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Department of the

Internal Revenue Service

Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2019

DLN: 93493317003260

Open to Public Inspection

A F	or the	2019 c		ginning 01-01-2019 , and ending 12-	-31-2019			
		olicable:	C Name of organization ARTICLE 19 INC			D Employe	r identifi	ication number
	dress ch me char					27-1337	098	
	tial retu	-	Doing business as					
	al return/t nended r	terminated	Number and street (or B.O. boy	if mail is not delivered to street address) Room/	/cuito	E Telephone	number	
		pending	155 E MATH OT STU ELOOP CHIT		Suite	(646) 86	7-0994	
				country, and ZIP or foreign postal code				
			NEW YORK, NY 10017			G Gross rece	eipts \$ 3,	855,769
			F Name and address of prine ROBERT BALIN	cipal officer:	H(a) I	s this a group retu	urn for	
			155 E 44TH ST 6TH FL STE 3	4		subordinates? Are all subordinate	_	□Yes ☑No
		ot status:	NEW YORK, NY 10017			ncluded?	:5	☐ Yes ☐No
			☑ 501(c)(3) ☐ 501(c)()	◀ (insert no.)		f "No," attach a lis		
J W	ebsite	:► N/A	1		"(c) (Group exemption r	number	•
K Forr	n of ora	anization:	: 🗹 Corporation 🔲 Trust 🔲 ,	Association Other ►	L Year of	formation: 2009	M State	of legal domicile: DE
			· 					
Pa	art I	Sum	•					
				n or most significant activities: OMOTES FREEDOM OF EXPRESSION AND	FREEDOM (OF INFORMATION	WORLD	WIDE.
nce	=							
ш	=							
Governance	2 0	heck thi	is box $\blacktriangleright \square$ if the organization	discontinued its operations or disposed of	f more than	25% of its net as	sets.	
	3 N	lumber o	of voting members of the gove	rning body (Part VI, line 1a)			3	3
20	l		,	s of the governing body (Part VI, line 1b)			4	3
Activities &	l		• •	recessary)			5	10
YCT.	l		6 7a	0				
•	l			Part VIII, column (C), line 12		• •	7a 7b	0
	D IV	iet uillei	ated business taxable income	110111 F01111 990-1, IIIIe 39		Prior Year	/	Current Year
	8 0	Contribut	tions and grants (Part VIII, line	1h)		1,123,70	55	3,855,407
Ravenue	l		• •	2g)		_,		0
ōΛċ	l	-	•	x), lines 3, 4, and 7d)		2:	74	362
ď	l			es 5, 6d, 8c, 9c, 10c, and 11e)				0
	12 ⊤	otal reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,124,0	39	3,855,769
	13 G	Frants ar	nd similar amounts paid (Part I	569,00	00	1,776,529		
	14 B	Benefits p	paid to or for members (Part IX	, column (A), line 4)				0
8	l			e benefits (Part IX, column (A), lines 5-10)	·	582,80	01	857,679
Expenses	l		onal fundraising fees (Part IX, c	, ,,				0
ă	l		raising expenses (Part IX, column (·· · · ———		163.0		605.006
	l		penses (Part IX, column (A), lir	es 11a-11d, 11r-24e) equal Part IX, column (A), line 25)		163,93 1,315,73		3,239,304
	l		less expenses. Subtract line 18			-191,6		
<u>~~</u>	13 1	CVCIIGC	1033 expenses. Subtract fine 10	, month and 12	Begin	ning of Current Ye		End of Year
anc a								
Ass. Bal			ets (Part X, line 16)			514,2!	59	1,130,674
Net Assets or Fund Balances	l		ilities (Part X, line 26)			544.0		0
			s or fund balances. Subtract li	ne 21 from line 20		514,2	59	1,130,674
	rt II r penali		ature Block erjury, I declare that I have ex	amined this return, including accompanyir	na schedule	s and statements,	and to	the best of my
know	ledge a	ınd belie		ete. Declaration of preparer (other than of				
any K	nowled	ige.						
		******	* ure of officer			2020-11-10 Date		
Sign Here		, ,				Date		
пеге	•		MCKEW EXECUTIVE DIRECTOR r print name and title					
		у //	rint/Type preparer's name	Preparer's signature	Date	P1	TIN	
Paid	Ł				2020-11-12		00022087	7
	a parer	r	irm's name	,		Firm's EIN ► 57-1	089574	_
	Only	⊢	irm's address ▶ 1 MATHEWS DR ST	E 114		Phone no. (843) 6	89-2800	
	•		HILTON HEAD ISLA					
May +	he IDC	discuss		hown above? (see instructions)		1	▽ ∨	es 🗆 No
			duction Act Notice, see the	, ,	Cat.	No. 11282Y	1 1	Form 990 (2019)

