

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

(Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

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/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

| Α                       | ror un                           | e 2019 calendar year, or tax year beginning OCT 1, 2019 and c  | enaing S   | EP 30, 2020                                 |                               |  |  |  |
|-------------------------|----------------------------------|--|--|---|-------------------------------|--|--|--|
| В                       | Check if applicab                | C Name of organization   |  | D Employer identific                        | cation number                 |  |  |  |
|                         | Addre                            |  |  |   |                               |  |  |  |
|                         | Name<br>chang                    | Doing business as  |  | 95-32982                                    | 39                            |  |  |  |
|                         | □ Initial<br>□ return<br>□ Final | 5737 MEGMER AVENUE   | Room/suite   | E Telephone number (310) 740-8579           |                               |  |  |  |
|                         | ⊥return<br>termir<br>ated        | ·  |  |   |                               |  |  |  |
|                         | Amen                             | ded tog andered da 00220   |  | G Gross receipts \$ H(a) Is this a group re | 16,228,834.                   |  |  |  |
| F                       | return<br>□Applio                |  |  | for subordinates                            |                               |  |  |  |
|                         | tion<br>pendi                    | SAME AS C ABOVE  |  | H(b) Are all subordinates in                | —                             |  |  |  |
| $\overline{}$           | Tav.ev                           | empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) o   | or 527   | 1   | list. (see instructions)      |  |  |  |
|                         |                                  | te: > WWW.REASON.ORG   | JI JZI   | H(c) Group exemptio                         | ·                             |  |  |  |
|                         |                                  | forganization: X Corporation Trust Association Other   | I Year   |   | A State of legal domicile; CA |  |  |  |
|                         | art I                            | Summary  | 12 1001  | 01101111aa011, == 1 0   1                   | n otato or rogar dormono,     |  |  |  |
|                         | 1                                | Briefly describe the organization's mission or most significant activities: ADVAN  | ICE A  | FREE SOCIETY                                | Y BY                          |  |  |  |
| Activities & Governance |                                  | DEVELOPING, APPLYING, AND PROMOTING LIBER'   |  |   |                               |  |  |  |
| a<br>Ja                 | 2                                | Check this box if the organization discontinued its operations or dispose  |  |   | •                             |  |  |  |
| Ş                       | 3                                | Number of voting members of the governing body (Part VI, line 1a)  |  | 3   | 24                            |  |  |  |
| Ğ                       | 4                                | Number of independent voting members of the governing body (Part VI, line 1b)  |  | 4   | 22                            |  |  |  |
| 80                      | 5                                | Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | <u> </u>   | 5   | 92                            |  |  |  |
| <u>Vi</u>               | 6                                | Total number of volunteers (estimate if necessary)   |  | 6   | 22                            |  |  |  |
| Ç                       | 7 a                              | Total unrelated business revenue from Part VIII, column (C), line 12   |  | <u>7a</u>                                   | 71,705.                       |  |  |  |
| _                       | b                                | Net unrelated business taxable income from Form 990-T, line 39   |  | 7b  | 0.                            |  |  |  |
|                         |                                  |  |  | Prior Year                                  | Current Year                  |  |  |  |
| Revenue                 | 8                                | Contributions and grants (Part VIII, line 1h)  |  | 12,629,680.                                 | 15,019,750.                   |  |  |  |
|                         | 9                                | Program service revenue (Part VIII, line 2g)   |  | 985,041.                                    | 845,445.                      |  |  |  |
|                         | 10                               | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |  | 171,967.                                    | 227,399.                      |  |  |  |
| _                       | 11                               | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |  | 118,627.                                    | 78,133.                       |  |  |  |
|                         | 12                               | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |  | 13,905,315.                                 | 16,170,727.                   |  |  |  |
|                         | 13                               | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |  | 0.  | 0.                            |  |  |  |
|                         | 14                               | Benefits paid to or for members (Part IX, column (A), line 4)  |  | 7,647,424.                                  | 8,431,631.                    |  |  |  |
| Ses                     | 15                               | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |  | 0.  | 0,431,031.                    |  |  |  |
| Expenses                | 10a                              | Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,218,87 | 75   | <u> </u>                                    | 0.                            |  |  |  |
| Ä                       | 17                               | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |  | 5,820,284.                                  | 4,642,465.                    |  |  |  |
|                         | 1                                | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |  | 13,467,708.                                 | 13,074,096.                   |  |  |  |
|                         | 19                               | Revenue less expenses. Subtract line 18 from line 12   |  | 437,607.                                    | 3,096,631.                    |  |  |  |
|                         |                                  | Trovende 1656 expenses. Cubitact line 16 from line 12  |  | ginning of Current Year                     | End of Year                   |  |  |  |
| Net Assets or           | 20                               | Total assets (Part X, line 16)   | 50   | 11,377,930.                                 | 15,187,245.                   |  |  |  |
| ASS                     | 21                               | Total liabilities (Part X, line 26)  |  | 2,005,730.                                  | 2,110,164.                    |  |  |  |
| Net                     | 22                               | Net assets or fund balances. Subtract line 21 from line 20   |  | 9,372,200.                                  | 13,077,081.                   |  |  |  |
| Pi                      | art II                           | Signature Block  | •  | -   |                               |  |  |  |
| Und                     | ler pena                         | alties of perjury, I declare that I have examined this return, including accompanying schedules                                    | and stateme  | ents, and to the best of my                 | knowledge and belief, it is   |  |  |  |
| true                    | , corre                          | ct, and complete. Declaration of preparer (other than officer) is based on all information of whi                                  | ich preparer   | has any knowledge.                          |                               |  |  |  |
|                         |                                  |  |  |   |                               |  |  |  |
| Sign                    |                                  | Signature of officer   |  | Date  |                               |  |  |  |
| Hei                     | е                                | DAVID NOTT, PRESIDENT & CEO  |  |   |                               |  |  |  |
|                         |                                  | Type or print name and title   | 1.   |   |                               |  |  |  |
|                         |                                  | Print/Type preparer's name Preparer's signature  | tally signed by Lizbeth<br>arez<br>son: I attest to the accuracy | Date Check C                                | PTIN                          |  |  |  |
| Pai                     |                                  | LIZBETH G. NEVAREZ   | 2021.02.03 12:34:27 -08'00'                                      | self-employ                                 |                               |  |  |  |
|                         | parer                            | Firm's name GREEN HASSON & JANKS LLP   | 200  | Firm's EIN ▶                                | 95-1777440                    |  |  |  |
| Use                     | Only                             | Firm's address > 700 SOUTH FLOWER STREET, SUITE 3  | 300  |   | 10\ 072 1600                  |  |  |  |
| _                       |                                  | LOS ANGELES, CA 90017  |  | Phone no. (3                                | 10) 873-1600                  |  |  |  |
| Ma                      | y the I                          | RS discuss this return with the preparer shown above? (see instructions)   |  |   | X Yes No                      |  |  |  |

| 101111000 (2010)             | <br>FOUNDATION |
|------------------------------|----------------|
| Part III Statement of Progra | <br>           |

|    | Check if Schedule O contains a response or note to any line in this Part III   |
|----|--|
| 1  | Briefly describe the organization's mission:   |
| •  | TO ADVANCE A FREE SOCIETY BY DEVELOPING, APPLYING, AND PROMOTING   |
|    | LIBERTARIAN PRINCIPLES, INCLUDING INDIVIDUAL LIBERTY, FREE MARKETS,  |
|    | AND THE RULE OF LAW. WE USE JOURNALISM AND PUBLIC POLICY RESEARCH TO   |
|    | INFLUENCE THE FRAMEWORKS AND ACTIONS OF POLICYMAKERS AND THE PUBLIC.   |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|    | prior Form 990 or 990-EZ?  |
|    | If "Yes," describe these new services on Schedule O.   |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 |
|    | If "Yes," describe these changes on Schedule O.  |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|    | revenue, if any, for each program service reported.  |
| 4a | (Code: ) (Expenses \$ 4,616,289. including grants of \$ ) (Revenue \$ 815,065.   |
|    | PROMOTING FREE MINDS AND FREE MARKETS SINCE 1968   |
|    | - 11 ISSUES PUBLISHED  |
|    | - 45,000 PAID/REQUESTED COPIES AND 4,000 NEWSSTAND COPIES SOLD PER   |
|    | MONTH  |
|    | - AVERAGE OF 5.4 MILLION USER VISITS PER MONTH AT REASON.COM AND 6   |
|    | MILLION VISITS TO REASONTV   |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 4b | (Code:) (Expenses \$ 4 , 047 , 943 • including grants of \$) (Revenue \$)  |
|    | REASON FOUNDATION PUBLISHES RESEARCH AND JOURNALISM AND ENGAGES IN   |
|    | EDUCATIONAL OUTREACH FROM A LIBERTARIAN PERSPECTIVE TO POLICYMAKERS,   |
|    | RELEVANT STAKEHOLDERS, AND THE GENERAL PUBLIC.   |
|    | - 17,000 ARTICLES CITING REASON EXPERTS  |
|    | - 3,000 MEDIA APPEARANCES BY REASON EXPERTS  |
|    | - 18 LEGISLATIVE TESTIMONIES   |
|    | - 45 POLICY STUDIES  |
|    | - 165 POLICY COMMENTARIES AND OP-EDS   |
|    | - 11 SURFACE TRANSPORTATION INNOVATIONS NEWSLETTERS & AIR SECURITY   |
|    | NEWSLETTERS  |
|    | - 11 AIR TRAFFIC CONTROL NEWSLETTERS   |
|    | - 4 REASON REPORT DONOR NEWSLETTERS (Code:) (Expenses \$ 449,116. including grants of \$) (Revenue \$ 30,380.                                |
| 4c | (Code:) (Expenses \$ 449,116. including grants of \$) (Revenue \$ 30,380. REASON WORKS WITH MOTIVATED POLICYMAKERS TO DEVELOP AND IMPLEMENT  |
|    | MARKET-BASED REFORMS THAT ARE A MODEL FOR REFORM-MINDED POLICYMAKERS AT  |
|    | ALL LEVELS OF GOVERNMENT. OUR PENSION INTEGRITY PROJECT EDUCATES   |
|    | POLICYMAKERS AND TAXPAYERS ON PENSION REFORM. WE PRODUCED FIVE MAJOR   |
|    | TECHNICAL ANALYSES THAT FOCUS ON THE SOLVENCY OF PUBLIC EMPLOYEE   |
|    | RETIREMENT SYSTEMS IN ARIZONA, NORTH CAROLINA, NEW MEXICO, MISSISSIPPI,  |
|    | AND ARKANSAS, AS WELL AS POLICY BRIEFS THAT ADDRESS REDUCED PUBLIC   |
|    | SAFETY BUDGETS, VOLATILE INVESTMENT RETURNS, AND THE IMPACT OF COVID-19  |
|    | ON PUBLIC PENSIONS, AND EDUCATED LEGISLATORS IN THOSE STATES VIA   |
|    | STUDIES, DIRECT OUTREACH, AND MORE 70 TOPICAL COMMENTARIES. DRAWING  |
|    | FROM DECADES OF RESEARCH ON THE BENEFITS OF SCHOOL CHOICE, REASON'S  |
|    | EDUCATION TEAM IS A LEADING VOICE IN PROMOTING NEW MODELS SUCH AS  |
|    | Other program services (Describe on Schedule O.)   |
| 40 | 0 061 700  |
| 40 | (Expenses \$ 2,261,732 · including grants of \$ ) (Revenue \$ )  Total program service expenses ► 11,375,080 ·                               |
| 70 | Form 990 (2019   |

