

Form **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)

2018

120 96939 - 0077672

Department of the Treasury Internal Revenue Service

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▶ 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

OMB No 1545-0047

| Α | For th | e 2018 | calendar year, or tax year beginning , 2018, and ending | | | | , 20 | | | |
|-------------|----------------|----------------|---|--------------|-----------------------|--------------|----------------|--------------|--|--|
| _ | | | C Name of organization | D | Employer ider | tification | number | | | |
| В (| Check if a | applicable | THE SEMINAR NETWORK CHAMBER OF COMMERCE, INC. | | 45-3732 | 2750 | | | | |
| Г | Addr | | Doing business as | | | | | | | |
| X | | e change | Number and street (or P O box if mail is not delivered to street address) Room/suite | E. | E Telephone number | | | | | |
| | Instia | l return | 2200 WILSON BLVD STE 102-533 | 571) 29 | 0-6811 | | | | | |
| | Final | return/ | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | |
| \vdash | Ame | inated nded | ARLINGTON, VA 22201-3324 | | Gross receipts | s 1 | 59,898 | 305 | | |
| \vdash | retur Appli | n (ication | F Name and address of principal officer BRIAN HOOKS | | a) is this a grou | | Yes | X No | | |
| _ | pend | ling | 2200 WILSON BLVD STE 102-533, ARLINGTON, VA 22201 | ~! | subordinates* | , | \vdash | \vdash | | |
| | Taylor | | | | b) Are all subordi | | | No | | |
| <u> </u> | | kempt st | 1 | | | | e instructions |) | | |
| 7 | | | WWW.SEMINARNETWORK.ORG | | c) Group exemp | ······ | | | | |
| | | | · | f formation | 2011 M s | State of leg | al domicile | DE | | |
| Ľ | art l | | mmary | | | | | | | |
| | 1 | Briefly | describe the organization's mission or most significant activities THE SEMINAR N | ETWORK | CHAMBEI | K OF C | OMMERC | <u> </u> | | |
| Governance | | | ANCES ITS MEMBERS' COMMON BUSINESS INTERESTS BY PROMO | | | ··· | | | | |
| Ē | 1 | FRE | EDOM AND IMPROVING BUSINESS CONDITIONS IN THE (SEE SC | HEDULE | (0) | | | | | |
| Š | 2 | Check | this box 🕨 🔛 if the organization discontinued its operations or disposed of more that | an 25% of | its net assets | | | | | |
| | 3 | Numb | er of voting members of the governing body (Part VI, line 1a) | | | 3 | | 9. | | |
| عة در | 4 | Numb | er of independent voting members of the governing body (Part VI, line 1b) | | | 4 | | 7. | | |
| Activities | 5 | Total (| number of individuals employed in calendar year 2018 (Part V, line 2a) | | [| 5 | | 175. | | |
| ₹ | 6 | Total i | number of volunteers (estimate if necessary) | | | 6 | | 0. | | |
| ĕ | 7a | Total (| unrelated business revenue from Part VIII, column (CRIPE & EIVED | <i>.</i> . | [| 7a | 3,980, | 399. | | |
| | Ь | Net ur | related business taxable income from Form 999 T, line 38 CEIVED | | | 7b | 1,562, | 698. | | |
| | | | m 70 | Р | rior Year | | Current Y | ear | | |
| | 8 | Contri | butions and grants (Part VIII, line 1h) $8 \cdot $ | | 539,00 | 0. | | ,413. | | |
| ā | 9 | | am service revenue (Part VIII, line 2g) | 123 | ,621,19 | 2. 1. | 54,018 | 717. | | |
| Revenue | 10 | - | ment income (Part VIII, column (A), lines 3 4, and 70) | | 113,73 | | | ,484. | | |
| ď | 11 | Other | revenue (Part VIII, column (A), lines 5, 6d 8c 9c QCAD FeN, U.T. | 3 | ,092,75 | | 4,576 | | | |
| | 12 | | | | ,366,67 | _ | 59,728 | | | |
| | 1 | | evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | ,730,00 | | 83,890 | | | |
| | 13 | | s and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0. | 03,030, | 0. | | |
| | 14 | | tts paid to or for members (Part IX, column (A), line 4) | 24 | ,894,26 | | 30,578 | | | |
| Ses | 15 | | es, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 24 | | _ | 30,376, | | | |
| sesuedx | 16 a | | sional fundraising fees (Part IX, column (A), line 11e) | ļ | | 0. | | 0. | | |
| Š | Ь | | undraising expenses (Part IX, column (D), line 25) ▶ | | | _ | | | | |
| _ | 17 | Other | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | ,639,45 | | 48,345, | | | |
| | 18 | Total e | expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | ,263,71 | | 62,813, | | | |
| | 19 | Reven | ue less expenses Subtract line 18 from line 12 | 12 | ,102,95 | 3. | -3,084, | | | |
| Assets or | | | | | of Current Y | | End of Yea | ır | | |
| set | 20 | Total a | assets (Part X, line 16) | | ,620,53 | | 59,601, | | | |
| | | Total I | labilities (Part X, line 26) | 9 | ,121,70 | 2. | 11,941, | 693. | | |
| <u>8</u> 2 | 22 | Net as | sets or fund balances Subtract line 21 from line 20 | 53 | ,498,83 | 5. | 47,660, | 190. | | |
| | ert II | Sig | nature Block | | | | | | | |
| Uni | der pe | nalties | f perjury. I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer has | nents, and t | to the best of | my knowie | edge and be | elief, rt is | | |
| true | e, corre | ect, and | complete Declaration of preparer (other than officer) is based on all information of which preparer has | s any knowi | edge | | | | | |
| | | ≥ | 61461 | | | /14/ | 1201 | 19 | | |
| Sig | ın | 5 | Signature of officer | | Date | | | | | |
| He | re | l vm | Robert CHeaton Treasurer | | | | | | | |
| | | | Type or print name and title | | | | | - | | |
| | | Print/ | Type preparer's name Preparer's signature Date | | Chook | ıf PTIN | | | | |
| Parc | i | ; | HAEL J ENGLE | 15/19 | Check self-employe | · | 048283 | 4 | | |
| Prej | parer | - | DIED TID | T_ | | 4-0160 | | | | |
| Use | Only | Firm's | | | 0. | 16-221 | | | | |
| Mai | , the | | address >1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 | J Pho | one no 8. | | $\overline{}$ | | | |
| | | | scuss this return with the preparer shown above? (see instructions) | · · · · · | | X | | No | | |
| FOF | Pape | rwo <u>iki</u> | Reduction Act Notice, see the separate instructions. | 00 | M | | Form 990 | (2018) | | |

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

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THE SEMINAR NETWORK CHAMBER OF COMMERCE, INC. Form 990 (2018) Page **4** Part IV Checklist of Required Schedules (continued) Yes Nο Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b 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 Х 26 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 Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Х controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 79 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0. b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and

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reportable gaming (gambling) winnings to prize winners?

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| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
|-----|---|----------|-----|----------|--|--|--|
| | | لـــــ | Yes | No | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 175 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | |
| | 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 | Х | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | ١. ١ | | v | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | _ | | х | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | <u>x</u> | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 30 | | | | | |
| ьа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | 6a | x | | | | |
| _ | solicit any contributions that were not tax deductible as charitable contributions? | Oa. | | | | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | х | | | | |
| 7 | | 35 | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | |
| а | and services provided to the payor? | 7a | | | | | |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | |
| · | required to file Form 8282? | 7c | | | | | |
| А | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | |
| | 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 | | | | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 7h | | | | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | İ | | | | |
| | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| | Section 501(c)(7) organizations. Enter | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | i | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] | i | | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | l | | | | |
| а | Gross income from members or shareholders | | } | • | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | ĺ | | | | |
| | against amounts due or received from them) | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] | | | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers | | | | | | |
| | 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 | . | | | | | |
| | 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 | 4.0 | | <u> </u> | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | x | | | | |
| | excess parachute payment(s) during the year? | 15 | Λ | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N | 16 | | х | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 10 | | <u></u> | | | |
| | ii 163, Complete i Uliii 47.20, Ochedule O | Form | 990 | (2018) | | | |
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| Par | | | | |
|-------|---|-------------|---------|----------------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | <u></u> | Х |
| Sect | tion A. Governing Body and Management | | Yes | No |
| | | ı—— | - 163 | " |
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or | 1 | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O | , | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | Х | |
| | any other officer, director, trustee, or key employee? | 2 | ^ | - |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | _ | | U |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 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 | | <u> </u> |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | _X | ļ |
| 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 | ļ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | 1 | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue | <u>Code</u> |) | |
| | | | 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 | Χ | l |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| - | rise to conflicts? | 12b | Χ | |
| _ | 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 | |
| | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 14 | | | | |
| 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? | 15a | Х | |
| a | The organization's CEO, Executive Director, or top management official | 15b | Х | |
| b | Other officers or key employees of the organization | 100 | | |
| | 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 | 16a | | x |
| | with a taxable entity during the year? | 10a | | |
| 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 | 466 | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | • |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T | (Sec | tion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | policy | , and |
| | financial 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 record ROBERT HEATON 2200 WILSON BLVD STE' 102-533 ARLINGTON, VA 22201-3324 571-290-6811 | s 🕨 | | |
| | MODERN MERION 2200 HILLON DRVD OIL TOE 333 MANAMOTORY VI 22201 3327 371 270 0011 | | 000 | |

