990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	2019 calenda	ar year, or tax year beginning JANUARY 1 , 2019, and ending	DÈC	EMBE	R 31 , 20	0 19				
В	Check if ap	pplicable	C Name of organization	D Emp	loyer ıc	lentification num	ber				
✓	Address cl	hange	WYOMING ASSOCIATION OF NON PROFIT ORGANIZATIONS			3-2097314					
_	Name cha	-	Number and street (or P O box if mail is not delivered to street address)  Room/suite	E Telep	ohone n	umber					
=	Initial retur	m n/terminated	822 WEST 23RD STREET UNIT A		30	07-7 <u>7</u> 2-9050					
=	Amended		City or town, state or province, country, and ZIP or foreign postal code		-	emption					
=	Application		CHEYENNE, WY 82001-3442		nber I						
G.	Account	ing Method	✓ Cash Accrual Other (specify) ►	H Check	▶ □	ıf the organızatı	on is <b>not</b>				
	Website		ONPROFIT ORG	•		ach Schedule E					
<u>J 1</u>	ax-exem	npt status (che	ck only one) —   501(c)(3) □ 501(c) ( )   (insert no) □ 4947(a)(1) or □ 527	(Form 9	90, 99	0-EZ, or 990-PF	<del>7</del>				
		organization									
			7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if to	tal assets	_						
(Pa	ırt II, colu		500,000 or more, file Form 990 instead of Form 990-EZ		<u>► \$</u>	}	76,433				
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		ctions	s for Part I)	_				
	,		the organization used Schedule O to respond to any question in this Par	<u>:  </u>		<u></u>	. 🗸				
	1		ns, gifts, grants, and similar amounts received		1		29,862				
	2	-	ervice revenue including government fees and contracts		2		23,796				
	3		p dues and assessments		3		22,775				
	4	Investment			4	-	0				
	5a		unt from sale of assets other than inventory								
	b		or other basis and sales expenses								
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)									
	6	Gaming and fundraising events:  Gross income from gaming (attach Schedule G if greater than  RECEIVED									
a	а	\$15,000) .	ome from gaming (attach Schedule G if greater than	) r	120	,	70				
Revenue	١.			1=			RS-OSC				
eve	b		me from fundraising events (not including \$ of contribution aising events reported on line 1) (attach Schedule G if the		NOV	2 0 2020	100				
Ě			h gross income and contributions exceeds \$15,000)   6b	X			그띩				
				1	5	DEN, UT	.				
	d		t expenses from gaming and fundraising events <u>6c  </u> e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	uhtraet	20	JLIV, O.					
	"	line 6c)	e of (1055) from garming and fundraising events (add fines of and ob and e		6d						
	7a	,	s of inventory, less returns and allowances		- 54						
	b		of goods sold								
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		0				
	8	•	nue (describe in Schedule O)		8		<u>o</u>				
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9		76,433				
_	10		I similar amounts paid (list in Schedule O)		10		0				
	11		aid to or for members		11		0				
Ś		•	ther compensation, and employee benefits		12		0				
Expenses	13		al fees and other payments to independent contractors		13	_	20,200				
	14		/, rent, utilities, and maintenance		14		0				
	15		ublications, postage, and shipping		15		0				
	16		enses (describe in Schedule O)		16		40,168				
	17		enses. Add lines 10 through 16	▶	17		60,368				
<u>μ</u>	18		(deficit) for the year (subtract line 17 from line 9)		18		16,065				
iet	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agr								
Net Assets		end-of-yea	r figure reported on prior year's return)		19		39,777				
et /	20	Other char	ges in net assets or fund balances (explain in Schedule O)		20						
Z	21		or fund balances at end of year. Combine lines 18 through 20		21		55,842				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)