12260203 758461 5858.T

# Form 990 (2019) THE REASON FOUNDATION Part IV Checklist of Required Schedules

|     |  |                | Yes | No  |
|-----|--|----------------|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |                |     |     |
|     | If "Yes," complete Schedule A  | 1              | X   |     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2              | Х   |     |
| 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              |     | х   |
| 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? If "Yes," complete Schedule C, Part II  | 4              | Х   |     |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |                |     |     |
| •   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5              |     | х   |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        | <u> </u>       |     |     |
| U   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6              |     | х   |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        | -              |     |     |
| ′   |  | 7              |     | x   |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | <b>-</b>       |     |     |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     |                |     |     |
|     | Schedule D, Part III   | 8_             |     | X   |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    |                |     |     |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?        |                |     | 7,  |
|     | If "Yes," complete Schedule D, Part IV   | 9              |     | X   |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                     |                |     |     |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10             |     | X   |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X |                |     |     |
|     | as applicable.   |                |     |     |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,      |                |     |     |
|     | Part VI  | 11a            | X   |     |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total     |                |     |     |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b            |     | X   |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total      |                |     |     |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c            |     | Х   |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in    |                |     |     |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d            |     | Х   |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e            | Х   |     |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |                |     |     |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f            | X   |     |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |                |     |     |
|     | Schedule D, Parts XI and XII   | 12a            | X   |     |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |                |     |     |
| _   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b            |     | х   |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13             |     | Х   |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a            |     | X   |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |                |     |     |
| ~   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |                |     |     |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b            |     | x   |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any        | 110            |     |     |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15             |     | х   |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         | - <del>"</del> |     |     |
| 10  |  | 16             |     | x   |
| 17  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 10             |     | -23 |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          | 47             |     | х   |
| 40  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17             |     |     |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |                | v   |     |
| ۵.  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18             | X   |     |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           |                |     | 17  |
|     | complete Schedule G, Part III  | 19             |     | X   |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                      | 20a            |     | X   |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b            |     |     |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                      |                |     |     |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II                                | 21             |     | X   |

Form 990 (2019) THE REASON FOUNDAT
Part IV Checklist of Required Schedules (continued)

| 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, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after becember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to fire 25e.  24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization with a disqualified person during the year?  25a 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 in a prior year, and that the transaction has not been reported on any of the organization spiror Forms 990 e99.0E27. If "yes," complete Schedule L, Part I Did the organization proyled a grant or tomer officer, director, trustee, key employee, creator or founder, substantial contributor or endougher or tomater officer, director, trustee, key employee, creator or founder, substantial contributor or endougher or tomater of the following committee member, or to a 59% controlled entity or family member of any of these persons? If "yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions;  25b X was the organization proyled against one of the following committee member, or to a 59% controlled entity or norm or filing   |     |  |     | Yes | No  |
|--|-----|--|-----|-----|-----|
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Did the organization have a tax-evempt 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." yo to line 25a  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds?  25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-evempt bonds?  25d Section 50f(c)(3), 50f(c)(4), and 50f(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualled person during the year? If "Yes," complete Schedule L, Part I  25a Section 50f(c)(3), 50f(c)(4), and 50f(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualled person during the year?  25b Interest organization and the temperature of the organization engage in an excess benefit transaction with a disqualled person in a prior year, and that the transaction was the tit engaged in an excess benefit transaction with a disqualled person in a prior year, and that the transaction was the prior and that the transaction was the tit engaged in an excess benefit transaction with a disqualled person in a prior year, and that the transaction was the prior of the section of the organization provide a grant or other assistance to any outer the organization provide a grant or other assistance to any outer to orform organization provide a grant or other assistance to any outer to former officer, director, trustee, key employee, creator or founder, substantial contributor?  27  | 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on            |     |     |     |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directions, trustees, key employees, and highest compensated employees? #"Yes," complete Schedule J.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the liast day of the year, that was issued after December 31, 2002? #"Yes," answer fines 246 through 24d and complete Schedule K. If "No," go to line 25a.  25a Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds.  25b Did the organization and tax an "on behalf of" issuer for bonds outstanding at any time during the year?  25c Section 501(28), 501(44), 408 501(420) and 501(420) arganizations. But the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part I.  25c Section 501(48), 501(44), 408 501(420) and yof the organization spring forms 990 or 990-122" #"Yes," complete Schedule L, Part I.  25d Section 501(48), 501(44), 408 501(420) and yof the organization spring forms 990 or 990-122" #"Yes," complete Schedule L, Part I.  25d Did the organization are an analyon of the organization spring forms 990 or 990-122" #"Yes," complete Schedule L, Part II.  25d 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 sommittee member, or to a 35% controlled entity finckloding an employee thereof) or family member of any of these persons? If Yes," complete Schedule L, Part IV.  25d Was the organization aparty to a business transaction with one of the following parties schedule L, Part IV.  25d In the organization aparty to a businesses transaction with one of the following parties seek-dule L, Part IV.  25d Did the organization or one or more individuals a  |     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | X   |
| and former officers, firectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 28th through 24d and complete Schedule K. If "No," go to fine 25a.  24a 2  25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  25d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  25d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  25d Did the organization invest and an exceosure to the refunding except at any time during the year to defease any tax exempt bonds?  25d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Did the organization with a disqualified person during the year?  25d Is the organization with a disqualified person during the year?  25d Did the organization has not been reported on any of the organization sprior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  25d Did the organization port any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, tustee, key employee, creator or founder, substantial contribution or 39% controlled entity or founder, substantial contribution or organization appropriate to a pay the separation or former officer, director, tustee, key employee, creator or founder, substantial contribution?  27d Did the organization applicable filing thresholds, conditions, and exceptions;  28d Was the organization applicable filing thresholds, conditions, and exceptions;  28d A current or former officer, director, tustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  28d A Tamily member of any individual describad in line 28a?   | 23  |  |     |     |     |
| Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  25b Did the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26c Did the organization maintain an ascrow account other than a refunding escrow at any time during the year of the any tax-exempt bonds?  26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Saction SO1(c/3), SO1(c)(4), and SO1(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 II  28b List 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 organizations prior 6 mms 990 or 9902-27. If "Yes," complete Schedule L, Part II  29c 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, fustee, key employee, creator or founder, substantial contributor, or 35%  29c Did the organization report any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  29c A current or former officer, director, substantial contributions or a spike and the part of the organization receive more than \$25,000 in non-cash contributions of art, h |     |  |     |     |     |
| 24a Dit 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.  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  26d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  27d Did 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 prior Forms 990 e93-E27. If "Yes," complete Schedule L, Part I  28d 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions;  28d Was the organization applicable filing thresholds, conditions, and exceptions;  29d A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions of earth priority of the organization or series more than \$25,000 in non-cash contributions of lines 2ao r 2Bth If "Yes," complete Schedule L, Part IV in |     | , ,  | 23  | Х   |     |
| Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization anaitain an escrow account other than a refunding escrow at any time during the year? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization has not been reported on any of the organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, tustee, 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 and the organization provide a grant or other assistance to any current or former officer, director, tustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of rome or flicer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV and Did the organization receive more than \$250,001 in non-cash contributions? If "Yes," complete Sc  | 24a |  |     |     |     |
| Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization anaitain an escrow account other than a refunding escrow at any time during the year? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization has not been reported on any of the organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, tustee, 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 and the organization provide a grant or other assistance to any current or former officer, director, tustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of rome or flicer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV and Did the organization receive more than \$250,001 in non-cash contributions? If "Yes," complete Sc  |     | last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete       |     |     |     |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24 d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year?  25 Section 501(c)3, 501(c)4), and 501(c)2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25 a Line than that the transaction has not been reported on any of the organization spiror Forms 99 or 990-E77 If "Yes," complete Schedule L, Part I  26 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  27 Did the organization provide a grant or other assistance to any current of former officer, 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? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  3 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  4 A carrier or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule II 2  |     |  | 24a |     | X   |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "It "yes," complete Schedule I, Part I   25a   X    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? "It "yes," complete Schedule I, Part I   25b   X    25d 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, visible, 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? If "Yes," complete Schedule I, Part IV   27d   X   28b   X   27d   2   | b   |  | 24b |     |     |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II  25b   |     |  |     |     |     |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II  25b   |     | any tax-exempt bonds?  | 24c |     |     |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   X   b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization proferorms 990 or 990-E27 If "Yes," complete Schedule L, Part I   25b   X   25b   25chedule L, Part I   25b   X   25chedule L, Part I   25chedule entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26c   X   27 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? If "Yes," complete Schedule L, Part II   27   X   28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   28a   X    b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   28b   X    c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule M   29   X    Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29   X    Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I   31   X    Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   31   X    Did the organization osell, exchange, dispos | d   |  | 24d |     |     |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27     "Yes," complete Schedule L, Part I   25b   X    25b   X    26    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?   !*Yes," complete Schedule L. Part II   26   | 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit             |     |     |     |
| b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27   If "Yes," complete Schedule L, Part II   25b   X   X   X   X   X   X   X   X   X   |     |  | 25a |     | Х   |
| 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  | b   |  |     |     |     |
| Schedule L, Part I  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  |     |  |     |     |     |
| 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, frustee, 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  |     |  | 25b |     | Х   |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  26  | 26  | ,  |     |     |     |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  26  |     |  |     |     |     |
| 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? If "Yes," complete Schedule L, Part III 27  |     |  | 26  |     | Х   |
| 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?   | 27  |  |     |     |     |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization with 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 X  35 Did the organization organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI II and 19? Note: All Form 990 files are required to complete Schedule O and provide explanations in Schedule O for Part VI, lines 11  |     |  |     |     |     |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  |     | entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III | 27  |     | Х   |
| instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide ex  | 28  |  |     |     |     |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28b X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization individate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 If "Yes," to line 35a, did the organizations receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51(c)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V   38 Did the organization complete Schedule O and provide explana  |     |  |     |     |     |
| "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c  | а   |  |     |     |     |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c   |     |  | 28a |     | Х   |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I  33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI,   | b   |  | 28b | Х   |     |
| "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I  38 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 X  |     |  |     |     |     |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  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  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  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  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  Statements Regarding Other IRS Filings and Tax Compliance   |     |  | 28c |     | Х   |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30   | 29  |  | 29  | Х   |     |
| contributions? If "Yes," complete Schedule M  30   | 30  |  |     |     |     |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 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  Statements Regarding Other IRS Fillings and Tax Compliance  |     |  | 30  |     | X   |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I       | 31  |     | X   |
| Schedule N, Part II  32  | 32  |  |     |     |     |
| Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a X 35a 35b B 1   |     | , .  | 32  |     | X   |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Yas 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 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  Statements Regarding Other IRS Filings and Tax Compliance   | 33  |  |     |     |     |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 JX  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 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  Statements Regarding Other IRS Filings and Tax Compliance   |     | sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R, Part I  | 33  |     | X   |
| Part V, line 1  34   | 34  |  |     |     |     |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 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  Statements Regarding Other IRS Filings and Tax Compliance  |     |  | 34  |     | X   |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 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  Statements Regarding Other IRS Filings and Tax Compliance  | 35a | 5111   | 35a |     | X   |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 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  Statements Regarding Other IRS Filings and Tax Compliance   |     | · · · · · · · · · · · · · · · · · · ·  |     |     |     |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 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  Statements Regarding Other IRS Filings and Tax Compliance  |     |  | 35b |     |     |
| If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 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  Statements Regarding Other IRS Filings and Tax Compliance   | 36  |  |     |     |     |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance   |     |  | 36  |     | X   |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance   | 37  |  |     |     |     |
| Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  38 X  Part V   |     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI             | 37  |     | _X_ |
| Part V Statements Regarding Other IRS Filings and Tax Compliance   | 38  |  |     |     |     |
| Part V Statements Regarding Other IRS Filings and Tax Compliance   |     | Note: All Form 990 filers are required to complete Schedule O  | 38  | X   |     |
| Check if Schedule O contains a response or note to any line in this Part V   | Pa  | rt V Statements Regarding Other IRS Filings and Tax Compliance   |     |     |     |
|  |     | Check if Schedule O contains a response or note to any line in this Part V   |     |     |     |
|  |     |  |     | Yes | No  |
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   85  |     |  |     |     |     |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     | Enter the flambor of Forme W 2 a moladed in line 14. Enter of in flot applicable   |     |     |     |
|  | С   |  |     |     |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |     | (gambling) winnings to prize winners?  | 1c  | X   |     |
|  | С   |  |     |     |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |     | (gambling) winnings to prize winners?  | 1c  | 990 |     |