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

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

| L | Check this box if neithe | r the organization nor a | iny related or | ganization compensated a | any current officer, | director, or trustee |
|---|------------------------------|--------------------------|----------------|--------------------------|----------------------|----------------------|
| | | | | | | |

| (A) Name and Title | (B) Average hours per week (list any | ny officer and a director/trustee) | | | | ıs both | an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimaled amount of other |
|--------------------------------|--|------------------------------------|-----------------------|---------|--------------|------------------------------|----------|--|---|--|
| | hours for related organizations below dotted line) | ₩ 55 | Institutional trustee | Officer | Key employee | Highest compensated emptoyee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1)KELLY BULLOCH | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 55,000. | 0. | 0. |
| (2)KEVIN GENTRY | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (3)DALE GIBBENS | 1.00 | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4)MARK HOLDEN | 5.00 | | | | | | | | | |
| PRESIDENT | 6.00 | Х | | Х | | | | 0. | 0. | 0. |
| (5)NESTOR WEIGAND, JR. | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (6)BRIAN HOOKS | 1.00 | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (7)RANDY LAIR | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 55,000. | 0. | 0. |
| (8)CY NOBLES | 1.00 | | | | | | | | | |
| DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (9)NANCY PFOTENHAUER | 1.00 | | | | | | | | | |
| DIRECTOR | 4.00 | Х | | | | | | 0. | 0. | 0. |
| (10)ROBERT HEATON | 38.00 | | | | | | | | | |
| CFO/TREASURER | 6.00 | | | Х | | | | 401,231. | 0. | 47,276. |
| (11)DAVID LANGHAIM | 50.00 | | | | | | | | | |
| SECRETARY | 0. | _ | | Х | | | | 173,894. | 0. | 34,669. |
| (12)MICHAEL LANZARA | 50.00 | | | | Ì | | | | | |
| SENIOR VP, MEMBER RELATIONSHIP | 0. | | | | | X | | 1,044,022. | '0. | 43,384. |
| (13)NICHOLAS E. DUNN | 50.00 | | | | | | | | | |
| SENIOR VP, DEVELOPMENT ADMIN. | 0. | | | | | Х | <u> </u> | 438,359. | 0. | 30,695. |
| (14)MARK MCCONNELL | 50.00 | [| | | | | | | | |
| VP, GIFT PLANNING | 0. | | | _ | | X | | 372,927. | 0. | 33,412. |

Form 990 (2018)

| Part VII Section A. Officers, Directors, Tr | ustees, Ke | y En | plo | ye | es, | and I | Hig | hest Compensat | ed Emplo | yees (c | ontinued) | |
|---|---|--------------------------------|-----------------------|-----------|------------------|------------------------------|---------------|--------------------------------------|---|-------------|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for | officer and a director/truste | | | | ıs both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | | (F) Estimated amount of other compensation | |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099 | | from the organization and related organizations | |
| 15) SUSAN M. MOTIFF | 50.00 | | | | | | | | | _ | | |
| VP, FINANCE | 0. | <u> </u> | | _ | | Х | | 347,401. | _ | 0. | 32,28 | |
| VP, PROGRAMS | 50.00 | | | | | Х | | 318,512. | | 0. | 39,52 | |
| | | | | | - | | | | | | | |
| | | | | | | | | | | _ | | |
| | | | | | | - | | | | | | |
| | | | | | | - | | | _ | | | |
| | | | | | | | | | | - | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | - | | | | | | | : | | | | |
| 1b Sub-total | | | | | | | • | 2,540,433. | | 0. | 189,43 | |
| c Total from continuation sheets to Part VII, S | ection A . | | | | | | • | 665,913. 3,206,346. | | 0. | 71,81 | |
| d Total (add lines 1b and 1c) | limited to the | _ | iste | | | | re | | \$100,000 | | 201,23 | |
| 3 Did the organization list any former office | | | | | | | | | | | Yes M | |
| employee on line 1a? If "Yes," complete Schede For any individual listed on line 1a, is the sorganization and related organizations greatered. | sum of rep eater than | ortab \$15 | le c | om 00? | pen <i>If</i> | satior "Yes | n ar | nd other compens | ation from le <i>J for</i> : | the such | 3 4 X | |
| 5 Did any person listed on line 1a receive or | accrue cor | mpen | satio | on f | rom | any | uni | related organization | n or indivi | dual | | |
| for services rendered to the organization? If "Ye Section B. Independent Contractors | es, complet | e Scri | eau | ie J | 101 | sucn | pers | so <i>n</i> | <u> </u> | | 5 | |
| 1 Complete this table for your five highest com compensation from the organization Report c year | pensated in ompensation | ndepe on for | nde the | nt o | cont | racto ar yea | rs tl ar e | hat received more nding with or with | than \$100 in the orga | ,000 o | f n's tax | |
| (A) Name and business add | lress | | | | | - | | (B) Description of se | rvices | C | (C) ompensation | |
| ATTACHMENT 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | - | | | | | |
| 2 Total number of independent contractors (in more than \$100,000 in compensation from the | | | | ited | to 2 | | e li | sted above) who | received | | | |

| | | Check if Schedule O contains a resp | onse of note to ar | | (B) | (C) | (D) |
|----------------------------------|-----------------------------|--|--------------------|----------------------|--|----------------------------------|---|
| | | | | (A) Total revenue | (b) Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| evenue and Other Similar Amounts | 1a b c d e f | Federated campaigns | 439,413 | 439,413 | 154,018,717 | | |
| Program Service Revenue | b c d e f g | All other program service revenue Total Add lines 2a-2f | | 154,018,717 | | | |
| | 3 4 5 | Investment income (including divided and other similar amounts) | nd proceeds . h | 694,135 | | | 694,135 |
| | b c d 7a | Less rental expenses | (II) Other | 0 | | | |
| | c d | Less cost or other basis and sales expenses Gain or (loss) | | 349 | | | 349 |
| Other Revenue | | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| | С | Net income or (loss) from fundraising even Gross income from gaming activities See Part IV, line 19 | ts <u> ▶</u> | 0 | | <u> </u> | |
| | С | Less direct expenses | b 0 ss▶ | 0 | | | |
| | | Less cost of goods sold Net income or (loss) from sales of inventory. | b 0 | 0 | | | |
| | 11a | Miscellaneous Revenue FEE INCOME SERVICES & RENEETTS | 900099 900099 | 90,000 | 595,750 | 90,000 | |
| | b c | INCOME FROM TRUSTS | 900099 | 1,081,065 | 333,730 | 1,081,065 | <u> </u> |
| | | | 1 | i l | | | 1 |

694,484

d All other revenue

e Total Add lines 11a-11d

3,980,399

154,614,467

4,576,149

159,728,763

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations mu | | | | |
|--|--------------------------|-----------------------------|---------------------------------|-------------------------|
| Check if Schedule O contains a responsibility of the Check of Check of Schedule O contains a responsibility of the Check of Check o | onse or note to any line | (B) | (C) | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 Grants and other assistance to domestic organizations | 02 000 000 | | | |
| and domestic governments. See Part IV, line 21 | 83,890,000. | | | |
| 2 Grants and other assistance to domestic | | | | |
| individuals See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and foreign | 0. | | | |
| individuals See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, | 767,070. | • | | |
| trustees, and key employees | 707,070. | | | |
| 6 Compensation not included above, to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 24,294,343. | | | |
| | 21,201,0101 | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 886,876. | | | |
| 9 Other employee benefits | 3,045,555. | | | - |
| 10 Payroll taxes | 1,584,495. | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0. | | 1 | |
| b Legal | 120,389. | | | |
| c Accounting | 77,386. | | | |
| d Lobbying | 0. | | | |
| e Professional fundraising services See Part IV, line 17. | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 11g expenses on Schedule O). ATCH 2. | 32,801,127. | | | |
| 12 Advertising and promotion | 102,140. | - | <u> </u> | |
| 13 Office expenses | 1,490,579. | | | |
| 14 Information technology | 230,109. | | | |
| 15 Royalties | 0. | . | | |
| 16 Occupancy | 4,379,866. | | | |
| 17 Travel | 2,491,137. | | | |
| 18 Payments of travel or entertainment expenses | 0. | | | |
| for any federal, state, or local public officials | 2,861,737. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 0. | | | |
| | 917,502. | | | '.' |
| 22 Depreciation, depletion, and amortization | 433,066. | | | |
| 24 Other expenses Itemize expenses not covered | , | | | |
| above (List miscellaneous expenses in line 24e If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O) | | | | |
| aLICENSE FEES | 1,801,720. | | | |
| DEQUIPMENT RENTAL/MAINTENANCE | 61,082. | | | |
| cREGISTRATION/PROCESSING FEES | 86,224. | - | | |
| d | - | | | *** |
| e All other expenses | 490,936. | | | |
| 25 Total functional expenses Add lines 1 through 24e | 162,813,339. | | | |
| 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | | | | |
| following SOP 98-2 (ASC 958-720) | 0. | | | |