9

Рa	t II Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u>.                                    </u>	<u> </u>
	•	•		(A) Beginning of year	Ц.	(B) End of year
22	Cash, savings, and investments			39,7 <u>77</u>		55,842
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		. ,		24	0
25	Total assets			39,777		55,842
26	Total liabilities (describe in Schedule O)	<u>.</u>		0		0
27	Net assets or fund balances (line 27 of column			39,777	27	55,842
Par		•		·		Expenses
	Check if the organization used Schedule		ny question in this	Part III 🔽	(Re	quired for section
	t is the organization's primary exempt purpose?	See Schedule O			1	(c)(3) and 501(c)(4)
as n	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title	e services provided	d, the number of		anizations, optional for ers )
28	Host Wyoming Nonprofit Symposium, a statewide co					
	members Topics included leadership, funding, voluments		ent management, pla	nned giving,		
	board responsibilities, impact, community partnersh					
	·	includes foreign gra		<u> ▶ ⊔</u>	288	22,290
29	WyoGives - Program designed to bring the state together.	• • • • • • • • • • • • • • • • • • • •		nd awareness		
	for Wyoming nonprofits Planning and kick-off for 20	20 WyoGives started	in 2019.			
	/O			·····	298	
20	<del></del>	includes foreign gra			298	9,069
30	Professional Development - Presented Board Fundar Partnered with other state nonprofit associations in					.4
	(Grants \$ ) If this amount	includes foreign gra	ents check here	▶ □	302	2,022
31	Other program services (describe in Schedule O)	includes foreign gre			-	2,022
٠.		includes foreign gra		▶ □	318	a
32	Total program service expenses (add lines 28a				32	
Par						00/00
	Check if the organization used Schedule			•		🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	- [1]	) Estimated amount of other compensation
JESS	ICA STANBURY				$\top$	
CHA	R	1			0	0
BRIT	NEY WALLESCH					
VICE	CHAIR	1	(		0	0
AMY	ALBRECHT					
SECI	RETARY/TREASURER	1	(	)	0	0
MOL	Y BOX					
DIRE	CTOR	1			0	0
STE	E HAMAKER					
	CTOR	1		)	0	0
	. HEIMER					
	CTOR	1	(	)	9	0
	RINA LANE					
	CTOR	1		0	<u> </u>	0
	RY LLOYD					_
	CTOR	1		<u> </u>	<u> </u>	0
	ICER POLLOCK		_			_
DIRE	CTOR	1		<del>' </del>	0	0
	· · · · · · · · · · · · · · · · · · ·	-	<del> </del>	1	+	
		•				
				<del>                                     </del>	+	·

CABO

Part	unstructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart v.) Oneck if the organization used ochequie of to respond to any question in this	o i ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>√</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	,	<b>✓</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a 0</b>		أستستك	
ь	Did the organization file Form 1120-POL for this year?	37b	80. 162	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>	
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b	30a	i 5	<u>. ▼</u>
39	Section 501(c)(7) organizations. Enter:		5 - 1 % A	
а	Initiation fees and capital contributions included on line 9		質問さ	
b	Gross receipts, included on line 9, for public use of club facilities		, ,	Parties Cart
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	200 Tax	<b>√</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			A STATE OF THE STA
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		\$	2 - 2 - 2 - 2 - 2 - 2 - 3 - 3
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ NONE			
42a		807-77		3
		82001		<b>N</b> 1 -
b	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)?	42b	Yes	NO ./
	If "Yes," enter the name of the foreign country ▶	<b>拉斯</b>	100 Cm	。 公公会
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<u>-</u> 44a		<b>1</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	******	<b>□</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>√</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
b	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," Form 990 and Schedule R may need to be completed instead of		100 m	
	Form 990-EZ. See instructions	45b		✓

Form 99	0-EZ (2	019)						F	Page 4
46	Did t	he organization engage, directly or in	idirectly in political o	rampaign activities	on hehalf	of or in appositi	on [	Yes	No
40		ndidates for public office? If "Yes," c						-	1
Part \	71	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	s Only s must answer que	estions 47-49b a	nd 52, and	i complete the			es
	_	Check if the organization used Sch	nedule O to respond	to any question	in this Pari	<u> </u>	<u> </u>	Yes	No
47		he organization engage in lobbying? If "Yes," complete Schedule C, Part				ect during the t	ax 47	√ v	NO
48 49a		e organization a school as described in the organization make any transfers to		-					1
		es," was the related organization a se	•	_			49b		-
	Com	plete this table for the organization's oyees) who each received more than	five highest compen	sated employees (	other than	officers, directo	rs, truste	es, an	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mil	contribu	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimat other coi		
NONE							•		
			<del></del> -						
					-				
	••					;			
			<u></u>						
f	Total	number of other employees paid over	er \$100,000	. ▶					
		plete this table for the organization's ,000 of compensation from the organ			ent contrac	tors who each	received	more	than
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service	(c) (	Compensat	ION	
NONE					-				
			· · · · · · · · · · · · · · · · · ·	-					
				-					
				-					
				-					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶				
		the organization complete Scheduloleted Schedule A	le A? Note: All se		-		a ► ✓ Yes		No
		of perjury, I declare that I have examined this red complete Declaration of preparer (other than					wledge and	d belief,	ıt ıs
		Whomey halled				11/14/20	920		
Sign Here		Signature of office Date  BRITNEY WALLESCH, BOARD CHAIR							
		Type or print name and title	Droporoulo suprativus		Data		DTIN		
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-employe			
Use C		Firm's name ▶				Firm's EIN ▶			
		Firm's address >	shown shows? See	inatri intiona		Phone no			
iviay th	e IHS	discuss this return with the preparer	snown above? See	instructions	<u> </u>	<u> </u>	' ∐ Yes	<u>۱ 🗀 ز</u>	No