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Form 990 (2019) THE REASON FOUNDATION

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

|          | continued)  |                      |     |        |  |  |  |  |
|----------|---|----------------------|-----|--------|--|--|--|--|
|          |   |                      | Yes | No     |  |  |  |  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                      |     |        |  |  |  |  |
|          | filed for the calendar year ending with or within the year covered by this return   |                      | 37  |        |  |  |  |  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b                   | Х   |        |  |  |  |  |
| _        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |                      | v   |        |  |  |  |  |
| _        | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a                   | X   |        |  |  |  |  |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b                   |     |        |  |  |  |  |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   | 40                   |     | Х      |  |  |  |  |
| h        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a                   |     |        |  |  |  |  |
| b        | If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |                      |     |        |  |  |  |  |
| 5a       | We also a second at the second the second that the second at the second | 5a                   |     | х      |  |  |  |  |
| b        | was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b                   |     | X      |  |  |  |  |
| c        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c                   |     |        |  |  |  |  |
|          | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |                      |     |        |  |  |  |  |
|          | any contributions that were not tax deductible as charitable contributions?   | 6a                   |     | х      |  |  |  |  |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |                      |     |        |  |  |  |  |
|          | were not tax deductible?  | 6b                   |     |        |  |  |  |  |
| 7        | Organizations that may receive deductible contributions under section 170(c).   |                      |     |        |  |  |  |  |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a                   | Х   |        |  |  |  |  |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b                   | X   |        |  |  |  |  |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |                      |     |        |  |  |  |  |
|          | to file Form 8282?  | 7c                   |     | X      |  |  |  |  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   |                      |     |        |  |  |  |  |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e                   |     | X      |  |  |  |  |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7 <del>f</del><br>7g |     | Х      |  |  |  |  |
| g        |   |                      |     |        |  |  |  |  |
| _        | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |                      |     |        |  |  |  |  |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |                      |     |        |  |  |  |  |
| 0        | sponsoring organization have excess business holdings at any time during the year?  | 8                    |     |        |  |  |  |  |
| 9<br>a   | Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?   | 9a                   |     |        |  |  |  |  |
| b        | Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b                   |     |        |  |  |  |  |
| 10       | Section 501(c)(7) organizations. Enter:   | 0.0                  |     |        |  |  |  |  |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  |                      |     |        |  |  |  |  |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |                      |     |        |  |  |  |  |
| 11       | Section 501(c)(12) organizations. Enter:  |                      |     |        |  |  |  |  |
| а        | Gross income from members or shareholders   |                      |     |        |  |  |  |  |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources against  |                      |     |        |  |  |  |  |
|          | amounts due or received from them.)   |                      |     |        |  |  |  |  |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a                  |     |        |  |  |  |  |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |                      |     |        |  |  |  |  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                      |     |        |  |  |  |  |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a                  |     |        |  |  |  |  |
| _        | Note: See the instructions for additional information the organization must report on Schedule O.   |                      |     |        |  |  |  |  |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the  |                      |     |        |  |  |  |  |
|          | organization is licensed to issue qualified health plans 13b  |                      |     |        |  |  |  |  |
| C<br>140 | Enter the amount of reserves on hand  Did the examination receive any payments for indeer temping convices during the tay year?   | 11-                  |     | Х      |  |  |  |  |
| 14a      | 0 ,1 ,  | 14a                  |     | ^      |  |  |  |  |
|          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | 14b                  |     |        |  |  |  |  |
| 15       | excess parachute payment(s) during the year?  | 15                   |     | х      |  |  |  |  |
|          | If "Yes," see instructions and file Form 4720, Schedule N.  | .5                   |     |        |  |  |  |  |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16                   |     | х      |  |  |  |  |
| . •      | If "Yes," complete Form 4720, Schedule O.   |                      |     |        |  |  |  |  |
|          |   | F                    | 990 | (0010) |  |  |  |  |

THE REASON FOUNDATION 95-3298239 Page 6 Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 24 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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 | Х |   |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                |     |   |   |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                      | 12a | Х |   |
| b   | · · · · · · · · · · · · · · · · · · ·  | 12b | Х |   |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe           |     |   |   |
|     | in Schedule O how this was done  | 12c | Х |   |
| 13  | Did the organization have a written whistleblower policy?  | 13  | Х |   |
| 14  | Did the organization have a written document retention and destruction policy?   | 14  | Х |   |
| 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 | Х |   |
| b   | Other officers or key employees of the organization  | 15b | Х |   |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |   |   |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a        |     |   |   |
|     | taxable entity during the year?  | 16a |   | Х |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation |     |   |   |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's               |     |   |   |
|     | exempt status with respect to such arrangements?   | 16b |   |   |

#### Section C. Disclosure

| 17 List th | e states with which a cop | y of this Form 99 | 90 is required to be filed | <b>►</b> CA | , AR | , FЪ, | , GA | ,HI | , LL, | ,KS, | ΚY, | , ME | , MD, | MA, | , MI |
|------------|---------------------------|-------------------|----------------------------|-------------|------|-------|------|-----|-------|------|-----|------|-------|-----|------|
|------------|---------------------------|-------------------|----------------------------|-------------|------|-------|------|-----|-------|------|-----|------|-------|-----|------|

| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available |
|----|--|
|    | for public inspection. Indicate how you made these available. Check all that apply.  |
|    |  |

| X | Own website | Another's website | X Upon request | Other (explain on Schedule |
|---|-------------|-------------------|----------------|----------------------------|
|---|-------------|-------------------|----------------|----------------------------|

State the name, address, and telephone number of the person who possesses the organization's books and records 
JONATHAN GRAFF - (310) 391-2245

5737 MESMER AVENUE, LOS ANGELES, CA 90230

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

| (A)  | (B)                 |                       |                 | ((<br>Pos | C)           |                                 |        | (D)                   | (E)                              | (F)                   |
|--|---------------------|-----------------------|-----------------|-----------|--------------|---------------------------------|--------|-----------------------|----------------------------------|-----------------------|
| Name and title   | Average             | (do                   |                 |           |              | than (                          | one    | Reportable            | Reportable                       | Estimated             |
|  | hours per           |                       |                 |           |              | s both                          |        | compensation          | compensation                     | amount of             |
|  | week                |                       | T               |           |              |                                 | ,      | from                  | from related                     | other                 |
|  | (list any hours for | director              |                 |           |              | _                               |        | the organization      | organizations<br>(W-2/1099-MISC) | compensation from the |
|  | related             | e or (                | trustee         |           |              | ısatec                          |        | (W-2/1099-MISC)       | (** 27 1033 141100)              | organization          |
|  | organizations       | Individual trustee or | al tru:         |           | yee          | Highest compensated<br>employee |        | (1, 2, 1,000 11110 0) |                                  | and related           |
|  | below               | idual                 | Institutional t | la e      | Key employee | est co                          | er     |                       |                                  | organizations         |
|  | line)               | Indiv                 | Instii          | Officer   | Key          | High                            | Former |                       |                                  |                       |
| (1) DAVID NOTT   | 40.00               |                       |                 |           |              |                                 |        |                       |                                  |                       |
| PRESIDENT, CEO   | 0.00                | Х                     |                 | Х         |              |                                 |        | 411,897.              | 0.                               | 91,676                |
| (2) NICHOLAS GILLESPIE                                       | 40.00               |                       |                 |           |              |                                 |        |                       |                                  |                       |
| EDITOR AT LARGE  | 0.00                |                       |                 |           |              | X                               |        | 227,825.              | 0.                               | 7,346                 |
| (3) ROBERT POOLE   | 40.00               |                       |                 |           |              |                                 |        |                       |                                  |                       |
| FOUNDER, DIRECTOR OF TRANSPORTATION                          | 0.00                | Х                     |                 | X         |              |                                 |        | 226,667.              | 0.                               | 360                   |
| (4) ADRIAN T. MOORE  | 40.00               |                       |                 |           |              |                                 |        |                       |                                  |                       |
| VICE PRESIDENT POLICY  | 0.00                |                       |                 | X         | L            |                                 |        | 205,554.              | 0.                               | 16,476                |
| (5) JONATHAN GRAFF   | 40.00               |                       |                 |           |              |                                 |        |                       |                                  |                       |
| CHIEF FINANCIAL OFFICER                                      | 0.00                |                       |                 | Х         |              |                                 |        | 193,731.              | 0.                               | 16,638                |
| (6) LEONARD GILROY   | 40.00               | 1                     |                 |           |              |                                 |        |                       | _                                |                       |
| VICE PRESIDENT GOVERNMENT REFORM                             | 0.00                |                       |                 | Х         |              |                                 |        | 189,605.              | 0.                               | 7,280                 |
| (7) KATHERINE MANGU-WARD                                     | 40.00               | -                     |                 |           |              |                                 |        | 106 667               | 0                                | 255                   |
| VICE PRESIDENT/EDITOR-IN-CHIEF                               | 0.00                |                       |                 | Х         |              |                                 |        | 186,667.              | 0.                               | 355                   |
| (8) MICHAEL ALISSI   | 40.00               | 1                     |                 | х         |              |                                 |        | 101 /21               | 0                                | 16 157                |
| VICE PRESIDENT, OPERATIONS                                   | 0.00                |                       |                 | ^         |              |                                 |        | 181,431.              | 0.                               | 16,457                |
| (9) MATTHEW WELCH  | 40.00               | -                     |                 |           |              | <b>.</b>                        |        | 171 /21               | 0                                | 16 620                |
| EDITOR AT LARGE  | 0.00                |                       | _               |           | _            | X                               |        | 171,431.              | 0.                               | 16,629                |
| (10) MAXIM LOTT  | 40.00               | 1                     |                 |           |              | <b>.</b>                        |        | 121 620               | 0.                               | 16 550                |
| SENIOR PRODUCER, STOSSEL ON REASON (11) CHRISTOPHER MITCHELL | 40.00               |                       |                 |           |              | X                               |        | 131,639.              | 0.                               | 16,552                |
| DIRECTOR OF COMMUNICATIONS                                   | 0.00                | 1                     |                 |           |              | x                               |        | 128,332.              | 0.                               | 10,514                |
| (12) JACQUELINE PYKE   | 40.00               |                       | $\vdash$        |           |              | ^                               |        | 120,332.              | 0.                               | 10,514                |
| DIRECTOR OF DEVELOPMENT                                      | 0.00                | 1                     |                 |           |              | x                               |        | 125,667.              | 0.                               | 283                   |
| (13) STEPHEN MODZELEWSKI                                     | 1.00                |                       |                 |           |              |                                 |        | 12370071              | •                                | 200                   |
| BOARD CHAIR  |                     | х                     |                 | x         |              |                                 |        | 0.                    | 0.                               | 0                     |
| (14) THEODORE BARNETT  | 1.00                |                       |                 | <u> </u>  |              |                                 |        |                       |                                  |                       |
| TRUSTEE  | 0.00                | Х                     |                 |           |              |                                 |        | 0.                    | 0.                               | 0                     |
| (15) THOMAS E. BEACH   | 1.00                |                       |                 |           |              |                                 |        |                       | -                                |                       |
| TRUSTEE  |                     | Х                     |                 |           |              |                                 |        | 0.                    | 0.                               | 0                     |
| (16) BARON BOND  | 1.00                |                       |                 |           |              |                                 |        |                       |                                  |                       |
| TRUSTEE  | 0.00                | Х                     | L               |           | L            |                                 |        | 0.                    | 0.                               | 0                     |
| (17) DREW A. CAREY   | 1.00                |                       |                 |           |              |                                 |        |                       |                                  |                       |
| TRUSTEE  | 0.00                | Х                     | l               | l         | l            | 1                               | 1      | 0.                    | 0.                               | 0                     |

| Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |                                |                       |         |              |                              |          |                          |                   |          |              |                    |          |
|---|--|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--------------------------|-------------------|----------|--------------|--------------------|----------|
| (A)   | (B)  |                                |                       | (0      | C)           |                              |          | (D)                      | (E)               |          |              | (F)                |          |
| Name and title  | Average  | (do                            |                       | Pos     |              | າ<br>than d                  | nne      | Reportable               | Reportable        |          | Es           | timate             | ∍d       |
|   | hours per  | box                            | , unle                | ss per  | son i        | s both                       | n an     | compensation             | compensation      | n        | am           | ount               | of       |
|   | week   |                                | cer an                | nd a di | recto        | r/trus                       | tee)     | from                     | from related      | - 1      |              | other              |          |
|   | (list any  | ector                          |                       |         |              |                              |          | the                      | organization      |          |              | pensa              |          |
|   | hours for related  | or di                          | e e                   |         |              | ated                         |          | organization             | (W-2/1099-MIS     | SC)      |              | om th              |          |
|   | organizations  | ıstee                          | truste                |         | eo           | bens                         |          | (W-2/1099-MISC)          |                   |          | •            | anizat             |          |
|   | below  | ual tr                         | ional                 |         | ploye        | t com                        | ١.       |                          |                   |          |              | d relat<br>Inizati |          |
|   | line)  | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |                          |                   |          | orga         | ıı ıızatı          | 0115     |
| (18) JOAN CARTER  | 1.00   |                                |                       |         |              |                              |          |                          |                   |          |              |                    | _        |
| TRUSTEE   | 0.00   | Х                              |                       |         |              |                              |          | 0.                       |                   | 0.       |              |                    | 0.       |
| (19) JIM CARUSO   | 1.00   |                                |                       |         |              |                              |          |                          |                   |          |              |                    |          |
| TRUSTEE   | 0.00   | Х                              |                       |         |              |                              |          | 0.                       |                   | 0.       |              |                    | 0.       |
| (20) DERWOOD S. CHASE JR.   | 1.00   |                                |                       |         |              |                              |          |                          |                   |          |              |                    |          |
| TRUSTEE   | 0.00   | Х                              |                       |         |              |                              |          | 0.                       |                   | 0.       |              |                    | 0.       |
| (21) PETER P. COPSES  | 1.00   |                                |                       |         |              |                              |          |                          |                   |          |              |                    | •        |
| TRUSTEE (CO.) PERFECCIO DINNI   | 1.00   | Х                              |                       |         |              |                              |          | 0.                       |                   | 0.       |              |                    | 0.       |
| (22) REBECCA DUNN TRUSTEE   | 0.00   | Х                              |                       |         |              |                              |          | 0.                       |                   | 0.       |              |                    | 0.       |
| (23) PETER FARRELL 1.0  |  |                                |                       |         |              |                              |          | 0.                       |                   |          |              |                    | <u> </u> |
| TRUSTEE 0.00  |  |                                |                       |         |              |                              |          | 0.                       |                   | 0.       |              |                    | 0.       |
| (24) DAVID FLEMING 1.00   |  |                                |                       |         |              |                              |          |                          |                   |          |              |                    |          |
| TRUSTEE 0.00 X 0.   |  |                                |                       |         |              |                              |          | 0.                       |                   |          | 0.           |                    |          |
| (25) C. BOYDEN GRAY 1.00  |  |                                |                       |         |              |                              |          |                          |                   |          |              |                    |          |
| TRUSTEE   | TRUSTEE 0.00 X   |                                |                       |         |              |                              |          | 0.                       |                   | 0.       |              |                    | 0.       |
| (26) JAMES D. JAMESON   | 1.00   |                                |                       |         |              |                              |          |                          |                   |          |              |                    |          |
| TRUSTEE   | 0.00   | Х                              |                       |         |              |                              |          | 0.                       |                   | 0.       |              |                    | 0.       |
| 1b Subtotal   |  |                                |                       |         |              |                              | ▶        | 2,380,446.               |                   | 0.       | <del>'</del> |                    |          |
| c Total from continuation sheets to Part VI   |  |                                |                       |         |              |                              |          | 0.                       |                   | 0.       |              |                    | 0.       |
| d Total (add lines 1b and 1c)   |  |                                |                       |         |              |                              | <u> </u> | 2,380,446.               |                   | 0.       | 200          | 0,5                | 66.      |
| 2 Total number of individuals (including but n  | ot limited to th   | ose                            | liste                 | d ab    | ove          | ) wh                         | o re     | eceived more than \$100, | 000 of reportable | 9        |              |                    | 20       |
| compensation from the organization  |  |                                |                       |         |              |                              |          |                          |                   |          | 1            | Yes                | 20<br>No |
| 2 Did the exceptration list any farmer officer  | director twict   | aa l                           |                       | امسما   | 0            |                              | hia      | boot componented amp     | lavaa an          | ſ        |              | 163                | NO       |
| 3 Did the organization list any <b>former</b> officer,  |  |                                |                       |         |              |                              |          |                          |                   |          | 3            |                    | х        |
| line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su                   |  |                                |                       |         |              |                              |          |                          |                   |          | 3            |                    |          |
|   |  |                                |                       |         |              |                              |          |                          |                   |          | 4            | х                  |          |
|   | and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services |                                |                       |         |              |                              |          |                          |                   |          |              |                    |          |
| rendered to the organization? If "Yes." com   | rendered to the organization? If "Yes." complete Schedule J for such person  |                                |                       |         |              |                              |          |                          | 5                 |          | Х            |                    |          |
| Section B. Independent Contractors  |  |                                |                       |         |              |                              |          |                          |                   |          |              |                    |          |
| 1 Complete this table for your five highest co  | •  | •                              |                       |         |              |                              |          |                          |                   | oensat   | ion fro      | m                  |          |
| the organization. Report compensation for   | the calendar ye  | ear e                          | ndir                  | ng w    | ith c        | or wi                        | thin     | the organization's tax y | ear.              |          |              |                    |          |
| (A)   | addrass  |                                |                       |         |              |                              |          | (B) Description of s     | ontions           | _        | (C           |                    | n        |
| Name and business   | address  |                                |                       |         |              |                              |          | Description of S         | er vices I        | <u> </u> | omper        | isati0             | (1       |

| (A) Name and business address               | (B) Description of services | (C)<br>Compensation |
|---|-----------------------------|---------------------|
| JFS PRODUCTIONS INC                         |                             |                     |
| 250 W 57TH STREET 1723, NEW YORK, NY 10107  | TV PRODUCTION               | 500,000.            |
| THE TERRY GROUP                             |                             |                     |
| 130 EAST RANDOLPH STREET, CHICAGO, IL 60601 | ACTUARIAL SERVICES          | 310,476.            |
| RONALD BAILEY, 517 SECOND STREET NE,        |                             |                     |
| CHARLOTTESVILLE, VA 22902                   | JOURNALISM                  | 103,581.            |
|   |                             |                     |
|   |                             |                     |
|   |                             |                     |
|   |                             |                     |

\$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

| Form 990_ THE REAS                          | ON FOUND          | PA(                | 'IO                   | N       |              |                              |        |                     | 95-329          | 8239                        |
|---|-------------------|--------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|-----------------|-----------------------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Er    | nplo               | yee                   | s, aı   | nd H         | ligh                         | est (  | Compensated Employe | ees (continued) |                             |
| (A)   | (B)               |                    |                       |         | C)           |                              |        | (D)                 | (E)             | (F)                         |
| Name and title                              | Average           |                    |                       |         | ition        | ı                            |        | Reportable          | Reportable      | Estimated                   |
|   | hours             | (cl                |                       |         | that         |                              | ly)    | compensation        | compensation    | amount of                   |
|   | per               |                    |                       |         |              |                              |        | from                | from related    | other                       |
|   | week              | _                  |                       |         |              | oyee                         |        | the                 | organizations   | compensation                |
|   | (list any         | or director        |                       |         |              | empl                         |        | organization        | (W-2/1099-MISC) | from the                    |
|   | hours for related | ord                | tee                   |         |              | sated                        |        | (W-2/1099-MISC)     |                 | organization<br>and related |
|   | organizations     | Individual trustee | Institutional trustee |         | yee          | Highest compensated employee |        |                     |                 | organizations               |
|   | below             | dualt              | ution                 | 70      | Key employee | st co                        | er     |                     |                 | organizations               |
|   | line)             | Indivi             | Instit                | Officer | Key e        | High                         | Former |                     |                 |                             |
| (27) MANUEL S. KLAUSNER                     | 1.00              |                    |                       |         |              |                              |        |                     |                 |                             |
| TRUSTEE                                     | 0.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| (28) DAVID H. KOCH                          | 1.00              |                    |                       |         |              |                              |        |                     |                 |                             |
| TRUSTEE                                     | 0.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| (29) JAMES LINTOTT                          | 1.00              |                    |                       |         |              |                              |        |                     |                 |                             |
| TRUSTEE                                     | 0.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| (30) TRAVIS MAY                             | 1.00              |                    |                       |         |              |                              |        |                     |                 |                             |
| TRUSTEE                                     | 0.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| (31) GEORGE F. OHRSTROM                     | 1.00              |                    |                       |         |              |                              |        |                     |                 |                             |
| TRUSTEE                                     | 0.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| (32) CHRIS J. RUFER                         | 1.00              |                    |                       |         |              |                              |        |                     |                 |                             |
| TRUSTEE                                     | 0.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| (33) RICHARD A. WALLACE                     | 1.00              |                    |                       |         |              |                              |        |                     |                 |                             |
| TRUSTEE                                     | 0.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| (34) KERRY WELSH                            | 1.00              | 37                 |                       |         |              |                              |        |                     | ,               | 0                           |
| TRUSTEE AND WOUNG IN                        | 0.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| (35) FRED M. YOUNG JR. TRUSTEE              | 1.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| (36) JAMES R. CURLEY                        | 1.00              | Λ                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| TRUSTEE (LEFT 2020)                         | 0.00              | Х                  |                       |         | Γ.           |                              |        | 0.                  | 0.              | 0.                          |
| (37) CAROL SANDERS                          | 1.00              |                    |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
| TRUSTEE (LEFT 2020)                         | 0.00              | Х                  |                       |         |              |                              |        | 0.                  | 0.              | 0.                          |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |
|   |                   | l                  |                       |         |              |                              |        |                     |                 |                             |
|   |                   | -                  | $\vdash$              |         |              | $\vdash$                     |        |                     |                 |                             |
|   |                   | 1                  |                       | l       |              |                              |        |                     |                 |                             |
|   |                   |                    |                       |         |              | ı                            |        |                     |                 |                             |
|   |                   |                    |                       |         |              |                              |        |                     |                 |                             |