Form	990 (2019)					Page 2
Pa	rt III Sta	tement of Program	Service Accomplis	hments		
	Che	k if Schedule O contains	a response or note to	any line in this Part III .		🗹
1	Briefly desc	ribe the organization's mi	ssion:			
SUPF	ORT WORK T	HAT DEFENDS AND PROP	OTES FREEDOM OF E	XPRESSION AND FREED	OM OF INFORMATION WORLDWIDE	<u> </u>
2	Did the org	anization undertake any s	ignificant program ser	vices during the year wh	hich were not listed on	
	the prior Fo	rm 990 or 990-EZ? .				🗌 Yes 🗹 No
	If "Yes," de	scribe these new services	on Schedule O.			
3	Did the orga	anization cease conductin	g, or make significant	changes in how it condu	ıcts, any program	
	services?	🗌 Yes 🗹 No				
	If "Yes," de					
4	•	-		nts for each of its three	largest program services, as measu	red by expenses.
	Section 501	(c)(3) and 501(c)(4) orga	anizations are required	I to report the amount o	of grants and allocations to others, the	
	expenses, a	nd revenue, if any, for ea	ach program service re	ported.		
4a	(Code:) (Expenses	\$ 447,601	including grants of \$	245,478) (Revenue \$)
	See Additiona	l Data				
4b	(Code:) (Expenses	\$ 395,273	including grants of \$	216,779) (Revenue \$)
	See Additiona	l Data				
4c	(Code:) (Expenses	\$ 743,833	including grants of \$	407,940) (Revenue \$)
	See Additiona	Il Data				·
	(Code:) (Expenses	\$ 1,622,243	including grants of \$	906,332) (Revenue \$)
					OGLE JIGSAW PROGRAMS - SUPPORT FO	R IFF PARTNER PROGRAMS
	- FREEDOM C	F RELIGION - TACKLING HAT	E - OSF DIGITAL - POLICY	' & ADVOCACY - FELLOWSH	IP - FOE - COMMUNITY ENGAGEMENT	
4d	Other progi	am services (Describe in	•			
	(Expenses	1,622,243	including grants of	\$ 906,3	332) (Revenue \$)
4e	Total prog	ram service expenses i	3,208,9	50		
4e	rotai prog	ram service expenses i	3,208,9	750		Form 990 (2

18

19

20a

20b

21

Nο

Nο

Nο

Nο

Form **990** (2019)

	990 (2019)			Page 3
Par	Checklist of Required Schedules	- 1		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
		11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
		11c		No
	,,,,	11d		No
	<u> </u>	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	'	12a		No
	If Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		No

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

18

19

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No

1b

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

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

orm	990 (2019)			Page (
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	lines V
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	\longrightarrow		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8				
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
10	only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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

$oxedsymbol{\square}$ Check this box if neither the organization no	r any related o	ganizat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Former Highest compensated employee Key employee Officer		Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations	
1) QUINN MCKEW EXECUTIVE DI	35.00			х				145,532	0	11,464	
2) JUDY TAING HEAD OF GEND	35.00			х				82,470	0	7,356	
3) ROBERT BALIN DIRECTOR / P	0.50	×		x				0	0	C	
4) CARLA MATERO DIRECTOR / S	1.00	Х		x				0	0	C	
5) Frank la rue Director	0.50	х						0	0	C	

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

Page 8

		,			-,-	,					· · · · · · · · · · · · · · · · · · ·			
	(A) Name and title	Average hours per than one box, unless person comper week (list any hours director/trustee) Average hours Position (do not check more hepor comper comper than one box, unless person comper comper comper any hours director/trustee)							D) (E) pretable Reportable compensation from related organizations		compensation			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compens employee	Former		/1099- ISC)	(W-2/1099- MISC)		organizat relat organiza	ed
			₫·	stee			ाड व्यक्त							
												+		
c Tota	-Total				•		>		;	228,002				18,820
	otal number of individuals (including reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	re than \$1	00,000		Yes	No
	d the organization list any former one 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey er	mplo •	oyee,	or hi	ghest cor	mpensated	employee on	3	Tes	No
or	or any individual listed on line 1a, is ganization and related organizations dividual										n the	4	Yes	
se	d any person listed on line 1a receivervices rendered to the organization	?If "Yes," compl									vidual for	5		No
1 Co	on B. Independent Contract	est compensate										npens	sation	
		Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services					(C) Compensation							