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2019

Open to Public Inspection

Name	or the organization					Employer identification	Humber
WYO	MING ASSOCIATION OF NON PROFI	T ORGANIZATION	NS			43-20	97314
Par	t I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The o	organization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	A church, convention of church				-	•	
2	☐ A school described in section						( ) (
3	☐ A hospital or a cooperative hos						
	A medical research organization						(iii). Enter the
7	hospital's name, city, and state	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 14. 4444		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()
5	An organization operated for t		college or university	owned o	r operate	d by a government	al unit described in
v	section 170(b)(1)(A)(iv). (Comp		conege or university	Owned 0	· operate	a by a government	ar arm acsombed in
c		•		l in nasti	- 470/h	/4\/A\/\	
6	A federal, state, or local govern	•					مناطييم امتمسمه مطغ
7	An organization that normally			port from	a gover	nimental unit of from	i the general public
_	described in section 170(b)(1)		•				
8	A community trust described in						
9	☐ An agricultural research organi	zation described	I in section 170(b)(1)	<b>(A)(ix)</b> op	erated in	conjunction with a l	and-grant college
	or university or a non-land-grain	nt college of agri	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
	university.		***************************************				
10	An organization that normally r receipts from activities related	eceives: (1) more	e than 331/3% of its si	upport tro	m contri	outions, membership	o tees, and gross
	support from gross investment	income and un	related business taxal	ble incom	e (less s	ection 511 tax) from	businesses
	acquired by the organization a						
11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12	An organization organized and	operated exclus	ively for the benefit o	f, to perfo	orm the fu	unctions of, or to cai	ry out the purposes
	of one or more publicly suppo	rted organization	ns described in secti	ion 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganızatı	on and complete line	s 12e, 12f, and 12g.
٠a	☐ <b>Type I.</b> A supporting organ	zation operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
	the supported organization						
	supporting organization Ye						
٠b	☐ <b>Type II.</b> A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of t						
	organization(s). You must		•		•		•
С	☐ Type III functionally integ	rated. A support	ting organization oper	ated in c	onnection	n with, and functions	ally integrated with,
	its supported organization(s						,
d	☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
_	that is not functionally integ	•		•			• , ,
	requirement (see instruction						
е		•	•		-		e II. Type III
•	functionally integrated, or T						, ii, Type iii
f	Enter the number of supported of	• •		-			
g		-	orted organization(s).				· · ·
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		`,'	(described on lines 1–10	listed in you		support (see	other support (see
			above (see instructions))	docui	nent?	instructions)	instructions)
				Yes	No		
/A\		-	<del></del>				
(A)							
(B)							
(C)							
		<del></del>		_			
(D)							
(E)						-	
				I			