Balance Sheet Part X (A) (B) Beginning of year End of year 42,518,204. 9,449,422. 250,248. 352,223. 0. 0. 3 3 3,675,073. 1,718,699. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 0. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 0. organizations (see instructions) Complete Part II of Schedule L...... 6 Assets 0. 0. 7 0. 0. 8 2,598,625. 2,204,706. q 10a Land, buildings, and equipment cost or 7,086,541. other basis Complete Part VI of Schedule D |10a | 5,372,065. 2,372,609. 1,714,476. b Less accumulated depreciation. 10b 10c 3,648,868. 33,587,459. Investments - publicly traded securities 11 10,574,898. 7,556,911. 12 12 0. 0. 13 13 0. 0. 14 14 0. 0. 15 15 62,620,538. 59,601,883. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 11,941,693. 9,121,702. 17 17 0. 0. 18 18 0. 0. 19 19 0. 20 20 Ō. 0. Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 0. 0. 22 Ō. Secured mortgages and notes payable to unrelated third parties 0. 23 23 0. 0. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 25 9,121,702. 11,941,693. 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34 53,498,836. 47,660,190. 27 27 0. 0. 28 28 Fund 0. 0. 29 29. Organizations that do not follow SFAS 117 (ASC 958), check here ŏ complete lines 30 through 34 Capital stock or trust principal, or current funds Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 -32 Retained earnings, endowment, accumulated income, or other funds 32 Net Total net assets or fund balances 47,660,190. 33 53,498,836. 33 Total liabilities and net assets/fund balances...... 62,620,538. 34 34 59,601,883.

Form 990 (2018)

| | (20.0) | | | | | |
|------------|---|--------|------|-------------|-------------|-----------|
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | · · · | | | | X X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1_ | | 59,7 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1 | 62,8 | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | - | 84,5 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 53,4 | .98,8 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | 0. |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | -78,6 | |
| .9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -2,6 | 75,3 | 383. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | 10 | | 47,6 | 60,1 | L90. |
| Part | | | | | | |
| | 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," e. | kplaır | n in | | | ٠ . |
| | Schedule O | • | | ١ | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | ' | x ' |
| 2 u | If "Yes," check a box below to indicate whether the financial statements for the year were com- | | | | - | , |
| | reviewed on a separate basis, consolidated basis, or both | , pc | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | <i>'</i> |
| | | | | 2b | | x |
| D | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit | | | | | |
| | separate basis, consolidated basis, or both | eu o | | İ | | 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | - | | · |
| | | | 4 | | | - |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of | | | 2c | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent acc | | | 120 | | , |
| | If the organization changed either its oversight process or selection process during the tax year, e | хріан | n in | | | |
| | Schedule O | | | | | |
| ' 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set | | | 3a | | X |
| | the Single Audit Act and OMB Circular A-133? | | | Ja | | <u>'`</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | | tne | 2. | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | אונ | | 3b | 990 | (2042) |
| | | | | Form | 320 | (2018) |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below ► Attach to Form 990 or Form 990-EZ ► Go to www irs gov/Form990 for instructions and the latest information

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

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

| • | Section 527 organizations Com | iplete Part I-A only | | | |
|------|---|--|--|------------------------------|----------------------------|
| | | on Form 990, Part IV, line 4, or Fo | | | |
| | , , , , | that have filed Form 5768 (election | * ** | • | · |
| | | that have NOT filed Form 5768 (ele | | | |
| Tax) | (see separate instructions), the | | oxy Tax) (see separate | instructions) or Form 990- | EZ, Part V, line 35c (Prox |
| | Section 501(c)(4), (5), or (6) org e of organization | ganizations Complete Part III | ······································ | Employer ide | entification number |
| | • | AMBER OF COMMERCE, INC | | 45-373 | |
| | | | | 1 1 1 1 | |
| | ••• | organization is exempt und | | | |
| 1 | • | organization's direct and indirect | ct political campaign | activities in Part IV (see i | nstructions for |
| _ | definition of "political campa | , | | | 754. |
| 2 | | expenditures (see instructions) . | | | · |
| 3 | | campaign activities (see instruc | | | |
| | | organization is exempt unde | | | <u> </u> |
| 1 | Enter the amount of any exe | cise tax incurred by the organiza | ition under section 49 | ⁵⁵ ▶ \$ | . |
| 2 | | cise tax incurred by organization | | | |
| 3 | - | a section 4955 tax, did it file For | | | |
| | | | | | L Yes No |
| | If "Yes," describe in Part IV | | t' - 504(·) | | |
| Par | • | organization is exempt und | | | 3). |
| 1 | | expended by the filing organiza | | | 754 |
| | | | | | 754. |
| 2 | | ng organization's funds contribu | | itions for section | |
| | | ies | | | |
| 3 | | enditures Add lines 1 and 2 | | | 754. |
| | | | | | |
| 4 | Did the filing organization fil | e Form 1120-POL for this year? | | | X Yes No |
| 5 | | s and employer identification nui | | | |
| | | ts For each organization listed, tributions received that were pr | | | |
| | | nd or a political action committee | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | (a) Name | (b) Address | (C) LIN | filing organization's | contributions received and |
| | | | | funds If none, enter -0- | promptly and directly |
| | | | | | delivered to a separate |
| | | | | | political organization If |
| | | | | | none, enter -0- |
| (1) | | _ | | | |
| | | | | | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| | | | | | |
| (4) | | | | | |
| | | | | | |
| (5) | | | | | |
| | | | | | |
| (6) | | | | | |
| | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2018

| | | ETWORK CHAMBER | | | 732750 Page 2 | | | | |
|--|--------------|-----------------------|---------------------------------------|-----------------------|----------------------|--|--|--|--|
| Part II-A Complete if the organiza section 501(h)). | tion is exei | mpt under sectio | n 501(c)(3) and | filed Form 5768 (ele | ction under | | | | |
| A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) | | | | | | | | | |
| B Check ▶ if the filing organization of | hecked box | A and "limited contr | ol" provisions app | oly | | | | | |
| Limits on Lot | bying Expen | ditures | | (a) Filing | (b) Affiliated | | | | |
| (The term "expenditures" r | neans amou | nts paid or incurred | .) | organization's totals | group totals | | | | |
| 1a Total lobbying expenditures to influence | | | | | | | | | |
| b Total lobbying expenditures to influence | | | | | | | | | |
| c Total lobbying expenditures (add lines | 1a and 1b) , | | | | | | | | |
| d Other exempt purpose expenditures . | | | | | | | | | |
| e Total exempt purpose expenditures (a | | | | | | | | | |
| f Lobbying nontaxable amount Enter | he amount | from the following | table in both | | | | | | |
| columns | | | | | | | | | |
| If the amount on line 1e, column (a) or (b) i | | | IS. | | | | | | |
| Not over \$500,000 | | amount on line 1e | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | | lus 15% of the excess | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | | lus 10% of the excess | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | | lus 5% of the excess | over \$1,500,000 | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | · · · · · · · · · · · · · · · · · · · | · - · | *** | | | | |
| g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a If zero or | | | | ····· | | | | | |
| Subtract line 1g from line 1a if zero or | | | r r | | | | | | |
| J If there is an amount other than zer | | | | tion file Form 4720 | | | | | |
| reporting section 4911 tax for this year | | | | | Yes No | | | | |
| Toporting Section 4011 tax for the year | | raging Period Unde | | | | | | | |
| (Some organizations that made | | | | | nns below. | | | | |
| | | te instructions for | | | | | | | |
| | | | | | | | | | |
| Lol | bying Expe | nditures During 4-Y | ear Averaging Pe | riod | | | | | |
| Calendar year (or fiscal year beginning in) | a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total | | | | |
| 2a Lobbying nontaxable amount | | | | | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | | | | |
| c Total lobbying expenditures | | | | | | | | | |
| d Grassroots nontaxable amount | | | | | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | | | |
| f Grassroots lobbying expenditures | | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