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright

orm 9 Pari		(2019)	of Revenue						Page 9
-rain	-V II			a respo	onse or note to any	line in this Part VIII			🗆
				, -		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s 4	1	a Federated campa	aigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due	s.	1 b					
A G		c Fundraising ever		1c					
oifts Jaru		d Related organiza		1d					
imi		Government grants All other contribution		1e	2,897,013				
tion S	?	f All other contribution and similar amount above		1f	958,394				
ig ig		q Noncash contribution	ons included in						
ontr		lines 1a - 1f:\$		1 g					
ت ج	<u> </u>	h Total. Add lines	1a-1f	•	>	3,855,407			
	2a				Business Code				+
<u>a</u>									
Ven	Ŀ)							
ეგ ტ									
ir vic	١ ،	·							
Program Service Revenue	۲	!							
grar		•							
₽									+
		All other program							
	₩	Total. Add lines :			nterest and other	<u> </u>			
	:	similar amounts) .			•	362			362
		Income from investigation Royalties		-	ond proceeds	 			
	•	Royaldes	(i) Re		(ii) Personal				
	6.	Gross rents	6a						
		Less: rental	Oa			+			
		expenses	6b						
	C	Rental income or (loss)	6c						
	١ ،	d Net rental income			, 				
		Gross amount	(i) Secur	ities	(ii) Other	_			
	′	from sales of assets other	7a						
		than inventory				_			
	b	Less: cost or other basis and	7b						
		sales expenses	_			+			
	1	Gain or (loss) d Net gain or (loss)	7c			_			
	1	Gross income from fu			· · · •				
nue		(not including \$ contributions reporte	of ed on line 1c).						
eve		See Part IV, line 18		8a					
<u>.</u>	1	b Less: direct exper c Net income or (los		8b					
Other Revenue	`	t ivet income or (ios	ss) Irom fundrais	sing ev	ents •				
_	9a	Gross income from See Part IV, line 19	gaming activities	. 9a					
	١,	b Less: direct exper		9a 9b		+			
		c Net income or (los		activit	ies >				
	10	a Gross sales of inv	entory less						
	'	returns and allowa	ances	10a					
		b Less: cost of good		10 b					
	Ľ	Net income or (los Miscellaneo	ss) from sales of ous Revenue	invent	ory > Business Code				
	11	La	,as nevenue		Duamess Code	-			
		b							
	١ (<u> </u>							
		I All all							
		d All other revenue e Total. Add lines 1			•				
		2 Total revenue. S							
		- rotarrevellue, S	ree misuluctions	• •	· · · •	3,855,769			362

Pa	art IX	Statement of Functional Expenses				
		Section $501(c)(3)$ and $501(c)(4)$ organizations must c		_		
		Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> L</u>
		lude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		and other assistance to domestic organizations and ic governments. See Part IV, line 21				
2		and other assistance to domestic individuals. See line 22				
3	govern	and other assistance to foreign organizations, foreign ments, and foreign individuals. See Part IV, lines 15	1,776,529	1,776,529		
4	Benefit	s paid to or for members				
5		nsation of current officers, directors, trustees, and ployees				
6	defined	nsation not included above, to disqualified persons (as under section 4958(f)(1)) and persons described in 4958(c)(3)(B)				
7	Other s	alaries and wages	739,205	723,866	15,339	
8		plan accruals and contributions (include section 401 403(b) employer contributions)	58,853	57,632	1,221	
9	Other e	employee benefits				
10	Payroll	taxes	59,621	58,384	1,237	
11	Fees fo	r services (non-employees):				
а	Manage	ement				
b	Legal					
c	Accoun	ting	13,699	13,415	284	
d	l Lobbyir	ng				
e	Profess	ional fundraising services. See Part IV, line 17				
f	Investr	nent management fees				
g		If line 11g amount exceeds 10% of line 25, column ount, list line 11g expenses on Schedule O)	259,362	253,980	5,382	
12	Adverti	sing and promotion				
13	Office e	expenses	6,044	5,919	125	
14	Informa	ation technology [1,969	1,928	41	
15	Royalti	es				
16	Occupa	ncy	17,699	17,332	367	
17	Travel		29,932	29,311	621	
18		nts of travel or entertainment expenses for any , state, or local public officials .				
19	Confere	ences, conventions, and meetings	218,438	213,905	4,533	
20	Interes	t				
21	Paymer	nts to affiliates				
22	Deprec	iation, depletion, and amortization				
23	Insurar	nce	24,904	24,387	517	
24	miscella exceed	expenses. Itemize expenses not covered above (List aneous expenses in line 24e. If line 24e amount is 10% of line 25, column (A) amount, list line 24e es on Schedule O.)				
	•	AIGNS & ADVOCACY	26,536	25,985	551	
	b BANK	CHARGES	3,885	3,804	81	
,	c SUPPI	LIES	2,628	2,573	55	
	d					
		ner expenses				
		unctional expenses. Add lines 1 through 24e	3,239,304	3,208,950	30,354	0
26	reporte educati	osts. Complete this line only if the organization d in column (B) joint costs from a combined onal campaign and fundraising solicitation.				
	Check I	nere ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 1,130,674