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (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.") . 20,555 27,852 18,605 34,380 52,637 154,029 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 18.605 20,555 154,029 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 14.257 Public support. Subtract line 5 from line 4 139,772 Section B. Total Support (a) 2015 **(b)** 2016 (e) 2019 Calendar year (or fiscal year beginning in) ▶ (c) 2017 (d) 2018 (f) Total Amounts from line 4 . 20,555 34,380 27,852 18,605 56,637 154,029 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . 11 Total support. Add lines 7 through 10 154,029 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 15 . . . . . . . SEE PART VI % 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test -- 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 supported organization . . . . . . . . . . . . b 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	<u>ow, please c</u>	omplete Part	II.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	1	1				
0	received (Do not include any "unusual grants.")		<u> </u>				
2	Gross receipts from admissions, morchandise sold or services performed, or facilities					/	1
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						ļ
3	Gross receipts from activities that are not an unrelated trade or business under section 513				L		
4	Tax revenues levied for the						J
	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	Amounts included on lines 2 and 3						
	received from other than disqualified		]				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			<u>/</u>			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	· Otherman		* 11 tolk / 1 tol		A Total CV	,
	line 6.)						l
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		1				
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	/			<u> </u>		
	Add lines 10a and 10b		<del></del>				
11	Net income from unrelated business		,				
	activities not included in line 10b, whether or not the business is regularly carried on		1				
40				<del>                                     </del>	<del>                                     </del>		
12	Other income. Do not include gain or loss from the sale of capital assets		ļ				ļ
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	id, third, fourth	n, or fifth tax ve	ear as a section	on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			13, column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (			by line 13, colu	umn (f))	17	%
18	Investment income percentage from 2018					18	%
19a	331/3 support tests-2019. If the organ					ore than 331/3	
	17/s not more than 331/3%, check this box						
b	831/3% support tests-2018. If the organiz	ation did not o	check a box on	line 14 or line	19a, and line 16	is more than	
	line 18 is not more than 331/3%, check this I	box and stop I	<b>nere.</b> The organ	zation qualifies	s as a publicly si	upported orga	nization 🕨 🔲
<u>20</u>	Private foundation. If the organization di	d not check a	box on line 14	, 19a, <u>or 1</u> 9b, o	check this box	and see instru	ictions 🕨 🗌

Yes No

#### Part IV Supporting Organizations

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

Section	A. All	Supporting	Organ	izations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

4a	9			
3a	s d			
3b 3c 4a 4b 4c 7 5a 7 5a 7 5a 9 7 7 8 8 8 8 9 9 9 1 1 9 1 1 9 1 1 1 9 1 1 1 1	r	2	Z.S	\$1 <b>3</b>
3c		7 5.00		. "%"
4a 4b 4c 7 4b 5a 7 7 7 8 8 8 8 9 9 9 1 9 1 9 1 9 1 9 1 9 1 9 1	3)	%  ∰  		
4b 4c 7 5a 7 5a 7 7 8 8 9a 9b 1t 9c	f	30	25	
4c	ר י			
5a 5b 5c c d 7 7 8 8 9 9 1 9 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 1 9 1 1 1 9 1	ď			
5a		, m.,	经数点 经数次对	
6 6 7 7 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	y	5a		
7 7 7 8 8 9 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	50 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		10 A
8 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r y	7		
99 96	?	-		الشلطة ثده
9b 9c				
t 5 6 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	h			
	t	9c		
10a				#11
10b	<u> </u>	i ai		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		3/4	
	helow, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
	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	<u>L</u>	<u> </u>
Secti	on B. Type I Supporting Organizations		1.,	
		пиди Дъ	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			1
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		3.7	
•	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 support	ted	10.00	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		22.5
2	Did the organization operate for the benefit of any supported organization other than the supported	23480	100 Pe 10	NAME OF THE PARTY
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pa	n 🗔		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Y
Secti	on 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 director	s Fix	J. 17	Link is
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		3 5 6	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1 2	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax		- 1,000 to 1,
•	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?		- x, x	12 122-1
		1	10	984.
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 his	ow	-3-3".3	
	the organization maintained a close and continuous working relationship with the supported organization(s).	-	12 25	2000
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	_ ' · • ···	2.000 1 1 2 2.150 C
3	significant voice in the organization's investment policies and in directing the use of the organization's	2,4,45pm	1	1000
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		#45765
Secti	on 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 instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government er	itity (see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of 🔯	3	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
-	those supported organizations and explain how these activities directly furthered their exempt purposes	38.7A		
	how the organization was responsive to those supported organizations, and how the organization determine	<i>30.555</i> D€	100	
	that these activities constituted substantially all of its activities.	2a	2 +	3 3.2- 1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more than the constitute activities that the organization is involvement, one or more than the constitute activities that the organization is involvement, one or more than the constitute activities that the organization is involvement, one or more than the constitute activities that the organization is involvement, one or more than the constitute activities that the organization is involvement, one or more than the constitute activities that the organization is involvement, one or more than the constitute activities that the organization is involvement.			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI th		1. 17 . 3 4.0 40 X	de la
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		25 "2" >
3	Parent of Supported Organizations. Answer (a) and (b) below.		13.7	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ئردد، مدر ئردد، مدر	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	us 10%	and the
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	ch 3h	100 Feb. 25.55	316

