting   | ig Orgai     | nizations_                  |                                |  |
|------|--|--------------|-----------------------------|--------------------------------|--|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A |              |                             |                                |  |
|      | other Type III non-functionally integrated supporting organizations must co  | omplete S    | ections A through E.        |                                |  |
| Sect | ion A - Adjusted Net Income  |              | (A) Prior Year              | (B) Current Year<br>(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<br>(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):  |              |                             |                                |  |
| а    | 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           |                             |                                |  |
| е    | 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            |                             |                                |  |
| 88   | 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   | lly integrat | ted Type III supporting org | anization (see                 |  |
|      | instructions).   |              |                             |                                |  |

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| Par   | t V   Type III Non-Functionally Integrated 509                                       | (a)(3) Supporting Org        | anizations <sub>(continued)</sub>      |   |  |  |  |
|-------|--|------------------------------|--|---|--|--|--|
| Secti | on D - Distributions   |                              |  | Current Year                              |  |  |  |
| 1     | Amounts paid to supported organizations to accomplish exe                            | mpt purposes                 |  |   |  |  |  |
| 2     | Amounts paid to perform activity that directly furthers exempt purposes of supported |                              |  |   |  |  |  |
|       | organizations, in excess of income from activity                                     |                              |  |   |  |  |  |
| 3     | Administrative expenses paid to accomplish exempt purpose                            |                              |  |   |  |  |  |
| 4     | Amounts paid to acquire exempt-use assets  |                              |  |   |  |  |  |
| 5     | Qualified set-aside amounts (prior IRS approval required)                            |                              |  |   |  |  |  |
| 6     | Other distributions (describe in <b>Part VI</b> ). See instructions.                 |                              |  |   |  |  |  |
| 7     | Total annual distributions. Add lines 1 through 6.                                   |                              |  |   |  |  |  |
| 8     | Distributions to attentive supported organizations to which the                      | he organization is responsiv | е                                      |   |  |  |  |
|       | (provide details in Part VI). See instructions.                                      |                              |  |   |  |  |  |
| 9     | Distributable amount for 2018 from Section C, line 6                                 |                              |  |   |  |  |  |
| 10    | Line 8 amount divided by line 9 amount   |                              |  |   |  |  |  |
| Secti | on E - Distribution Allocations (see instructions)                                   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |  |  |  |
| 1     | Distributable amount for 2018 from Section C, line 6                                 |                              |  |   |  |  |  |
| 2     | Underdistributions, if any, for years prior to 2018 (reason-                         |                              |  |   |  |  |  |
|       | able cause required- explain in Part VI). See instructions.                          |                              |  |   |  |  |  |
| 3     | Excess distributions carryover, if any, to 2018                                      |                              |  |   |  |  |  |
| а     | From 2013  |                              |  |   |  |  |  |
| b     | From 2014  |                              |  |   |  |  |  |
| С     | From 2015  |                              |  |   |  |  |  |
| d     | From 2016  |                              |  |   |  |  |  |
| е     | From 2017  |                              |  |   |  |  |  |
| f     | Total of lines 3a through e  |                              |  |   |  |  |  |
| g     | Applied to underdistributions of prior years   |                              |  |   |  |  |  |
| h     | Applied to 2018 distributable amount   |                              |  |   |  |  |  |
| i     | Carryover from 2013 not applied (see instructions)                                   |                              |  |   |  |  |  |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                    |                              |  |   |  |  |  |
| 4     | Distributions for 2018 from Section D,   |                              |  |   |  |  |  |
|       | line 7: \$   |                              |  |   |  |  |  |
| а     | Applied to underdistributions of prior years   |                              |  |   |  |  |  |
| b     | Applied to 2018 distributable amount   |                              |  |   |  |  |  |
| С     | Remainder. Subtract lines 4a and 4b from 4.  |                              |  |   |  |  |  |
| 5     | Remaining underdistributions for years prior to 2018, if                             |                              |  |   |  |  |  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater                        |                              |  |   |  |  |  |
|       | than zero, explain in Part VI. See instructions.                                     |                              |  |   |  |  |  |
| 6     | Remaining underdistributions for 2018. Subtract lines 3h                             |                              |  |   |  |  |  |
|       | and 4b from line 1. For result greater than zero, explain in                         |                              |  |   |  |  |  |
|       | Part VI. See instructions.   |                              |  |   |  |  |  |
| 7     | Excess distributions carryover to 2019. Add lines 3j                                 |                              |  |   |  |  |  |
|       | and 4c.  |                              |  |   |  |  |  |
| 8     | Breakdown of line 7:   |                              |  |   |  |  |  |
| а     | Excess from 2014   |                              |  |   |  |  |  |
| b     | Excess from 2015   |                              |  |   |  |  |  |
| С     | Excess from 2016   |                              |  |   |  |  |  |
| d     | Excess from 2017   |                              |  |   |  |  |  |
| е     | Excess from 2018   |                              |  |   |  |  |  |

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| Part VI  | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;  |
|----------|--|
| i dit vi | Dat N. Section A. lines 1.2. 2b. 4b. 4c. 6c. 6c. 2b. 2b. 11b. 11b. 2b. 11b. |
|          | 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.)  |
|          | (occurrence)   |
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