Form 990 (2019) THE REA
Part VIII Statement of Revenue

|  |      | Check if Schedule O contains a response o              | r note to anv lin                     | e in this Part VIII |                   |                  |                                    |
|--|------|--|---------------------------------------|---------------------|-------------------|------------------|------------------------------------|
|  |      |  | · · · · · · · · · · · · · · · · · · · | (A)                 | (B)               | (C)              | (D)                                |
|  |      |  |                                       | Total revenue       | Related or exempt | Unrelated        | Revenuè excluded<br>from tax under |
|  |      |  |                                       |                     | function revenue  | business revenue | sections 512 - 514                 |
| SS   | 1:   | Federated campaigns 1a                                 |                                       |                     |                   |                  |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts |      | Membership dues 1b                                     |                                       |                     |                   |                  |                                    |
| S S  |      | Fundraising events 1c                                  | 124,371.                              |                     |                   |                  |                                    |
| fts,   |      | d Related organizations 1d                             | 222,072                               |                     |                   |                  |                                    |
| ية إق  |      | e Government grants (contributions)                    |                                       |                     |                   |                  |                                    |
| Sir  |      | All other contributions, gifts, grants, and            |                                       |                     |                   |                  |                                    |
| utic<br>er   | 1    |  | 14,895,379.                           |                     |                   |                  |                                    |
| ë<br>Đ   |      |  | 491,914.                              |                     |                   |                  |                                    |
| on<br>Dd   |      | Noncash contributions included in lines 1a-1f  1g   \$ | 101,011.                              | 15,019,750.         |                   |                  |                                    |
| Oa   |      | Total. Add lines 1a-1f                                 | Business Code                         | 13,013,730.         |                   |                  |                                    |
|  | •    | SUBSCRIPTION SALES                                     | 900099                                | 815,065.            | 815,065.          |                  |                                    |
| ice  | 2 6  |  | 900099                                | 30,380.             | 30,380.           |                  |                                    |
| er<br>ue   | ı    |  | 300033                                | 30,380.             | 30,380.           |                  |                                    |
| n S  | (    |  |                                       |                     |                   |                  |                                    |
| ar<br>Be   | (    |  |                                       |                     |                   |                  |                                    |
| Program Service<br>Revenue                             | •    |  |                                       |                     |                   |                  |                                    |
| ъ.   |      | All other program service revenue                      |                                       | 945 445             |                   |                  |                                    |
| _  |      | Total. Add lines 2a-2f                                 |                                       | 845,445.            |                   |                  |                                    |
|  | 3    | Investment income (including dividends, interes        |                                       | 227 212             |                   |                  | 227 010                            |
|  | _    | other similar amounts)                                 |                                       | 227,918.            | ļ                 |                  | 227,918.                           |
|  | 4    | Income from investment of tax-exempt bond pro-         | -                                     |                     |                   |                  |                                    |
|  | 5    | Royalties  |                                       |                     |                   |                  |                                    |
|  |      | (i) Real   | (ii) Personal                         |                     |                   |                  |                                    |
|  |      | Gross rents 6a   |                                       |                     |                   |                  |                                    |
|  |      | Less: rental expenses 6b                               |                                       |                     |                   |                  |                                    |
|  |      | Rental income or (loss) 6c                             |                                       |                     |                   |                  |                                    |
|  |      | Net rental income or (loss)                            |                                       |                     |                   |                  |                                    |
|  | 7 8  | a Gross amount from sales of (i) Securities            | (ii) Other                            |                     |                   |                  |                                    |
|  |      | assets other than inventory 7a 15,588.                 |                                       |                     |                   |                  |                                    |
|  | ı    | Less: cost or other basis                              |                                       |                     |                   |                  |                                    |
| her Revenue  |      | and sales expenses 7b 16,107.                          |                                       |                     |                   |                  |                                    |
| ě.   |      | Gain or (loss)   |                                       | -10                 |                   |                  |                                    |
| ~  |      | d Net gain or (loss)                                   | <b></b>                               | -519.               |                   |                  | -519.                              |
| iper   | 8 8  | Gross income from fundraising events (not              |                                       |                     |                   |                  |                                    |
| Ö  |      | including \$ 124,371. of                               |                                       |                     |                   |                  |                                    |
|  |      | contributions reported on line 1c). See                |                                       |                     |                   |                  |                                    |
|  |      | Part IV, line 188a                                     | 42,000.                               |                     |                   |                  |                                    |
|  |      | Less: direct expenses 8b                               | 42,000.                               |                     |                   |                  |                                    |
|  |      | Net income or (loss) from fundraising events           | <b></b>                               | 0.                  |                   |                  |                                    |
|  | 9 a  | a Gross income from gaming activities. See             |                                       |                     |                   |                  |                                    |
|  |      | Part IV, line 199a                                     |                                       |                     |                   |                  |                                    |
|  | ŀ    | Less: direct expenses 9b                               |                                       |                     |                   |                  |                                    |
|  |      | Net income or (loss) from gaming activities            | <b></b>                               |                     |                   |                  |                                    |
|  | 10 a | Gross sales of inventory, less returns                 |                                       |                     |                   |                  |                                    |
|  |      | and allowances10a                                      |                                       |                     |                   |                  |                                    |
|  | ŀ    | Less: cost of goods sold 10b                           |                                       |                     |                   |                  |                                    |
|  |      | Net income or (loss) from sales of inventory           | <b>)</b>                              |                     |                   |                  |                                    |
| S  |      |  | Business Code                         |                     |                   |                  |                                    |
| on<br>e  | 11 a | ADVERTISING INCOME                                     | 511120                                | 70,908.             |                   | 70,908.          |                                    |
| ane  | ŀ    | MAILING LIST RENTAL                                    | 511120                                | 6,483.              |                   | 797.             | 5,686.                             |
| Miscellaneous<br>Revenue                               | (    | OTHER INCOME   | 900099                                | 742.                |                   |                  | 742.                               |
| Ais  | (    | d All other revenue                                    |                                       |                     |                   |                  |                                    |
|  | •    | Total. Add lines 11a-11d                               | <b>&gt;</b>                           | 78,133.             |                   |                  |                                    |
|  | 12   | Total revenue. See instructions                        |                                       | 16,170,727.         | 845,445.          | 71,705.          | 233,827.                           |

932009 01-20-20

| Secti    | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). |                                       |                                     |  |                                       |  |  |
|----------|--|---------------------------------------|-------------------------------------|--|---------------------------------------|--|--|
|          | Check if Schedule O contains a respor  |                                       |                                     | (0)  | X                                     |  |  |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses                 | <b>(B)</b> Program service expenses | <b>(C)</b> Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |  |  |
| 1        | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                       |                                       |                                     |  |                                       |  |  |
| 2        | Grants and other assistance to domestic  |                                       |                                     |  |                                       |  |  |
|          | individuals. See Part IV, line 22  |                                       |                                     |  |                                       |  |  |
| 3        | Grants and other assistance to foreign   |                                       |                                     |  |                                       |  |  |
|          | organizations, foreign governments, and foreign  |                                       |                                     |  |                                       |  |  |
|          | individuals. See Part IV, lines 15 and 16  |                                       |                                     |  |                                       |  |  |
| 4        | Benefits paid to or for members  |                                       |                                     |  |                                       |  |  |
| 5        | Compensation of current officers, directors,   |                                       |                                     |  |                                       |  |  |
|          | trustees, and key employees  | 1,755,912.                            | 1,533,518.                          | 65,778.                                    | 156,616.                              |  |  |
| 6        | Compensation not included above to disqualified  |                                       |                                     |  |                                       |  |  |
|          | persons (as defined under section 4958(f)(1)) and  |                                       |                                     |  |                                       |  |  |
|          | persons described in section 4958(c)(3)(B)   |                                       |                                     |  |                                       |  |  |
| 7        | Other salaries and wages   | 5,713,544.                            | 5,019,954.                          | 209,420.                                   | 484,170.                              |  |  |
| 8        | Pension plan accruals and contributions (include   |                                       |                                     |  |                                       |  |  |
|          | section 401(k) and 403(b) employer contributions)  |                                       |                                     |  |                                       |  |  |
| 9        | Other employee benefits  | 466,421.                              |                                     | 20,973.                                    | 60,893.                               |  |  |
| 10       | Payroll taxes  | 495,754.                              | 420,361.                            | 16,841.                                    | 58,552.                               |  |  |
| 11       | Fees for services (nonemployees):  |                                       |                                     |  |                                       |  |  |
| а        | Management   |                                       |                                     |  |                                       |  |  |
| b        | Legal  | 94,470.                               |                                     | 92,597.                                    |                                       |  |  |
| С        | Accounting   | 27,750.                               | 4,007.                              | 23,743.                                    |                                       |  |  |
| d        | Lobbying   |                                       |                                     |  |                                       |  |  |
| е        | Professional fundraising services. See Part IV, line 17  |                                       |                                     |  |                                       |  |  |
| f        | Investment management fees   |                                       |                                     |  |                                       |  |  |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   | 0 000 104                             | 1 054 405                           |  | 05 645                                |  |  |
|          | column (A) amount, list line 11g expenses on Sch 0.)   | 2,002,104.                            |                                     | F1   | 27,617.                               |  |  |
| 12       | Advertising and promotion  | 230,642.                              |                                     | 51.  | 39,107.                               |  |  |
| 13       | Office expenses  | 262,841.                              |                                     | 14,992.                                    | 49,866.                               |  |  |
| 14       | Information technology   | 151,280.                              | 142,614.                            | 2,820.                                     | 5,846.                                |  |  |
| 15       | Royalties  | 378,228.                              | 331,103.                            | 17,799.                                    | 29,326.                               |  |  |
| 16       | Occupancy  | 266,691.                              | 177,516.                            | 2,893.                                     |                                       |  |  |
| 17       | Travel   | 200,091.                              | 1//,510.                            | 2,093.                                     | 86,282.                               |  |  |
| 18       | Payments of travel or entertainment expenses   |                                       |                                     |  |                                       |  |  |
| 40       | for any federal, state, or local public officials  | 53,323.                               | 51,349.                             |  | 1,974.                                |  |  |
| 19       | Conferences, conventions, and meetings   | 33,343.                               | J1,343.                             |  | 1,3/4.                                |  |  |
| 20       | Interest   |                                       |                                     |  |                                       |  |  |
| 21       | Payments to affiliates  Depreciation, depletion, and amortization  | 49,771.                               | 43,814.                             | 1,756.                                     | 4,201.                                |  |  |
| 22       |  | 148,464.                              | 134,058.                            | 4,244.                                     | 10,162.                               |  |  |
| 23<br>24 | Insurance Other expenses. Itemize expenses not covered   | 140,404.                              | 134,0300                            | 7,477.                                     | 10,102.                               |  |  |
| 24       | above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)                      |                                       |                                     |  |                                       |  |  |
| _        | amount, list line 24e expenses on Schedule 0.)  MAGAZINE PRINTING AND D  | 438,747.                              | 438,747.                            | 0.   | 0.                                    |  |  |
| a<br>b   | FOUNDATION-HOSTED EVENT  | 190,507.                              | 85,235.                             | 0.   | 105,272.                              |  |  |
|          | PRINTED MATERIAL   | 143,940.                              | 48,770.                             | 570.                                       | 94,600.                               |  |  |
| c<br>d   | DUES AND SUBSCRIPTIONS   | 109,594.                              | 108,084.                            | 1,330.                                     | 180.                                  |  |  |
|          | All other expenses   | 94,113.                               |                                     | 4,334.                                     | 4,211.                                |  |  |
| е<br>25  | Total functional expenses. Add lines 1 through 24e   | 13,074,096.                           |                                     | 480,141.                                   | 1,218,875.                            |  |  |
| 26       | Joint costs. Complete this line only if the organization   | ,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,                                | 200,141.                                   | _,,,,,,,,                             |  |  |
| 20       | reported in column (B) joint costs from a combined   |                                       |                                     |  |                                       |  |  |
|          | educational campaign and fundraising solicitation.   |                                       |                                     |  |                                       |  |  |
|          | Check here if following SOP 98-2 (ASC 958-720)   |                                       |                                     |  |                                       |  |  |
|          |  | i                                     | 1                                   |  | Form 990 (2010                        |  |  |