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	<u>izations</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1	<u> </u>	
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	<del></del>	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).	<u> </u>		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
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		
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III support	ing organization (see
instructions)			

Schedu	tle A (Form 990 or 990-EZ) 2019			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	
	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
$-\frac{3}{4}$	Amounts paid to acquire exempt-use assets	70000 01 0uppo. 100 0. g-		
<del></del>	Qualified set-aside amounts (prior IRS approval required)		-	
$\frac{3}{6}$	Other distributions (describe in Part VI). See instructions			
<del></del>	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	th the organization is res	sponsive	-
	(provide 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			
Secti	ion 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 <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019	1000 1000 000000 M 1000 (1 / -	, hir me ioineiror /	, , w. v.w
3	From 2014	3000 Y X		to a today complet
b	From 2015	As a control for the consequence of the control of	I s co (o ingres s	ite i m h <sub>A</sub>
С	From 2016			
d	From 2017	, n, , , , , , , , , , , , , , , , , ,	*	
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from		· • "	v
	Section D, line 7:	A - gg	48 * 2 ' ' * ''	v n'
<u>a</u>	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. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions	0 ,		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.	D		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:	more commendation ( ) value ( ) valu	of mer. Andrews Amilian Trans	AN VAN VAN A CONTROL M.
a	Excess from 2015	( 000, 900,900	Any 18	CARRES LAMBORANO VITT PORTUGANO MIROMA MATALIA
b	Excess from 2016			-
c	Excess from 2017 .			•
d	Excess from 2018			
е	Excess from 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.)
SECTION C	, LINE 15:
FIRST YEAR	R COMPLETING 990EZ AND SCHEDULE A. PRIOR YEARS COMPLETED 990N, THEREFORE NO SCHEDULE A FOR 2018.
	**************************************
••••••	
<b>***</b> **	

#### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

	see separate instructions), t			·				
	ection 501(c)(4), (5), or (6) org	anizations Complete Part III	· <del>-</del>					
Name	of organization				Employer identification number			
		N PROFIT ORGANIZATIONS			43-2097314			
Part		e organization is exempt und						
1	Provide a description o definition of "political car	f the organization's direct and in mpaign activities")	ndirect political ca	. •	•			
2	Political campaign activity	ty expenditures (see instructions)		▶ \$	} 			
3	Volunteer hours for politi	cal campaign activities (see instru	ctions)					
Part		e organization is exempt und						
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 ▶ 🖇	S			
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955 🕨 🧐	) 			
3	If the organization incurr	ed a section 4955 tax, did it file Fo	orm 4720 for this ye	ear?	🗌 Yes 🔲 No			
4a	Was a correction made?	·			🗌 Yes 📋 No			
b	If "Yes," describe in Part				_			
Part		e organization is exempt und	<del>-</del>		(c)(3).			
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$							
2	Enter the amount of the	filing organization's funds contri	buted to other ord	anizations for section				
_	527 exempt function act	ıvıtıes		´ <b>⊳</b> \$				
3	Total exempt function	expenditures. Add lines 1 and 2	2. Enter here and	on Form 1120-POL,				
				▶ \$	• <u></u>			
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		Yes No			
5		ses and employer identification nu						
		ents. For each organization listed,						
		ontributions received that were pro						
	as a separate segregated	fund or a political action committe	ee (PAC). If addition	nai space is needed, provi	de information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization  If none, enter -0-			
(1)			_					
(2)			_					
(3)	<del></del>		_					
(4)								
(5)								
(6)								