| P | ag | е | 3 |
|---|----|---|---|
| | | | |

| For each "Yes," response on lines 1a throi | and the best of the second of | الممارمة الممارمة | (: | a) | | (I | o) | |
|--|---|----------------------------|----------------|--------|----------|---------|----------|------|
| description of the lobbying activity | ign 11 below, provide in Part IV | a detalled | Yes | No | | Amo | ount | |
| During the year, did the filing organization a legislation, including any attempt to influ referendum, through the use of | · — | | | - | | | • | |
| a Volunteers?b Paid staff or management (include compens) | | | | | | | | |
| c Media advertisements? | | | | | | | | |
| d Mailings to members, legislators, or the public | ıc [?] | | | | | _ | | |
| e Publications, or published or broadcast state | ments? | | | | | | | |
| f Grants to other organizations for lobbying pu | | | | | | | | |
| g Direct contact with legislators, their staffs, g | | | | | | | | |
| h Rallies, demonstrations, seminars, convention | ns, speeches, lectures, or any similar m | neans? | | | | | | |
| i Other activities? | | | | - | | | | |
| j Total Add lines 1c through 1i | | | | | | | | |
| 2a Did the activities in line 1 cause the organization | | | | | - | | - | |
| b If "Yes," enter the amount of any tax incurred | | | | | | | | |
| c If "Yes," enter the amount of any tax incurred d If the filing organization incurred a section 4 | 912 tax, did it file Form 4720 for this y | ear [?] | | | | | | |
| Part III-A Complete if the organization is 501(c)(6). | exempt under section 501(c)(4), | section 501 | (c)(5) | , or s | ectio | n | | |
| | | , | | 4 | _ | | Yes | No |
| 1 Were substantially all (90% or more) dues re | ceived nondeductible by members? | | | | | 1 | | Х |
| 2 Did the organization make only in-house lob | bying expenditures of \$2,000 or less? | | | | | 2 | <u> </u> | X |
| 3 Did the organization agree to carry over lobb | | | | | | | J | X |
| Part III-B Complete if the organization is 501(c)(6) and if either (a) BOTI answered "Yes." | s exempt under section 501(c)(4), I Part III-A, lines 1 and 2, are ans | wered "No," | OR (| b) Pa | rt III-/ | A, line | 3, is | |
| Dues, assessments and similar amounts fron | members | | | [| 1 | 154 | ,018, | , 71 |
| 2 Section 162(e) nondeductible lobbying a | | | | | | | | |
| political expenses for which the section 52 | 7(f) tax was paid). | | | | 2a | | 621 | 54, |
| b Carryover from last year | | | | | 2b | | | |
| c Total | | | | | 2c | | 621 | , 54 |
| | | | | | 3 | 12 | ,098 | , 13 |
| | e)(1)(A) notices of nandeductible secti | | | | | | | |
| 4 If notices were sent and the amount on hi | | what portion | | | | | | |
| 4 If notices were sent and the amount on line excess does the organization agree to carry | ne 2c exceeds the amount on line 3, rover to the reasonable estimate of no | what portion ndeductible I | obbyıı | | 4 | | | |
| If notices were sent and the amount on line excess does the organization agree to carry and political expenditure next year? | ne 2c exceeds the amount on line 3, rover to the reasonable estimate of no | what portion ndeductible I | obbyıı | ng | 4 | | | |
| If notices were sent and the amount on life excess does the organization agree to carry and political expenditure next year? Taxable amount of lobbying and political expenditure. | ne 2c exceeds the amount on line 3, rover to the reasonable estimate of no | what portion ndeductible I | obbyıı | ng | 4 5 | | | |
| If notices were sent and the amount on line excess does the organization agree to carry and political expenditure next year? Taxable amount of lobbying and political expenditure. | ne 2c exceeds the amount on line 3, vover to the reasonable estimate of no enditures (see instructions) | what portion ndeductible I | obbyıı | ng | 5 | II-A, | lines 1 | an |
| 4 If notices were sent and the amount on line excess does the organization agree to carry and political expenditure next year? | ne 2c exceeds the amount on line 3, vover to the reasonable estimate of no enditures (see instructions) | what portion ndeductible I | obbyıı | ng | 5 | II-A, | lines 1 | an |
| 4 If notices were sent and the amount on line excess does the organization agree to carry and political expenditure next year? | ne 2c exceeds the amount on line 3, rover to the reasonable estimate of no senditures (see instructions) | what portion ndeductible I | obbyıı | ng | 5 | II-A, | lines 1 | an |
| 4 If notices were sent and the amount on line excess does the organization agree to carry and political expenditure next year? 5 Taxable amount of lobbying and political expenditure next year? Fart IV Supplemental Information Provide the descriptions required for Part I-A, line 2 (see instructions), and Part II-B, line 1 Also, com SCHEDULE C, PART I-A, LINE 1 FREEDOM PARTNERS CHAMBER OF COMME | ne 2c exceeds the amount on line 3, rover to the reasonable estimate of no senditures (see instructions) | what portion ndeductible I | obbyıı | ng | 5 | II-A, | lines 1 | an |
| 4 If notices were sent and the amount on line excess does the organization agree to carry and political expenditure next year? | ne 2c exceeds the amount on line 3, rover to the reasonable estimate of no senditures (see instructions) | what portion ndeductible I | obbyıı | ng | 5 | II-A, | lines 1 | an |
| 4 If notices were sent and the amount on line excess does the organization agree to carry and political expenditure next year? 5 Taxable amount of lobbying and political expenditure next year? Fart IV Supplemental Information Provide the descriptions required for Part I-A, line 2 (see instructions), and Part II-B, line 1 Also, com SCHEDULE C, PART I-A, LINE 1 FREEDOM PARTNERS CHAMBER OF COMME | ne 2c exceeds the amount on line 3, rover to the reasonable estimate of no senditures (see instructions) | what portion ndeductible I | obbyıı | ng | 5 | II-A, | lines 1 | an |

Schedule C (Form 990 or 990-EZ) 2018

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990

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

OMB No 1545-0047

Open to Public Inspection

| Nom | e of the organization | Cinpleyor identification frames. |
|-----|--|---|
| TH: | E SEMINAR NETWORK CHAMBER OF COMMERCE, INC. | 45-3732750 |
| P | organizations Maintaining Donor Advised Funds or Other Similar Funds or A | Accounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6 | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| | Total number at and of year | |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | · |
| 4 | Aggregate value at end of year | dana adward |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in | |
| _ | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fun | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any | |
| | conferring impermissible private benefit? | Yes . No |
| Pě | Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) | |
| | | a historically important land area |
| | | a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the | |
| | easement on the last day of the tax year | Held at the End of the Tax Year |
| а | | 2a |
| b | | 2b |
| С | trained of deficit and destinate metallic and the trained metallic metallic metallic metallic metallic metallic | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| | motorio di dotato motor in tito i tatto i della incidenti di | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminal | ted by the organization during the |
| | tax year 🕨 | |
| 4 | Number of states where property subject to conservation easement is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection | |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse | ervation easements during the year |
| | > | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con | servation easements during the year |
| | ▶ \$ | |
| В | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | 170(h)(4)(B)(ı) |
| | and section 170(h)(4)(B)(ii)? | 🗀 Yes 🗀 No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and e | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial | statements that describes the |
| | organization's accounting for conservation easements | * *** |
| Pa | organizations Maintaining Collections of Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the co | venue statement and balance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, educa- | ation, or research in furtherance of |
| | public service, provide, in Part Am, the text of the footbode to its infancial statements that describes a service and an account of the control of the cont | ranua statement and halance shoot |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev works of art, historical treasures, or other similar assets held for public exhibition, educations and the similar assets held for public exhibition, educations are similar assets. | renue statement and palance sneet ation, or research in furtherance of |
| | public service, provide the following amounts relating to these items | and the second of the second of |
| | (i) Revenue included on Form 990, Part VIII, line 1 | > \$ |
| | (ii) Assets included in Form 990, Part X | > \$ |
| 2 | If the organization received or held works of art, historical treasures, or other similar as | sets for financial gain provide the |
| _ | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | entransia. gang provide the |
| , | Revenue included on Form 990, Part VIII, line 1 | . > \$ |
| a | Assets included in Form 990. Part Y | |