1,130,674

1,130,674

1,130,674

1,130,674

Form 990 (2019)

(B)

End of year

Page **11**

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

Cash_non_interest_hearing

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Savings and temporary cash investments	2	
Pledges and grants receivable, net	ε	
Accounts receivable, net	4	
Loans and other payables to any current or former officer, director, trustee		

4 key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use . .

10b

10a

Beginning of year

514,259 **1**

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6 7

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10c

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514.259

514,259

514,259

514,259

Form	990 (2019)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	,855,769
2	Total expenses (must equal Part IX, column (A), line 25)	2			,239,304
3	Revenue less expenses. Subtract line 2 from line 1	3			616,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			514,259
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-50
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,130,674
Pai	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990:				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

No__

Form **990** (2019)

3b

Additional Data

Software ID: **Software Version:**

EIN: 27-1337098

Name: ARTICLE 19 INC

Form 990 (2019)

Form 990, Part III, Line 4a:

LINKING POLICY & ADVOCACY WITH PRACTICAL ACTION AT THE INTERNATIONAL AND NATIONAL LEVELS TO PROTECT INTERNET FREEDOM.

Form 990, Part III, Line 4b: PROMOTING RIGHTS TO INFORMATION FOR INCREASED TRANSPARENCY IN NATURAL RESOURCE AND LAND USE IN BURMA.

Form 990, Part III, Line 4c: MIDDLE EAST ACCESS TO INFORMATION, PROMOTION AND PROTECTION OF HUMAN RIGHTS.

efile GRAPHIC print - DO NOT		nt - DO NOT PROCESS	As Filed Data -	DL			N: 93493317003260	
SC	HED	ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
/TE 000			Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th LE 19 I	nie Service he organiza	tion				Employer identific	ation number
AKTIC	LL 191						27-1337098	
	rt I		for Public Charity Statu				See instructions.	
1 ne c	organiz		a private foundation because onvention of churches, or as	•			(A)(:)	
		•	,			, ,, ,		
2			A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. Se					ege or university or a
10		from activit investment	ation that normally receives: dies related to its exempt fun income and unrelated busin dee section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
c		Type III f	unctionally integrated. A s organization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization received Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(r '			
	(i) N	Name of supported organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the Ir		Cat. No. 11285	<u> </u>	Schedule A (Form 9	

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you c						er Part II. If	
	the organization fails to	qualify under	the tests listed i	pelow, please co	omplete Part II.)		
	ection A. Public Support Calendar year		1	Ī				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
_	include any "unusual grants.") .							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business							
	under section 513 Tax revenues levied for the							
4	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b								
_	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
	13 for the year.							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Se	ection B. Total Support		1					
	Calendar year	() 2015	(1) 2016	() 2047	(1) 2010	() 2010	(C) T	
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
_	(less section 511 taxes) from							
	businesses acquired after June 30,							
	1975.							
С								
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on.							
12								
	loss from the sale of capital assets							
4.2	(Explain in Part VI.) Total support. (Add lines 9, 10c,							
13	11, and 12.)							
		11 1 11	n's first second th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) or	ganization,	
14	First five years. If the Form 990 is fo	r tne organizatioi	i o ili oc, occoria, ci					
14	First five years. If the Form 990 is fo	-					▶ ⊔	
	First five years. If the Form 990 is fo check this box and stop here						▶ ⊔	
Se	First five years. If the Form 990 is fo	Support Perce	entage				▶ ⊔	
Se 15	First five years. If the Form 990 is fo check this box and stop here	Support Perce e 8, column (f) d	entage livided by line 13,	column (f))		15	▶ ⊔	
Se 15 16	First five years. If the Form 990 is fo check this box and stop here. ection C. Computation of Public S Public support percentage for 2019 (lin Public support percentage from 2018 S	Support Perce e 8, column (f) d chedule A, Part I	entage livided by line 13,	column (f))			▶ ⊔	
Se 15 16 Se	First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public S Public support percentage for 2019 (lin Public support percentage from 2018 S Ection D. Computation of Investi	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage livided by line 13, II, line 15 Percentage	column (f))		15 16	▶ ⊔	
Se 15 16 Se 17	First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019)	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu	entage livided by line 13, II, line 15 Percentage mn (f) divided by	column (f))))	15 16	▶⊔	
Se 15 16 Se 17 18	First five years. If the Form 990 is for check this box and stop here. Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (line Public Support percentage from 2018 Section D. Computation of Investment income percentage from 2013 Investment Investm	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A,	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))))	15 16 17 18		
Se 15 16 Se 17 18 19a	First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019)	Support Perce e 8, column (f) d ichedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did i	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))))	15 16 17 18 33 1/3%, and line	≥ 17 is not	