Pane	2

	1						9
Paı	t II-A	Complete if the organization section 501(h)).	n is exempt ı	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
۸	Check ►	theck In the filing organization belongs to an affiliated group (and list in Part IV each at address, EIN, expenses, and share of excess lobbying expenditures)				liated group membe	er's name,
В	Check ▶	eck ► ☐ if the filing organization checked box A and "limited control" provisions apply.					
		Limits on Lobb				(a) Filing	(b) Affiliated
		(The term "expenditures" me	eans amounts	paid or incurred.	.)	organization's totals	group totals
18	a Total lo	obbying expenditures to influence	public opinion	(grassroots lobby	ing)		
ı		obbying expenditures to influence					
		obbying expenditures (add lines 1					·
(	d Other	exempt purpose expenditures .					
	e Total e	exempt purpose expenditures (add	l lines 1c and 1	d)			
1	•	Lobbying nontaxable amount Enter the amount from the following table in both columns.					
	If the ar	mount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the ar	20% of the amount on line 1e			;
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,00 <u>0</u>		I
	Over \$1	7,000,000	\$1,000,000				
(	g Grassr	Grassroots nontaxable amount (enter 25% of line 1f)					
1	n Subtra	Subtract line 1g from line 1a. If zero or less, enter -0					
i		Subtract line 1f from line 1c. If zero or less, enter -0					
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file f			i file Form 4720	¬., ¬.,		
	reporti	ng section 4911 tax for this year?				<u> L</u>	_ Yes       No
	(Som	e organizations that made a sec See the	ction 501(h) ele separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbying	Expenditures	During 4-Year A	veraging Period	<del></del>	
	Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total
2	a Lobby	ng nontaxable amount					
 		ing ceiling amount of line 2a, column (e))		0			
-	c Total lo	obbying expenditures					
•	d Grassr	oots nontaxable amount					
•		oots ceiling amount of line 2d, column (e))					
1	Grassr	oots lobbying expenditures					

<u> </u>	(election under section 501(h)).	<del></del>				
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detaile ription of the lobbying activity.	d Yes	a) No	(h) Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or loc legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of:					
а	Volunteers?	)	1	News S		Takir
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1		F. 4424		
С	Media advertisements?		1			4:Janii
d	Mailings to members, legislators, or the public?	<b>✓</b>				375
е	Publications, or published or broadcast statements?		1			
f	Grants to other organizations for lobbying purposes?		1			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓				375
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .		✓_			
i	Other activities?		✓			
j	Total. Add lines 1c through 1i	1 2 2	2. 1			750
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	3	%. 	,
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	1	تسخد		arri in a	h.d.n m
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			\$\frac{1}{2}	(85) N	<b>100</b> 0年17
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	(c)(5), (	or se	ction		
	•	-			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1	<b>↓</b> —	-
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	—	ļ
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from					
Part	Complete if the organization is exempt under section 501(c)(4), section 50: 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	nts of	2			
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo					
_	and political expenditure next year?		4			
_5_	Taxable amount of lobbying and political expenditures (see instructions)	· ·	5	L		
Par			N. D.	II A		
2 (see	le the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
EMAIL	ED STATE LEGISLATORS REGARDING SENATE FILE 144. SHARED OUR CONCERNS WITH MANDAT	DRY VOL	UNTE	ER CO	MPON	ENT
FOR N	IEDICAID RECIPIENTS, ASKED FOR THEIR SUPPORT IN OPPOSITION OF THIS BILL. EMAILS TO NON	PROFITS	SURC	ING TH	EM T(	<b>5</b>
	,					
CONT	ACT THEIR REPRESENTATIVES ON SF 144.					
· · ·	·					

Schedule C (Form 990 or 990-Ez) 2019 Page 4				
Part IV	Supplemental Information (continued)	-		
· · · · · · · · · · · · · · · · ·				
**********				
· · · · ·				
<del>-</del>				
\$22-E4				
	1989000			
==	, , , , , , , , , , , , , , , , , , ,			

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019 Open to Public

Inspection

Name of the organization Employer identification number WYOMING ASSOCIATION OF NON PROFIT ORGANIZATIONS 43-2097314 FORM 990-EZ LINE C A.K.A WYOMING NONPROFIT NETWORK **FORM 990-EZ PART I, LINE 16** OTHER EXPENSES: \$40,168 CONFERENCE \$22,290; PROGRAMS \$11,091; DUES \$2,150; INSURANCE \$1,114; TECHNOLOGY/OFFICE \$2,345; TRAVEL \$284, MISC \$894 FORM 990-EZ PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE BRING BEST PRACTICES, RESOURCES AND SUPPORT TO NONPROFITS IN WYOMING