| 'a | g | е | _ |
|----|---|---|---|
| | | | |
| | | | |

| Pa | rt Organizations Maintaining (| Collections of Ar | rt, Histori | cal Treas | ures, | or | Other | Similar A | issets (d | continue | 1) |
|-----|--|----------------------|--------------|--------------|----------|---|----------|---|-------------|--------------|-----------|
| 3 | Using the organization's acquisition, a | ccession, and oth | er records | s, check a | ny of | the | follow | ing that a | re a sigr | nificant us | e of its |
| | collection items (check all that apply) | | | | | | | | - | | |
| а | Public exhibition | | d \square | Loan or e | exchar | nae | prograi | ns | | | |
| b | Scholarly research | | e H | | | - | | | | | |
| c | Preservation for future generation | ns | ــــا " | | | | | | | | |
| 4 | Provide a description of the organizat | | ind evnlair | how the | v furth | her | the or | nanization' | s evemn | t nurnose | ın Part |
| • | XIII | ion's conections a | illa explaii | 1 11010 1110 | y ruiti | 1101 | tile or | garnzation | 3 CACIIIP | t puipose | III I ait |
| 5 | During the year, did the organization so | licit or roccive dor | actions of | art bictori | cal tro | 2011 | oc or | other cimil | ar | | |
| 3 | assets to be sold to raise funds rather th | | | | | | | | _ | Yes | No |
| Do | | | eu as part | or the org | annzat | LIOIT : | s conec | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 162 | 140 |
| 1-6 | rt IV Escrow and Custodial Arran Complete if the organization 990, Part X, line 21 | | on Form | 990, Par | t IV, lı | ine ! | 9, or re | eported a | n amour | nt on For | m |
| 1 a | Is the organization an agent, trustee, c | ustodian or other i | intermedia | ry for con | tributio | ons (| or other | assets no | t | | |
| | included on Form 990, Part X? | | | | | | | | | Yes | □ No |
| b | If "Yes," explain the arrangement in Pa | | | | | • • | | | | _ | |
| _ | | | | | ٢ | Т | | | Amount | | |
| С | Beginning balance | | | | - | 10 | | | | | |
| | Additions during the year | | | | P | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| | Did the organization include an amount | | | | | | lerbota | account ha | hility2 | Yes | No |
| | If "Yes," explain the arrangement in Pa | | | | | | | | | | ⊢"`` |
| | rt V Endowment Funds. | IT AIII CHECK HEIG | i the exp | anationna | 13 DEE | II PIC | JVIGEG | on an Am | | <u></u> | ш |
| Га | Complete if the organization | answered "Ves" | on Form | 990 Par | + I\/ Iı | ıne | 10 | | | | |
| | · · · · · · · · · · · · · · · · · · · | a) Current year | (b) Prior y | | (c) Two | | | (d) Three ye | aare hack | (e) Four ye | are back |
| | | a) Current year | (D) FIIOI y | eai | | | | (u) Three ye | ars back | (e) Four ye | |
| 1 a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | | |
| | and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the | | d balance (| (line 1g, co | lumn (| a)) t | neld as | | | | |
| а | š . | | ó | | | | | | | | |
| b | | _ | | | | | | | | | |
| С | Temporarily restricted endowment ▶_ | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | c should equal 100? |)% | | | | | | | | |
| 3 a | Are there endowment funds not in the p | possession of the | organizatio | on that are | e held | and | admın | istered for | the | | |
| | organization by | | | | | | | | | Y | es No |
| | (i) unrelated organizations | | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | | 3a(11) | |
| b | If "Yes" on line 3a(ii), are the related or | ganizations listed a | as required | on Schedu | ule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses | | n's endowr | ment funds | | | | | | | |
| Pa | rt VI Land, Buildings, and Equipm Complete if the organization | ent. | ' on Form | . 000 Pai | + I\/ I | ına | 112 0 | Soo Form | 000 Pa | rt Y line | 10 |
| | Description of property | (a) Cost or oth | | b) Costorot | | | | umulated | | Book value | |
| | Besser, priority | (a) Cost of oth | | (other | | | depre | eciation | | , DOOR VAILE | |
| 1a | Land | | | | | | ; . | | | | |
| b | Buildings | | | | | | | | | | |
| С | Leasehold improvements | | | 2,247 | | | | 17,586. | | 529 | 658. |
| d | Equipment | | | 4,839 | ,297 | <u>' . </u> | 3,6 | 54,479. | | 1,184 | ,818. |
| e | Other | | | | | | | | | | |
| | I. Add lines 1a through 1e (Column (d) | | 90, Part X, | column (E | 3), line | 10c | ·) | > | | 1,714 | ,476. |
| | | | | | | | | | Sched | ule D (Form | 990) 2018 |
| | | | | | | | | | | | |

| Part VII | Investments - Other Securities. | l "Yes" on Form 990 | , Part IV, line 11b See Form 990, Part X, line 1 | 2 |
|----------------|--|----------------------------|---|----|
| | | | (c) Method of valuation | |
| | (a) Description of security or category (including name of security) | (b) Book value | Cost or end-of-year market value | |
| | al derivatives | | | |
| (2) Closely | -held equity interests | | | |
| (3) Other_ | | | | |
| (A) INV | ESTMENT IN SUBSIDIARY | 10,574,898. | COST | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total (Column | n (b) must equal Form 990, Part X, col (B) line 12) | 10,574,898. | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part IV, line 11c See Form 990, Part X, line 1 | 3 |
| | (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value | • |
| (1) | | | | |
| (2) | | | | |
| (3) | | | - | |
| (4) | | - | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | · |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered | I "Yes" on Form 990 |), Part IV, line 11d See Form 990, Part X, line 1 | 5 |
| | (a) De | scription | (b) Book val | ue |
| (1) | | | | |
| (2) | | | • | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | • | | | |
| (7) | • | | | |
| (8) | · · · · · · · · · · · · · · · · · · · | | | |
| (9) | | | | |
| | umn (b) must equal Form 990, Part X, col (B) | ine 15) | | |
| Part X | Other Liabilities. | 7 | | |
| 1 di CX | Complete if the organization answered | d "Yes" on Form 990 |), Part IV, line 11e or 11f See Form 990, Part X | |
| , | line 25 | | | |
| 1 | (a) Description of liability | (b) Book valu | ie . | |
| (1) Feder | ral income taxes | (2) | | |
| (2) | ar income taxes | - | | |
| | | | | |
| (3) | | | • | |
| | | | | |
| (5) | | _ | | |
| (6) | 4 | | | |
| (7) | | | | |
| (8) | · | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col (B) line 25) | | | |
| 2 Liability fo | or uncertain tax positions. In Part XIII, provide the | text of the footnote to th | e organization's financial statements that reports the | |
| organization' | 's liability for uncertain tax positions under FIN 48 | (ASC 740) Check here | if the text of the footnote has been provided in Part XIII | |

Part XIII Supplemental Information (continued)

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

Employer identification number

OMB No 1545-0047

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

| THE SEMINAR NETWORK CHAMBER OF COMMERCE, INC. | 45-3732750 | |
|--|--------------------|--------|
| Part I General Information on Grants and Assistance | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | or assistance, and | [|
| the selection criteria used to award the grants or assistance? | | ° _ |

1.5

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

| ratitiv, ille 21, 101 any recipient matreceived more man \$5,000. Partii can be duplicated il additional space is needed | narieceived | more man 40, | ooo raitii can b | e auplicated II a | dullonal space is n | nenea | |
|--|-----------------|---------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) AMERICANS FOR PROSPERITY | | | | | | | GENERAL OPERATING |
| 1310 N COURTHOUSE RD STE 700 | 75-3148958 | 501(C)(4) | 81,000,000 | | | | SUPPORT |
| (2) YOUNG AMERICANS FOR LIBERTY | | | | | | | GENERAL OPERATING |
| PO BOX 17560 ARLINGTON, VA 22216 | 26-2417908 | 501(C)(4) | 40,000 | | | | SUPPORT |
| (3) TEXANS FOR EDUCATION OPPORTUNITY | | | | | | | GENERAL OPERATING |
| PO BOX 341016 AUSTIN, TX 78734 | 81-2538066 | 501(C)(4) | 100,000 | | | | SUPPORT |
| (4) TSN INSTITUTE, INC | | | | | | | GENERAL OPERATING |
| 1320 N COURTHOUSE RD STE 500 | 47-3175931 | 501(C)(4) | 2,500,000 | | | | SUPPORT |
| (5) DUE PROCESS INSTITUTE | | | | | | | GENERAL OPERATING |
| 18 9TH STE SE WASHINGTON, DC 20003 | 82-4145852 | 501(C)(4) | 250,000 | | | | SUPPORT |
| (9) | | | | | | | |
| | | | | | | | |
| (2) | | | | | | | |
| | | | | | | | |
| (8) | | | | | | | |
| | | | | | | | |
| (6) | | | | | | | |
| | _ | | | | | | |
| (10) | : | | | | | | |
| | | | | | | | |
| (11) | | | | • | | | |
| | | | | | | | |
| (12) | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. | government o | rganizations lis | ted in the line 1 tab | ole | | | |
| 3 Enter total number of other organizations listed in the li | ted in the line | ne 1 table | | | | | 5. |
| L | | | | | | | |