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □ Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions if any for years prior to 2019	2. Underdictributions if any for yours prior to 2010				

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 27-1337098

Name: ARTICLE 19 INC

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

instructions).

Facts And Circumstances Test

SCHEDULE F (Form 990)		Statement of Activities Outside the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.					OMB No. 1545-0047		
							2019		
		_			to Form 990.				
	t of the Treasury venue Service	•	► Go to <i>www.irs</i>	.gov/Form990 for I	nstructions and the latest i		Open to Public Inspection		
	the organization 19 INC					Employer ider	ntification number		
KIICLE	19 INC					27-1337098			
Part 1		nformation Part IV, line		s Outside the I	Jnited States. Comple	ete if the organization a	answered "Yes" on		
1 Fo	r grantmakers	Does the o	rganization ma	intain records to	substantiate the amoun	t of its grants and			
ot	her assistance, t	he grantees'	eligibility for t	he grants or assi	stance, and the selectior	criteria used			
to	award the grant	s or assistan	ice?				✓ Yes 🗆 No		
	r grantmakers tside the United		Part V the org	janization's proce	edures for monitoring the	use of its grants and ot	her assistance		
	tivites per Region	. (The followi	ng Part I, line 3	table can be dupl	icated if additional space is	needed.)			
	tivites per Region (a) Region	. (The followin	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region		
B Ac	· · ·	·	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	for and investments		
3 Ac	(a) Region	·	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	for and investments in the region		
3 Ac	(a) Region	·	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	for and investments in the region		
3 Ac	(a) Region	·	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	for and investments in the region		
3 Acc EUF GRI 3a Sult b Tot	(a) Region	G ICELAND &	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	for and investments in the region		

EUROPE (INCLUDING 407,940 WIRE ICELAND & GREENLAND)

EUROPE (INCLUDING GENERAL SUPPORT 906,332 WIRE FMV ICFLAND & GREENLAND)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math - 1 - 6
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	lule F (Form 990) 2019		Page 4
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F (Form 990) 2019 Page 5								
Pro am me								
990 Schedule	F, Supplemental Information							
Return Reference	Explanation							
SCHEDULE F, PAGE 1, PART I, LINE 2	THE BOARD HAS RESOLVED THAT ALL ORGANIZATIONS TO WHICH IT MAKES GRANTS OR FUNDS PROGRAMS WILL BE REQUIRED TO SUBMIT THE FOLLOWING: 1. A GRANT APPLICATION WHICH SPECIFIES THE AMOUNT REQUESTED, THE NEED TO BE ADDRESSED, AND A DETAILED PROPOSED USE OF THE FUNDS. 2. IN CASE OF AN ORGANIZATION OUTSIDE THE USA, A COPY OF THE ORGANIZATION'S ORGANIZING DOCUMENTS, REGISTRATION DOCUMENTS WITHIN THE JURISDICTION AND INFORMATION ABOUT THE ORGANIZATION'S ACTIVITIES AND BUDGET IN ORDER TO ENSURE IT IS SUITABLE TO RECEIVE FUNDS FROM A US 501 (C)(3)PUBLIC CHARITY. WHEN A GRANT IS MADE TO AN ORGANIZATION, THE ORGANIZATION WILL BE REQUIRED TO: 1. MAKE A REPORT ON THE USE OF THE FUNDS, TO BE RETURNED TO THE ORGANIZATION WITHIN 12 MONTHS OF THE GRANTING OF THE FUNDS. 2. SIGN A STATEMENT THAT THE GRANTEE WILL REFUND ANY PORTION OF THE GRANT NOT USED IN ACCORDANCE WITH TERMS OF THE GRANT. 3. AGREE ANY OTHER CONDITIONS IMPOSED BY THE BOARD DEPENDING ON THE SPECIFICS OF THE GRANT AND THE ORGANIZATION TO WHICH FUNDS ARE BEING GIVEN. NO GRANT WILL BE MADE WITHOUT MEETING THE TERMS SET FORTH BY THE BOARD.							