Form 990 (2019)

Part X | Balance Sheet

| Par                         | rt X Balance Sheet |   |              |                                 |            |                           |  |  |  |
|-----------------------------|--------------------|---|--------------|---------------------------------|------------|---------------------------|--|--|--|
|                             |                    | Check if Schedule O contains a response or note to any line in this Part X                |              |                                 |            |                           |  |  |  |
|                             |                    |   |              | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |  |  |  |
|                             | 1                  | Cash - non-interest-bearing   | 1,680,890.   | 1                               | 1,472,812. |                           |  |  |  |
|                             | 2                  | Savings and temporary cash investments  |              | 366,384.                        | 2          | 56,485.                   |  |  |  |
|                             | 3                  | Pledges and grants receivable, net  | 259,593.     | 3                               | 20,000.    |                           |  |  |  |
|                             | 4                  | Accounts receivable, net  | 87,601.      | 4                               | 120,531.   |                           |  |  |  |
|                             | 5                  | Loans and other receivables from any current or former officer, director,                 |              |                                 |            |                           |  |  |  |
|                             |                    | trustee, key employee, creator or founder, substantial contributor, or 35                 | i%           |                                 |            |                           |  |  |  |
|                             |                    | controlled entity or family member of any of these persons                                |              |                                 | 5          |                           |  |  |  |
|                             | 6                  | Loans and other receivables from other disqualified persons (as defined                   |              |                                 |            |                           |  |  |  |
|                             |                    | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B                  | )            |                                 | 6          |                           |  |  |  |
| ts                          | 7                  | Notes and loans receivable, net   |              |                                 | 7          |                           |  |  |  |
| Assets                      | 8                  | Inventories for sale or use   |              |                                 | 8          |                           |  |  |  |
| ĕ                           | 9                  | Prepaid expenses and deferred charges   |              |                                 | 9          |                           |  |  |  |
|                             | 10a                | Land, buildings, and equipment: cost or other   |              |                                 |            |                           |  |  |  |
|                             |                    | basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 4,234 10b 1,498 | <u>,758.</u> |                                 |            |                           |  |  |  |
|                             | b                  | Less: accumulated depreciation 10b 1,498  | <u>,927.</u> | 2,774,602.                      |            | 2,735,831.<br>10,604,451. |  |  |  |
|                             | 11                 | Investments - publicly traded securities  |              | 6,105,945.                      | 11         | 10,604,451.               |  |  |  |
|                             | 12                 | Investments - other securities. See Part IV, line 11                                      |              |                                 | 12         |                           |  |  |  |
|                             | 13                 | Investments - program-related. See Part IV, line 11                                       |              |                                 | 13         |                           |  |  |  |
|                             | 14                 | Intangible assets   | 100 015      | 14                              | 455 405    |                           |  |  |  |
|                             | 15                 | Other assets. See Part IV, line 11  |              | 102,915.                        | 15         | 177,135.                  |  |  |  |
|                             | 16                 | Total assets. Add lines 1 through 15 (must equal line 33)                                 |              | 11,377,930.                     | 16         | 15,187,245.               |  |  |  |
|                             | 17                 | Accounts payable and accrued expenses   |              | 1,113,660.                      | 17         | 1,084,623.                |  |  |  |
|                             | 18                 | Grants payable  |              | 201 016                         | 18         | 202 226                   |  |  |  |
|                             | 19                 | Deferred revenue  |              | 301,016.                        | 19         | 282,226.                  |  |  |  |
|                             | 20                 | Tax-exempt bond liabilities   |              |                                 | 20         |                           |  |  |  |
|                             | 21                 | Escrow or custodial account liability. Complete Part IV of Schedule D                     |              |                                 | 21         |                           |  |  |  |
| ies                         | 22                 | Loans and other payables to any current or former officer, director,                      | .07          |                                 |            |                           |  |  |  |
| Liabilities                 |                    | trustee, key employee, creator or founder, substantial contributor, or 35                 |              |                                 | -00        |                           |  |  |  |
| Lial                        | 00                 | controlled entity or family member of any of these persons                                |              |                                 | 22         |                           |  |  |  |
|                             | 23<br>24           |   |              |                                 | 24         |                           |  |  |  |
|                             | 25                 | Other liabilities (including federal income tax, payables to related third                |              |                                 | 24         |                           |  |  |  |
|                             | 23                 | parties, and other liabilities not included on lines 17-24). Complete Part                | Y            |                                 |            |                           |  |  |  |
|                             |                    | of Schedule D   |              | 591,054.                        | 25         | 743,315.                  |  |  |  |
|                             | 26                 | Total liabilities. Add lines 17 through 25  |              | 2,005,730.                      | 26         | 2,110,164.                |  |  |  |
|                             |                    | Organizations that follow FASB ASC 958, check here ▶ X                                    |              | , ,                             |            |                           |  |  |  |
| es                          |                    | and complete lines 27, 28, 32, and 33.  |              |                                 |            |                           |  |  |  |
| auc                         | 27                 | Net assets without donor restrictions   |              | 7,551,786.                      | 27         | 11,113,553.               |  |  |  |
| Bal                         | 28                 | Net assets with donor restrictions  |              | 1,820,414.                      | 28         | 1,963,528.                |  |  |  |
| pu                          |                    | Organizations that do not follow FASB ASC 958, check here                                 |              |                                 |            |                           |  |  |  |
| Fu                          |                    | and complete lines 29 through 33.   |              |                                 |            |                           |  |  |  |
| O                           | 29                 | Capital stock or trust principal, or current funds  |              |                                 | 29         |                           |  |  |  |
| set                         | 30                 | Paid-in or capital surplus, or land, building, or equipment fund                          |              |                                 | 30         |                           |  |  |  |
| As                          | 31                 | Retained earnings, endowment, accumulated income, or other funds                          |              |                                 | 31         |                           |  |  |  |
| Net Assets or Fund Balances | 32                 | Total net assets or fund balances   |              | 9,372,200.                      | 32         | 13,077,081.               |  |  |  |
|                             | 33                 | Total liabilities and net assets/fund balances  |              | 11,377,930.                     | 33         | 15,187,245.               |  |  |  |

| Pa     | rt XI Reconciliation of Net Assets   |                  |         |            |                            |                |
|--------|--|------------------|---------|------------|----------------------------|----------------|
|        | Check if Schedule O contains a response or note to any line in this Part XI  |                  |         |            |                            |                |
| 1 2 3  | Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  | 1<br>2<br>3<br>4 | 13<br>3 | ,07<br>,09 | 0,7<br>4,0<br>6,6<br>2,2   | 96.<br>31.     |
| 4<br>5 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  | 5                |         |            | $\frac{2}{8}, \frac{2}{2}$ |                |
| 6      | Net unrealized gains (losses) on investments  Donated services and use of facilities   | 6                |         | - 0 0      | 0,2                        | <del>50•</del> |
| 7      | Investment expenses  | 7                |         |            |                            |                |
| 8      | Prior period adjustments   | 8                |         |            |                            |                |
| 9      | Other changes in net assets or fund balances (explain on Schedule O)   | 9                |         |            |                            | 0.             |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   | 10               | 13      | ,07        | 7,0                        | 81.            |
| Pa     | rt XII Financial Statements and Reporting  |                  |         |            |                            |                |
|        | Check if Schedule O contains a response or note to any line in this Part XII   |                  |         |            |                            |                |
| 1      | Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule   | O.               | - [     |            | Yes                        | No             |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?  |                  |         | 2a         |                            | X              |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis | on a             |         |            |                            |                |
| b      | Were the organization's financial statements audited by an independent accountant?   |                  |         | 2b         | _X_                        |                |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis                |                  |         |            |                            |                |
| С      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   | -                |         | _          | 37                         |                |
|        | review, or compilation of its financial statements and selection of an independent accountant?   |                  |         | 2c         | X                          |                |
| 2-     | If the organization changed either its oversight process or selection process during the tax year, explain on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin |                  | - 1     |            |                            |                |
| за     | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?  | -                |         | За         |                            | х              |
| b      | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required  | ed audit         | ·····   | - Ou       |                            |                |
| _      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |                  |         | 3b         |                            |                |
|        |  |                  |         | Form       | 990                        | (2019)         |