. USA . 8E12881000 .9088FA K922 11/14/2019

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

V 18-7.6F

9:44:34 AM

Schedule I (Form 990) (2018)

Page 2

Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------|--|--------------------------|--------------------------|-----------------------------------|--|--|
| ← | | | | | | |
| 2 | | : | | | | |
| က | | | | | | |
| 4 | | | | | | |
| S | | | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | information re | quired in Part I, I | line 2, Part III, c | olumn (b), and any o | ther additional |

SCHEDULE I, PART I, LINE 2

TO SUPPORT THE ORGANIZATION, AS OUTLINED ABOVE, THE ORGANIZATION

PROVIDED GENERAL SUPPORT GRANTS TO THE ABOVE GRANTEES WHOSE

ACTIVITIES ADVANCE THE ORGANIZATION'S GOALS. ALL GRANTS WERE MADE

PURSUANT TO SPECIFIC GRANT LETTER AGREEMENTS, WHICH UNLESS OTHERWISE

SPECIFIED, INCLUDED PROHIBITIONS ON THE USE OF THE GRANT FUNDS.

EXAMPLES OF PROHIBITED ACTIVITIES ARE ACTIVITIES THAT WOULD VIOLATE

FEDERAL, STATE OR LOCAL LAWS, RULES OR REGULATIONS, OR THAT WOULD BE

CONSIDERED POLITICAL OR LOBBYING ACTIVITIES UNDER FEDERAL OR STATE

LAW. THE GRANT LETTERS ALSO CONTAINED A REVIEW AND MONITORING

Schedule I (Form 990) (2018)

Page 2

THE SEMINAR NETWORK CHAMBER OF COMMERCE, INC.

Schedule I (Form 990) (2018)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

| | מוניוו כמון כל מקטוכמנכת וו מתחווטוומו אסמכל וא ווכבתכת | מב וא וובבחבה | | | | | |
|---------|--|--------------------------|--------------------------|-----------------------------------|---|--|--|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book FMV, appraisal, other) | (f) Description of non-cash assistance | |
| 1 | | | | | | | |
| 2 | | | | •• | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 9 | | | | | | | |
| 7 | | | | | | | |
| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | nformation rec | quired in Part I, I | ne 2, Part III, c | olumn (b), and any of | her additional | |

PROCEDURE WHICH REQUIRES REPORTS BY GRANTEE ON THE USE OF THE GRANT

FUNDS UPON REQUEST, AND RETURN OF ANY FUNDS USED IN VIOLATION OF THE

AGREEMENT.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE SEMINAR NETWORK CHAMBER OF COMMERCE, INC.

Employer identification number 45-3732750

| Travel T | Par | Questions Regarding Compensation | | | |
|--|-----|--|----------------|---|--|
| 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Bit any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Discretionary spending account Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Discretionary spending account set of the members and provide the application spending account set of the members of a the organization or arelated organization Discretionary spending spending spending spending spending spending s | | | | Yes | No |
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| b Any related organization? | а | | 5a | | |
| For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? | b | | 5b | | |
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| b Any related organization? | | compensation contingent on the net earnings of | | | |
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| For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | b | · | 6b | | |
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| to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | • | | - | | |
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| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | • | Q | | |
| The sold like of and the organization also follow the resultable presumption procedure described in | ۵ | | | | <u> </u> |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

| Individual | | | | | | | | |
|----------------------------------|------|--------------------------|--------------------------------------|---|--------------------------------|----------------|----------------------|--|
| | | (B) Breakdown of W | of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (I) Base compensation | (ii) Bonus & incentive compensation | (m) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | in column (B) reported as deferred on prior Form 990 |
| ROBERT HEATON | Ξ | 266,231. | 135,000. | 0. | 19,750. | 27,526. | 448,507. | 0. |
| 1cfo/treasurer | Ξ | 0. | 0 | 0 | 0 | 0. | 0. | 0. |
| DAVID LANGHAIM | Ξ | 133,894. | 40,000. | 0 | 10,777. | 23,892. | 208,563. | 0. |
| 2 SECRETARY | Ξ | 0. | 0 | 0 | 0. | 0. | 0. | 0. |
| MICHAEL LANZARA | Ξ | 194,022. | 850,000. | 0 | 18,500. | 24,884. | 1,087,406. | 0. |
| 3 SENIOR VP, MEMBER RELATIONSHIP | Ξ | 0 | 0 | 0 | 0 | 0. | 0. | 0. |
| NICHOLAS E. DUNN | Ξ | 188,359. | 250,000 | 0 | 10,442. | 20,253. | 469,054. | 0. |
| SENIOR VP, DEVELOPMENT ADMIN | Ξ | 0 | .0 | 0 | .0 | 0. | 0. | 0. |
| MARK MCCONNELL | Ξ | 197,927. | . 175,000. | 0 | 12,469. | 20,943. | 406, 339. | 0. |
| 7. | Ξ | 0 | 0 | 0 | 0 | 0. | 0. | 0. |
| SUSAN M. MOTIFF | Ξ | 232,401. | . 115,000. | 0 | 11,269. | 21,020. | 379,690. | 0. |
| 6 VP, FINANCE | Ξ | 0 | .0 | 0 | 0 | 0. | 0. | 0. |
| PATRICK N. FORREST | Ξ | 268,512. | . 50,000. | 0 | 13, 222. | 26,303. | 358,037. | 0. |
| 7 ^{VP} , PROGRAMS | Ξ | 0 | .0 | 0 | 0 | 0. | 0. | 0. |
| | Ξ | | | | | | | |
| 8 | Ξ | | | | | | | |
| | Θ | | | | | | | |
| 6 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 10 | (II) | | | | | | | |
| | Θ | | | | | | | |
| 11 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 12 | (E) | | | | | | | |
| | (1) | | | | | | | • |
| 13 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 14 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 15 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 16 | Ξ | | | | | | | |
| | | | | | | | Sch | Schedule J (Form 990) 2018 |

Part III Supplemental Information

Schedule J (Form 990) 2018

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

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Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

Attach to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

2018
Open to Public Inspection

Name of the organization .

THE SEMINAR NETWORK CHAMBER OF COMMERCE, INC.

EXPAND ECONOMIC OPPORTUNITY FOR ALL AMERICANS.

Employer identification number 45-3732750

FORM 990, PART I, LINE 1

UNITED STATES, THEREBY INCREASING OPPORTUNITY, INNOVATION, AND PROSPERITY

FOR ALL AMERICANS. THE ORGANIZATIONAL MISSION IS TO ADVANCE ITS MEMBERS'

COMMON BUSINESS INTERESTS BY ADVANCING THE PRINCIPLES OF FREE MARKETS AND

A FREE SOCIETY. THE ORGANIZATION WORKS TO EDUCATE THE PUBLIC AND

POLICYMAKERS ABOUT THE BUSINESS AND ECONOMIC IMPACTS OF A BROAD RANGE OF

POLICY ISSUES, INCLUDING OVER-REGULATION, GOVERNMENT SPENDING, CRONYISM

AND SPECIAL INTEREST HANDOUTS. THE ORGANIZATION BELIEVES THAT BY UNITING

AND AMPLIFYING THE DIVERSE ENTREPRENEURIAL AND INNOVATIVE PERSPECTIVES OF

ITS MEMBERS, IT WILL IMPROVE BUSINESS CONDITIONS FOR ITS MEMBERS AND

FORM 990, PART III, LINE 1

AND PROSPERITY FOR ALL AMERICANS. THE ORGANIZATIONAL MISSION IS TO

ADVANCE ITS MEMBERS' COMMON BUSINESS INTERESTS BY ADVANCING THE

PRINCIPLES OF FREE MARKETS AND A FREE SOCIETY. THE ORGANIZATION WORKS TO

EDUCATE THE PUBLIC AND POLICYMAKERS ABOUT THE BUSINESS AND ECONOMIC

IMPACT OF A BROAD RANGE OF POLICY ISSUES, INCLUDING OVER-REGULATION,

GOVERNMENT SPENDING, CRONYISM AND SPECIAL INTEREST HANDOUTS. THE

ORGANIZATION BELIEVES THAT BY UNITING AND AMPLIFYING THE DIVERSE

ENTREPRENEURIAL AND INNOVATIVE PERSPECTIVES OF ITS MEMBERS, IT WILL

IMPROVE BUSINESS CONDITIONS FOR ITS MEMBERS AND EXPAND ECONOMIC

OPPORTUNITY FOR ALL AMERICANS.