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	EUROPE (INCLUDING ICELAND & GREENLAND) 1,776,529 0

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	17003	260
Sch	edule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.)
Б			▶ Attach	to Form 990. instructions and the latest inforn		Open		
•	tment of the Treasury al Revenue Service	₽ do to <u>www.ns.go</u>	<i>V/1 01111990</i> 101	mistructions and the latest mion	nation.		ectio	
	me of the organiza ICLE 19 INC	ation			Employer identifica	ition nu	ımber	
					27-1337098			
Pa	rt I Questi	ons Regarding Compensat	tion				l	
1a				the following to or for a person liste y relevant information regarding thes			Yes	No
		s or charter travel		,				
		companions	H	Housing allowance or residence for Payments for business use of person	•			
	_	nification and gross-up payments	,	Health or social club dues or initiation				
	Discretion	nary spending account		Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding pay				
_		•		ve? If "No," complete Part III to explor or allowing expenses incurred by all	ain	1b 2		<u> </u>
2				r, regarding the items checked on Lir	ne 1a? . .			
3	Indicate which	if any of the following the filing	organization use	ed to establish the compensation of the	ne			
•	organization's C	EO/Executive Director. Check all	that apply. Do r	not check any boxes for methods				
	used by a relate	ed organization to establish comp	ensation of the	CEO/Executive Director, but explain i	n Part III.			
		ation committee	lacksquare	Written employment contract				
		ent compensation consultant	님	Compensation survey or study				
	☐ Form 990	of other organizations	Ц	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No
С				nsation arrangement?		4c		No
	ir res to any t	or lines 4a-c, list the persons and	i provide trie app	oncable amounts for each item in Part	. 111.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b						5b		No
_	,	5a or 5b, describe in Part III.	A 1: 4 1:1					
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	-	1?				6a		No
b						6 b		No
7	•	6a or 6b, describe in Part III.	النام عمالة م	the organization provide any nonfixed	d			
,				rt III		7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was							
		subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
9	If "Yes" on line	8. did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section	8		No
-				· · · · · · · · · · · · · · · · · · ·		9		
For I	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	1 (Forn	1 990)	2019

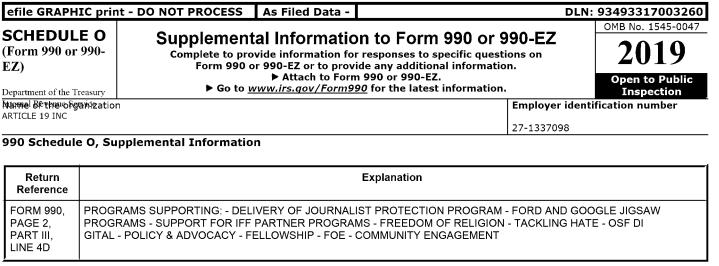
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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 are not listed on Form 990, Part VII.

instructions, on row (ii). Note. The sum of columi	Do no 1s (B)	ot list any individuals that)(i)-(iii) for each listed ind	t are not listed on Form 9 dividual must equal the to	90, Part VII. otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual.	
(A) Name and Title			of W-2 and/or 1099-MIS (ii) Bonus & incentive	C compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported	
		compensation	compensation	(iii) Other reportable compensation				as deferred on prior Form 990	
1 QUINN MCKEW EXECUTIVE DIRECTOR	(i)	145,532			11,464		156,996		
	(ii)								
								_	
								_	
								_	
								_	
								_	
								_	
							Schedule	J (Form 990) 2019	





Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, DISTRIBUTED TO THE BOARD PRIOR TO MEETING.
PAGE 6,
PART VI.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. REVIEW AT THE ANNUAL GENERAL MEETING. PAGE 6,

PART VI, LINE 12C

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. UPON REQUEST. PAGE 6, PART VI,

LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9