932012 01-20-20

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification number 95-3298239

| Pa          | rt I   | Reason for Public (   | Charity Status (A       | All organizations must co                          | mplete th                           | is part.) Se    | ee instructions.                             |                            |  |
|-------------|--------|---|-------------------------|--|-------------------------------------|-----------------|--|----------------------------|--|
| Γhe         | organ  | ization is not a private found  | ation because it is: (F | or lines 1 through 12, cl                          | heck only                           | one box.)       |  |                            |  |
| 1           |        | A church, convention of chi   |                         |  |                                     |                 | I)(A)(i).                                    |                            |  |
| 2           | $\Box$ | A school described in <b>sect</b> i   | •                       |  |                                     |                 | <i>,</i> , , , , , , , , , , , , , , , , , , |                            |  |
| 3           | 一      | A hospital or a cooperative   |                         | · ·  |                                     |                 | i).  |                            |  |
| 4           | Ħ      | A medical research organization   | •                       |  |                                     |                 | =  | the hospital's name.       |  |
|             |        | city, and state:  | ,                       | ,  |                                     |                 |  | ,                          |  |
| 5           |        | •   | or the benefit of a col | lege or university owned                           | or operate                          | ed by a go      | vernmental unit describe                     | ed in                      |  |
| Ŭ           |        | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   |                         |  |                                     |                 |  |                            |  |
| 6           |        | A federal, state, or local gov  | •                       | ental unit described in                            | section 17                          | 70/h)/1)/A)     | (v)  |                            |  |
| -           | X      | An organization that norma  | · ·                     |  |                                     |                 | • •  | nublic described in        |  |
| •           |        | section 170(b)(1)(A)(vi). (C  | •                       | itiai part of its support if                       | om a gove                           | on in Critary   | unit of from the general p                   | public described in        |  |
| 8           |        | A community trust describe  |                         | 1)(A)(vi) (Complete Part                           | + II \                              |                 |  |                            |  |
| 9           | H      | An agricultural research org  |                         |  | •                                   | nd in conju     | unction with a land grant                    | collogo                    |  |
| 9           | ш      | -   |                         |  |                                     |                 | -  | •                          |  |
|             |        | or university or a non-land-g   | grant college of agrict | ulture (see instructions).                         | citter the i                        | larrie, city    | , and state of the college                   | ; OI                       |  |
| 10          |        | university: An organization that norma  | lly rocciyos: (1) moro  | than 33 1/30/ of its supr                          | oort from o                         | ontributio      | ne momborship foos, an                       | nd gross receipts from     |  |
| 10          | ш      |   |                         |  |                                     |                 | *  |                            |  |
|             |        | activities related to its exemincome and unrelated busin  |                         |  |                                     |                 |  |                            |  |
|             |        |   |                         | (less section 511 tax) iro                         | ill busines                         | ses acquii      | red by the organization a                    | arter Julie 30, 1975.      |  |
| 44          |        | See section 509(a)(2). (Con   | •                       | valv to toot for public and                        | foty Coo                            | anation EC      | )(/a)/4)                                     |                            |  |
| 11<br>12    | H      | An organization organized a   | •                       |  | -                                   |                 |  | nurnasas of one or         |  |
| 12          | ш      | An organization organized a more publicly supported organization  | •                       |  |                                     |                 | •  |                            |  |
|             |        |   | ~                       |  |                                     |                 |  | DIRECK THE DOX III         |  |
| _           |        | lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving |                         |  |                                     |                 |  |                            |  |
| а           |        |   |                         |  |                                     |                 |  |                            |  |
|             |        | the supported organization  |                         |  | majority o                          | n the direc     | tors or trustees or the st                   | аррогинд                   |  |
| h           |        | organization. You must o  |                         |  | ion with it                         | o oupporto      | nd organization(s) by bay                    | ina                        |  |
| b           |        | Type II. A supporting org   | · ·                     |  |                                     |                 |  | -                          |  |
|             |        | control or management o   |                         |  | ame perso                           | ns mai coi      | ntroi or manage the supp                     | Jortea                     |  |
| _           |        | organization(s). You mus  |                         |  | in connect                          | tion with a     | and functionally intograte                   | od with                    |  |
| С           |        | Type III functionally inte<br>its supported organization  | - '                     |  |                                     |                 | • •  | eu wiiii,                  |  |
| d           |        | Type III non-functionally   |                         |  |                                     |                 |  | zation(s)                  |  |
| u           |        | that is not functionally int  |                         |  |                                     |                 | •      | * *                        |  |
|             |        | requirement (see instructi  | -                       | * *  | •                                   |                 | •  | Veness                     |  |
| е           |        | Check this box if the orga  | •                       | •  | •                                   |                 |  |                            |  |
| ٠           |        | functionally integrated, or   |                         |  |                                     |                 | Type i, Type ii, Type iii                    |                            |  |
| f           | Ente   | er the number of supported o  | * *                     | iany integrated supportin                          | ig organiz                          | ation.          |  |                            |  |
|             |        | vide the following information  |                         | d organization(s)                                  |                                     |                 |  |                            |  |
|             |        | i) Name of supported  | (ii) EIN                | (iii) Type of organization                         | (iv) Is the orga<br>in your governi | nization listed | (v) Amount of monetary                       | (vi) Amount of other       |  |
|             |        | organization  |                         | (described on lines 1-10 above (see instructions)) | Yes                                 | No              | support (see instructions)                   | support (see instructions) |  |
|             |        |   |                         | above (oce mondonomy)                              |                                     |                 |  |                            |  |
|             |        |   |                         |  |                                     |                 |  |                            |  |
|             |        |   |                         |  |                                     |                 |  |                            |  |
|             |        |   |                         |  |                                     |                 |  |                            |  |
|             |        |   |                         |  |                                     |                 |  |                            |  |
|             |        |   |                         |  |                                     |                 |  |                            |  |
|             |        |   |                         |  |                                     |                 |  |                            |  |
|             |        |   |                         |  |                                     |                 |  |                            |  |
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Schedule A (Form 990 or 990-EZ) 2019

14

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

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

| Sec  | ction A. Public Support  |                       |                     |                        |                      |                    |                  |  |
|------|--|-----------------------|---------------------|------------------------|----------------------|--------------------|------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2015              | <b>(b)</b> 2016     | (c) 2017               | (d) 2018             | (e) 2019           | (f) Total        |  |
| 1    | Gifts, grants, contributions, and  |                       |                     |                        |                      |                    |                  |  |
|      | membership fees received. (Do not  |                       |                     |                        |                      |                    |                  |  |
|      | include any "unusual grants.")   | 10198865.             | 11684317.           | 11345241.              | 12629680.            | <u> 15019750.</u>  | 60877853.        |  |
| 2    | Tax revenues levied for the organ-   |                       |                     |                        |                      |                    |                  |  |
|      | ization's benefit and either paid to   |                       |                     |                        |                      |                    |                  |  |
|      | or expended on its behalf  |                       |                     |                        |                      |                    |                  |  |
| 3    | The value of services or facilities  |                       |                     |                        |                      |                    |                  |  |
|      | furnished by a governmental unit to  |                       |                     |                        |                      |                    |                  |  |
|      | the organization without charge  |                       |                     |                        |                      |                    |                  |  |
| 4    | Total. Add lines 1 through 3   | 10198865.             | 11684317.           | 11345241.              | 12629680.            | 15019750.          | 60877853.        |  |
| 5    | The portion of total contributions   |                       |                     |                        |                      |                    |                  |  |
|      | by each person (other than a   |                       |                     |                        |                      |                    |                  |  |
|      | governmental unit or publicly  |                       |                     |                        |                      |                    |                  |  |
|      | supported organization) included   |                       |                     |                        | A                    |                    |                  |  |
|      | on line 1 that exceeds 2% of the   |                       |                     |                        |                      |                    |                  |  |
|      | amount shown on line 11,   |                       |                     |                        |                      |                    |                  |  |
|      | column (f)   |                       |                     |                        |                      |                    | 13567058.        |  |
| 6    | Public support. Subtract line 5 from line 4.   |                       |                     |                        |                      |                    | 47310795.        |  |
| Sec  | ction B. Total Support   |                       |                     |                        | ,                    |                    |                  |  |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2015              | <b>(b)</b> 2016     | (c) 2017               | (d) 2018             | <b>(e)</b> 2019    | (f) Total        |  |
| 7    | Amounts from line 4  | 10198865.             | 11684317.           | 11345241.              | 12629680.            | <u> 15019750.</u>  | 60877853.        |  |
| 8    | Gross income from interest,  |                       |                     |                        |                      |                    |                  |  |
|      | dividends, payments received on  |                       |                     |                        |                      |                    |                  |  |
|      | securities loans, rents, royalties,  |                       |                     |                        |                      |                    |                  |  |
|      | and income from similar sources  | 117,912.              | 95,961.             | 117,547.               | 133,967.             | 227,918.           | 693,305.         |  |
| 9    | Net income from unrelated business   |                       |                     |                        |                      |                    |                  |  |
|      | activities, whether or not the   |                       |                     |                        |                      |                    |                  |  |
|      | business is regularly carried on   |                       |                     |                        |                      |                    |                  |  |
| 10   | Other income. Do not include gain  |                       |                     |                        |                      |                    |                  |  |
|      | or loss from the sale of capital   |                       |                     |                        |                      |                    |                  |  |
|      | assets (Explain in Part VI.)   | 3,686.                | 94.                 | 233.                   | 6,183.               | 7,225.             |                  |  |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                       |                     |                        |                      |                    | 61588579.        |  |
| 12   | Gross receipts from related activities,  | etc. (see instruction | ons)                |                        |                      | 12 5               | ,109,265.        |  |
| 13   | First five years. If the Form 990 is fo  | r the organization's  | first, second, thir | d, fourth, or fifth ta | ax year as a sectior | n 501(c)(3)        |                  |  |
|      | organization, check this box and stop  | p here                |                     |                        |                      |                    | <b>&gt;</b>      |  |
| Sec  | ction C. Computation of Publi  | ic Support Per        | centage             |                        |                      |                    |                  |  |
|      | Public support percentage for 2019 (   |                       |                     |                        |                      | 14                 | 76.82 %          |  |
| 15   | Public support percentage from 2018  | Schedule A, Part      | II, line 14         |                        |                      | 15                 | 75 <b>.</b> 95 % |  |
| 16a  | 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  |                       |                     |                        |                      |                    |                  |  |
|      | stop here. The organization qualifies as a publicly supported organization   |                       |                     |                        |                      |                    |                  |  |
| b    | b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box   |                       |                     |                        |                      |                    |                  |  |
|      | and stop here. The organization qualifies as a publicly supported organization   |                       |                     |                        |                      |                    |                  |  |
| 17a  | 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    | 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-circ   | cumstances" test.     | The organization q  | ualifies as a public   | cly supported organ  | nization           | <b>&gt;</b>      |  |
| 18   | Private foundation. If the organization  | on did not check a    | box on line 13, 16  | a, 16b, 17a, or 17b    | o, check this box a  | nd see instruction | s ▶              |  |
|      |  |                       |                     |                        | Cala                 | dule A (Form 990   | 000 EZ) 0040     |  |