FORM 990, PART VI, SECTION A, LINE 2
CERTAIN BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS WITH OTHER BOARD
MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION HAS BOTH VOTING AND AND NON-VOTING MEMBERS. THE

MEMBERSHIP BASE REPRESENTS SEVERAL HUNDRED BUSINESSES AND COVERS A

DIVERSE RANGE OF INDUSTRIES AND GEOGRAPHIES.

FORM 990, PART VI, SECTION A, LINE 7A
VOTING MEMBERS HAVE THE POWER TO ELECT DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B

VOTING MEMBERS HAVE VARIOUS POWERS INCLUDING THE FOLLOWING POWERS: (A) TO

AMEND THE BYLAWS AND THE CERTIFICATE OF INCORPORATION; (B) TO APPOINT

ADDITIONAL VOTING MEMBERS; (C) TO DISSOLVE THE CORPORATION; AND (D) TO

ELECT DIRECTORS AND TO REMOVE DIRECTORS.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARED AND REVIEWED THE FORM 990. A FULL

DRAFT OF THE 990 ALONG WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO

INTERNAL MANAGEMENT AND LEGAL COUNSEL FOR REVIEW. ALL QUESTIONS ARE

ADDRESSED AND ANY MODIFICATIONS ARE MADE, IF NECESSARY.

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

DIRECTORS, OFFICERS, AND EMPLOYEES ARE COVERED UNDER THE CONFLICT OF

INTEREST POLICY. LEGAL COUNSEL MEETS PERIODICALLY TO REVIEW THE POLICY

Employer identification number 45-3732750

AND ANY POTENTIAL CONFLICTS, AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE ORGANIZATION'S BOARD MEETS TO REVIEW AND APPROVE EXECUTIVE

COMPENSATION ON AN ANNUAL BASIS. AS DEEMED NECESSARY, THE ORGANIZATION

MAY ENGAGE A HUMAN RESOURCES CONSULTING ORGANIZATION TO PERFORM A

COMPENSATION STUDY. THE CONSULTING ORGANIZATION WILL USE DATA FROM

COMPARABLE NON-PROFITS TO ESTABLISH A REASONABLE COMPENSATION LEVEL FOR

OFFICERS AND EMPLOYEES. IN ADDITION, THE ORGANIZATION MAY OBTAIN

PROFESSIONAL OPINIONS OF COUNSEL AS TO WHETHER THE PROPOSED LEVELS OF

COMPENSATION WOULD BE COMPARABLE AND REFER MATERIAL TO AN INDEPENDENT

DECISION MAKER.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ALL REQUIRED DISCLOSURES AVAILABLE TO THE PUBLIC UNDER IRS REGULATIONS.

FORM 990, PART XI, LINE 9

INTEREST IN EARNINGS OF SUBSIDIARIES

\$(1,594,318)

INCOME FROM TRUSTS

\$(1,081,065)

TOTAL

\$(2,675,383)

Page 2

| Name of the organization | Employer identification number |
|---|--------------------------------|
| THE SEMINAR NETWORK CHAMBER OF COMMERCE, INC. | 45-3732750 |
| P. | ATTACHMENT 1 |

| | 990, | PART | VII- | COMPENSATION | OF | THE | FIVE | HIGHEST | PAID | IND. | CONTRACTORS | |
|--|------|------|------|--------------|----|-----|------|---------|------|------|-------------|--|
|--|------|------|------|--------------|----|-----|------|---------|------|------|-------------|--|

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| I360 PO BOX 37046 BALTIMORE, MD 21297 | CONSULTING | 14,891,539. |
| IN PURSUIT OF LLC 2300 WILSON BLVD ARLINGTON, VA 22201 | CONSULTING | 12,012,631. |
| GEORGIA-PACIFIC TELEVISION 1333 PEACHTREE ST NE ATLANTA, GA 30303 | CONSULTING | 2,088,802. |
| THE BROADMOOR HOTEL PO BOX 1439 COLORADO SPRINGS, CO 80901 | CONFERENCE SERVICES | 1,695,802. |
| RENAISSANCE INDIAN WELLS RESORT 44-400 INDIAN WELLS LANE INDIAN WELLS, CA 92210 | CONFERENCE SERVICES | 1,110,474. |

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

| | (A) TOTAL | (B) PROGRAM | (C) MANAGEMENT | (D) FUNDRAISING |
|--------------------------------|--------------|----------------|-------------------|--------------------|
| DESCRIPTION | FEES | SERVICE EXP. | AND GENERAL | EXPENSES |
| PROF FEES - EQUIP RENT & MAINT | 247,888. | | | |
| PROF FEES - BENEFIT PROCESSING | 27,202. | | | |
| PROFESSIONAL CONSULTING FEES | 20,266,282. | | | |
| PROFESSIONAL FEES - TEMP HELP | 285,217. | | | |
| PROF FEES - DATA COLLECTION | 9,269,669. | | | |
| PROFESSIONAL FEES - RECRUITING | 309,285. | | | |
| PROFESSIONAL FEES - MEDIA PROD | 2,395,584. | | | |
| TOTALS | 32,801,127. | | | |

45-3732750

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 ► Attach to Form 990

Related Organizations and Unrelated Partnerships

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

2018

OMB No 1545-0047

Employer identification number 45-3732750

> Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990 Part IV line 33 THE SEMINAR NETWORK CHAMBER OF COMMERCE, INC.

| Part I Iden | Identification of Disregarded Entities. Compl | Entities. Complete If the | he organization | lete if the organization answered "Yes" on Form 990, Part IV, line 33 | Form 990, Part IV | /, line 33 | | |
|--------------|--|---------------------------------|-----------------|--|---|---------------------|---------------------------|-------------------------------|
| | (a) Name, address, and EIN (if applicable) of disregarded | plicable) of disregarded entity | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) AMERICAN | (1) AMERICAN ENTREPRENEUR FUND LLC | | 45-3739538 | | | | | |
| 2300 WILSON | 2300 WILSON BLVD STE 500 | ARLINGTON, VA 22201 | 2201 | PROJECTS | DE | 26,333. | 29,667. ISNCC | TSNCC |
| (2) AMERICAN | (2) AMERICAN STRATEGIES GROUP LLC | | 45-5230496 | | | | | |
| 2300 WILSON | 2300 WILSON BLVD STE 500 | ARLINGTON, VA 22201 | 2201 | OUTREACH | DE | .0 | 0. 10,588,861. AEG, LLC | AEG, LLC |
| (3) FREEDOM | (3) FREEDOM PARTNERS SHARED SERVICES | | 45-5456929 | | | | | |
| 2300 WILSON | 2300 WILSON BLVD STE 500 | ARLINGTON, VA 22201 | 2201 | SUPPORT SVCS | DE | 15,780,418. | 2,953,159. | TSNCC |
| (4) THE SEMI | (4) THE SEMINAR NETWORK | | 45-5230162 | | | | | |
| 2300 WILSON | 2300 WILSON BLVD STE 500 | ARLINGTON, VA 22201 | 2201 | MANAGEMENT | DE | 0. | 0. 10,588,861. TSNCC | TSNCC |
| (5) FREEDOM | (5) FREEDOM NETWORK BENEFITS | | 45-2663979 | | | | | |
| 2300 WILSON | 2300 WILSON BLVD STE 500 | ARLINGTON, VA 22201 | 2201 | BENEFITS | DE | 5,200,000. | 5,200,000. 1,227,545. | TSNCC |
| (9) | | | | | | | | |
| | | | | | | | | |
| 1902 | Identification of Bolated Tax Exempt Organization | Exempt Organizations | the proportion | sations Complete if the organization and activities on Earn 000 Dad IV line 34 honorise if had | Prod "Vos" on Fo | VI 420 000 ma | 24 hoosii | 702 |

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

| olle of filole leigled lax-ex | one or more related tax-exempt organizations during the tax year | ie iax yeai | | | | | | |
|---|--|-------------------------|---|----------------------------|--|-------------------------------------|--|---------------|
| (a) Name, address, and EIN of related organization | aled organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempl Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | (b)(13) ed |
| | | | | | | | Yes | ٥ ۷ |
| (1) FREEDOM PARTNERS ACTION FUND, INC | 47-1065433 | | | | | | | |
| 2300 WILSON BLVD STE 500 | ARLINGTON, VA 22201 | POLITICAL | DE | 527 | | TSNCC | × | |
| (2) CAPITOL LEADERS, INC | 47-3438079 | | | | | | | |
| 2200 WILSON BLVD STE 102-533 | ARLINGTON, VA 22201 | PUBLIC ED | DE | 501(C)(3) | 7 | TSNCC | × | |
| (3) THE SEMINAR NETWORK, INC | 46-3508366 | | | | | | | |
| 1320 N COURTHOUSE RD STE 500 | ARLINGTON, VA 22201 | GRANT MAKING | DE | 501(C)(3) | 7 | N/A | × | |
| (4) AMERICANS FOR PROSPERITY FOUNDATION | 52-1527294 | | | | | | | |
| 1310 N COURTHOUSE RD, STE 700 | ARLINGTON, VA 22201 | ADVOCATE | DE | 501(C)(3) | 7 | N/A | × | |
| (5) AMERICANS FOR PROSPERITY | 75-3148958 | | | | | | | |
| 1310 N COURTHOUSE RD, STE 700 | ARLINGTON, VA 22201 | EDUCATION | DC | 501(C)(4) N/A | N/A | AFPF | × | |
| (9) | | | | | | | | |
| | | | | | | | | |
| (7) | | | | | | | | |
| | | | | | | | | |

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

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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

| Nam re | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | Predominant income (related, united from excluded from tax under from 500,000 ft 100,000 | (f) Share of total income | (g) Share of end-of- year assets | (h) Otsproponans:s | (I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? | (k) Percentage ownership |
|-----------|--|---|--|---------------------------------------|--|--|--|-----------------------|---|---|--------------------------------|
| | | | (duma) | | (1) | | | Yes No | .l | Yes No | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| Part IV | Identification of Related Organizations Taxable Ine 34, because it had one or more related org | ted Organizations d one or more rela | Taxable ated orga | e as a Corporati anizations treate | le as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, ganizations treated as a corporation or trust during the tax year | ete if the organ or trust during th | ization answer ne tax year | ed "Yes" | on Form 990, | Part IV, | |

| (8) | | 3 | (5) | (9) | (6) | • | 15) | (4) | 3 |
|--|------------|------------------|-------------------------------|--------------------|----------------------------|----------------|---|------------|-------------------------------------|
| Name, address, and EIN of related organization | | Primary activity | IIC le | Direct controlling | Type of entity | Share of total | Share of | Percentage | Section |
| | | | (state or foreign country) | n entity (C | (C corp, S corp, or trust) | псоше | end-of-year assets ownership (512(b)(13) controlled entity? | ownership | 512(b)(13) controlled entity? |
| | | | | | | | | | Yes |
| (1) CAVHOCO, INC | 46-3335308 | | | | | | | | |
| 2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201 | | HOLDING COMPANY | 30 | ASG | C-CORPORATION | 0 | 10,574,898 | 100 0000 | × |
| (2) DBLDBL, INC | 46-3309110 | | | | | | | | |
| 2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201 | | CONSULTING | 3G | CAVHOCO, INC | C-CORPORATION | 0 | 5,229 | 100 0000 | × |
| (3) KNSLT, INC | 46-3325739 | | | | | | | | |
| 2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201 | | CONSULTING | 3G | CAVHOCO, INC | C-CORPORATION | 14,985,155 | 10,909,548 | 100 0000 | × |
| (4) THOCO | 45-3147042 | | | | | | | | |
| 2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201 | | CONSULTING | DE | DBLDBL, INC | C-CORPORATION | 0 | 1,206 | 100 0000 | × |
| (5) | | | | | | | | | |
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| (9) | | | | | | | | | _ |
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| (2) | | | | | | | | | |
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| | • | | | | | | Schedule R (Form 990) 2018 | R (Form 99 | 0) 2018 |

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| Part V Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 | on Form 990, Par | t IV, line 34, 35b, or 36 | | | 1 |
|---|----------------------------------|--|---|-------------|-------|
| Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | Yes No | اء |
| | ated organizations lis | ted in Parts II-IV? | | | il |
| | | | | × | ı |
| b Gift, grant, or capital contribution to related organization(s) | | | 1 1 1 1 | × | 1 |
| c Gift, grant, or capital contribution from related organization(s) | | | 10 | _ | ×I |
| d Loans or loan guarantees to or for related organization(s) | | | 1d | _ | × |
| e Loans or loan guarantees by related organization(s) | | | 1e | ~ | × |
| | | | | | |
| f Dividends from related organization(s) | | | = | ~ | ×İ |
| g Sale of assets to related organization(s) | | | | ~ | × |
| h Purchase of assets from related organization(s), | | | 무 | × | × |
| Exchange of assets with related organization(s) | | | = : | ~ | × |
| J Lease of facilities, equipment, or other assets to related organization(s) | | | - j - | ~ | ×l |
| b local of facilities continuous or other seconds from solutions of facilities continues | | | : 3 | | × |
| | | | : = | × | ı I |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | × | ı |
| Sharing of facilities, equipment, mailing lists, or other assets | | | : : | _ | × |
| Sharing of paid employees with related organization(s) | | | 19 | <u> ~ </u> | × |
| | | | | , | I |
| p Reimbursement paid to related organization(s) for expenses | | | | × × | ایر |
| | | | : | | ı |
| r Other transfer of cash or property to related organization(s) | | | 11. | ~ | ·× |
| s Other transfer of cash or property from related organization(s) | | | 1s | × | l i |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this | line, including | covered relationships and transaction thresholds | action thresholds | | ı |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | mining | |
| (1) CAVHOCO, INC. | В | 4,000,000. | CASH PAYMENT | TNE | 1 1 |
| (2) CAPITOL LEADERS, INC. | Õ | 224,432. | CASH PAYMENT | LN | - |
| (3) KNSLT, INC. | М | 8,012,217. | CASH PAYMENT | INT | ,: |
| (4) | | | | | |
| (5) | | | | | |
| (9) | | | | | [|
| | | | | | ı |

Schedule R (Form 990) 2018

Page 4

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) (b) (c) Name, address, and ElN of enitry activity (a) (b) (c) (a) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (1) Code V · UBI amount in box 20 of Schedule K·1 (Form 1065) | (J) General or managing partner? | (k) Percentage ownership |
|--|-------------------------|---|---|---|---------------------------------|--|---|---|---|--------------------------------|
| (4) | | | sections 512-514) | Yes No | | | Yes No | | Yes No | |
| | | | | | | | | | | |
| (2) | | | | | | | | | | |
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| (3) | | | | | | | | | | |
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| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
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| (7) | | | | - | | | | | | |
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| (8) | | | | | | | | | | |
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| (6) | | | | | | | | | | |
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| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
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| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
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| (14) | | | | | | | | | | |
| (4.7) | | | | | | | | | | |
| (61) | 12.7 | | | | | | | | | |
| (16) | | | | | | | | | | |
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| | | | | | | | | Sch | Schedule R (Form 990) 2018 | m 990) 2018 |

Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "FREEDOM PARTNERS
CHAMBER OF COMMERCE, INC.", CHANGING ITS NAME FROM "FREEDOM
PARTNERS CHAMBER OF COMMERCE, INC." TO "THE SEMINAR NETWORK
CHAMBER OF COMMERCE, INC.", FILED IN THIS OFFICE ON THE TWENTYEIGHTH DAY OF SEPTEMBER, A.D. 2018, AT 6:26 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

Authentication 203526179 Date: 10-01-18

5060727 8100 SR# 20186901829

You may verify this certificate online at corp delaware gov/authver shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:26 PM 09/28/2018
FILED 06:26 PM 09/28/2018
SR 20186901829 - File Number 5060727

STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION (A CORPORATION WITHOUT CAPITAL STOCK)

The corporation, Freedom Partners Chamber of Commerce, Inc. (hereinafter referred to as the "Corporation"), a Delaware non-stock corporation, organized and existing under the laws of the State of Delaware, hereby certifies as follows:

- (1) That at duly convened meetings of the Corporation's members and directors, a vote was taken and approved for the following amendments to the Certificate of Incorporation:
 - (a) Amend Article I of the Certificate of Incorporation to read, "The name of the nonstock corporation is The Seminar Network Chamber of Commerce, Inc. (the 'Corporation')."
 - (b) Amend the Certificate of Incorporation to change all references to "Freedom Partners Chamber of Commerce, Inc." to "The Seminar Network Chamber of Commerce, Inc."
- (2) That said amendments were duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to be signed this September 25, 2018.

| By: /s/ Mark Holden | |
|---------------------|--|
| Name: Mark Holden | |
| Title: President | |