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

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

| Section A. Public Support   |                     | ,                |                       |          |   |              |
|---|---------------------|------------------|-----------------------|----------|---|--------------|
| Calendar 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 received. (Do not   |                     |                  |                       |          |   |              |
| include any "unusual grants.")  |                     |                  |                       |          |   |              |
| 2 Gross receipts from admissions,   |                     |                  |                       |          |   |              |
| merchandise sold or services per-   |                     |                  |                       |          |   |              |
| formed, or facilities furnished in<br>any activity that is related to the   |                     |                  |                       |          |   |              |
| organization's tax-exempt purpose   |                     |                  |                       |          |   |              |
| 3 Gross receipts from activities that   |                     |                  |                       |          |   |              |
| are not an unrelated trade or bus-  |                     |                  |                       |          |   |              |
| iness under section 513   |                     |                  |                       |          |   |              |
| 4 Tax revenues levied for the organ-  |                     |                  |                       |          |   |              |
| ization's benefit and either paid to  |                     |                  |                       |          |   |              |
| or expended on its behalf   |                     |                  |                       |          |   |              |
| 5 The value of services or facilities   |                     |                  |                       | _        |   |              |
| furnished by a governmental unit to   |                     |                  |                       |          |   |              |
| the organization without charge   |                     |                  |                       |          |   |              |
| 6 Total. Add lines 1 through 5  |                     |                  |                       |          |   |              |
| 7a Amounts included on lines 1, 2, and  |                     |                  |                       |          |   |              |
| 3 received from disqualified persons  |                     |                  |                       |          |   |              |
| <b>b</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  |                     |                  |                       |          |   |              |
| c Add lines 7a and 7b   |                     |                  |                       |          |   | _            |
| 8 Public support. (Subtract line 7c from line 6.)   |                     |                  |                       |          |   |              |
| Section B. Total Support  | Т                   |                  |                       | 1        |   | _            |
| Calendar year (or fiscal year beginning in)   | (a) 2015            | <b>(b)</b> 2016  | (c) 2017              | (d) 2018 | <b>(e)</b> 2019                         | (f) Total    |
| 9 Amounts from line 6   |                     |                  |                       |          |   |              |
| <b>10a</b> Gross income from interest, dividends, payments received on  |                     |                  |                       |          |   |              |
| securities loans, rents, royalties,   |                     |                  |                       |          |   |              |
| and income from similar sources   |                     |                  |                       |          |   |              |
| <b>b</b> Unrelated business taxable income  |                     |                  |                       |          |   |              |
| (less section 511 taxes) from businesses  |                     |                  |                       |          |   |              |
| acquired after June 30, 1975  |                     |                  |                       |          |   |              |
| c 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  |                     |                  |                       |          |   | <del> </del> |
| 12 Other income. Do not include gain or loss from the sale of capital   |                     |                  |                       |          |   |              |
| assets (Explain in Part VI.)  |                     |                  |                       |          |   | <del> </del> |
| <ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First five years. If the Form 990 is for</li></ul> | r the organization? | first soond this | rd fourth or fifth to | 1        | L 501(a)(2) arear:-                     |              |
|   | J                   | •                |                       | ,        | (,(,)                                   | ,            |
| check this box and stop here  Section C. Computation of Publi   |                     |                  |                       |          | • |              |
| 15 Public support percentage for 2019 (I  |                     |                  | column (f))           |          | 15                                      | %            |
| 16 Public support percentage from 2018  |                     | •                |                       |          | 16                                      |              |
| Section D. Computation of Inves   |                     |                  |                       |          | •                                       |              |
| 17 Investment income percentage for 20  |                     |                  | ine 13, column (f))   |          | 17                                      | %            |
| 18 Investment income percentage from 2  |                     |                  |                       |          | 18                                      | %            |
| 19a 33 1/3% support tests - 2019. If the  |                     |                  |                       |          | 33 1/3%, and line 1                     |              |
| more than 33 1/3%, check this box ar  |                     |                  |                       |          |   |              |
| b 33 1/3% support tests - 2018. If the  |                     |                  |                       |          |   |              |
| line 18 is not more than 33 1/3%, che   |                     |                  |                       |          |   |              |
| 20 Private foundation If the organization   |                     |                  |                       |          |   |              |

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|                    | Yes             | No   |
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| 1 220 01 25        | ,∪- <b>⊏</b> ∠) | 2019 |

| 11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization?  b A family member of a person described in (a) above?  c A 39% controlled entity of a person described in (a) above?  11to  Section B. Type I Supporting Organizations  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 of directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organizations' directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organizations or trustees were allocated among the supported organization and what contributes. 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 organization and what contributes. 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 organization and what contributes. If the organization and the purposes of the supported organization, and the supported organization and the support or or management of the supporting organization was vested in the same persons that controlled or managed the support or organization and the support organization and the purposes of the organization and the organization and the support organization was vested in the same persons that controlled or managed the support organization was repeated organization, by the organization was repeated organization, in the organization and provide to each of its supported organizations by the | Pal | Supporting Organizations (continued)   |           |     |    |
|--|-----|--|-----------|-----|----|
| a 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?  b A family member of a person described in (a) above?  c A 59% controlled with or a special person described in (a) a for (a) bove?  if Yes' to a, b, or c, provide detail in Pert VI.  11b   |     |  |           | Yes | No |
| below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c. A 35% controlled entity of a person described in (a) or (b) above?  y. Yes* to a. b. or c. provide detail in Pert VI.  Section B. Type I Supporting Organizations  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' describe in Pert VI. now the supported organizations directors or trustees at all times during the tax year? If 'No,' describe in Pert VI. now the supported organizations directors or trustees at all times during the tax year? If 'No,' describe in Pert VI. now the supported organizations of the the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year:  2 Did the organization operate for the benefit carried out the purposes of the supported organizations) that operated, supervised, or controlled the supported organizations of the than the supported organizations and the supported organizations and the supported organizations and the supported organizations and the supported organizations.  1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees deach of the organizations apported organizations (Prov.) and the supported organizations of the supported organizations of the provided during the supported organization or trustees of each of the organizations and supported organizations and the supported organizations and the supported organizations and the supported organization and the supported organization and the supported organization and the supp | 11  | Has the organization accepted a gift or contribution from any of the following persons?                            |           |     |    |
| b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organizations directors or trustees at all times during the tax year. If "In "I how the supported organization, or controlled the organization's activities. If the organization and more than one supported organization, or describe how the powers to appoint and/or embers directors or trustees at all times during the tax year.  1 Did the organization operate for the benefit of any supported organization, or describe how the powers to appoint and/or embers directors or trustees are allocated organization, describe how the powers to appoint and/or embers directors or trustees are allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how provinging such benefit carried out the supported organization? If "Yes," explain in Part VI how provinging such benefit carried out the supposes of the supported organization? If "Yes," explain in Part VI how from the organization of explaintations.  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 organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to ach of its supported organization, to the extent not previously provided?  2 Were any of  | а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)       |           |     |    |
| section B. Type I Supporting Organizations  1 Did the directors, frustees, 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 frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization (s) that operated, supervised, or controlled the supporting organization and controlled the supporting organization and controlled the supported organization (s) that operated, supervised, or controlled the supporting organization and supported organization (s) that operated, supervised, or controlled or supported organization (s) If No, 'describe in Part VI low control or management of the supporting Organizations  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 directors or trustees or trustees or each of the organization's 1 I No, 'describe in Part VI low 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 90 that was most recently field as of lights and or industrial, and (iii) copies of the organization's powering organization and (iii) copies of the organization or the organization's offices, directors, or trustees either of the organization wa |     | below, the governing body of a supported organization?   | 11a       |     |    |
| 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 Pat VI how the supported organization's directors or trustees at all times during the tax year? If *No,* describe not the powers to support and/or remove directors or trustees were allocated among the supported organization, describe how the powers to support and/or remove directors or trustees were allocated among the supported organization, describe how the powers to support 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.  2 Did the organization operated for the benefit of any supported organization other than the supported organization; and the supported organization of the supported organization; in a supported organization.  3 Part VI pro providing outs benefit carried out the purposes of the supported organization; in the supporting organization is supported organization; in the supporting organization is supported organization; in the supporting organization is tax year, it is not only of the form spot that was most recently lied as of the Set or investigation, and (iii) copies of the organization marking or offices, directors, or trustees either of supported organizations).  3 By reason of the relationship described in It's, did the organization? If 'No, 'explain in Part VI how the organizations played in this region.  4 Complete the organization is purposed to the Activities Treation of the organization is supported organizations.  5 Section E. Type III Func | b   | A family member of a person described in (a) above?  | 11b       |     |    |
| Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an najority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization organization, and the regularization and what conditions or restrictions, if any, applied to such powers during the tax year.  2. Did the organization operate for the benefit of any supported organization of the thin the supported organization of year to the providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization's that operated, supported organizations  1. Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations of supported organizations? If "Yes," describe in Part VI how control or or management of the supporting Organization and the same persons that controlled or managed  1. The organization or supporting Organizations  2. Section D. All Type II Supporting Organizations  3. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organizations 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 900 that was most recently filed as of the cate of incitication, and (iii) copies of the organization's powering documents in effect on the date of notification, to the extent not previously provided?  2. Were any of the organization's officers, directors, or trustees either, (ii) appointed or elected by the supported organization's provided organization's provided organization's provided organization's provided organization's and provided organization's income o |     |  | 11c       |     |    |
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| Section D. All Type III Supporting Organizations  Yes No  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's of (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 By reason of the relationship described in (2), did the organization's supported organization's income or assets at all times during the tax year? If *Yes,* describe in *Part VI the role 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 Section 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 instructions).  3 The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization susported a governmental entity. Describe in *Part VI how you supported a government entity (see instructions).  2 Activities Test. Answer (a) and (b) below.  3 Did substantially all of the organization was responsive? If "Yes," then in *Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsi |     |  | 1         |     |    |
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| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                     | Orga    | nizations                     |                                |
|------|--|---------|-------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying t  | rust o  | n Nov. 20, 1970 (explain in F | Part VI). See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must comp      | plete S | Sections A through E.         |                                |
| Sect | ion A - Adjusted Net Income  |         | (A) Prior Year                | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1       |                               |                                |
| 2    | Recoveries of prior-year distributions   | 2       |                               |                                |
| _3_  | Other gross income (see instructions)  | 3       |                               |                                |
| _4   | Add lines 1 through 3.   | 4       |                               |                                |
| 5    | Depreciation and depletion   | 5       |                               |                                |
| 6    | Portion of operating expenses paid or incurred for production or                   |         |                               |                                |
|      | collection of gross income or for management, conservation, or                     |         |                               |                                |
|      | maintenance of property held for production of income (see instructions)           | 6       |                               |                                |
| 7    | Other expenses (see instructions)  | 7       |                               |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                       | 8       |                               |                                |
| Sect | ion B - Minimum Asset Amount   |         | (A) Prior Year                | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                      |         |                               |                                |
|      | instructions for short tax year or assets held for part of year):                  |         | A                             |                                |
| а    | Average monthly value of securities  | 1a      |                               |                                |
| b    | Average monthly cash balances  | 1b      |                               |                                |
| С    | Fair market value of other non-exempt-use assets                                   | 1c      |                               |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d      |                               |                                |
| е    | Discount claimed for blockage or other   |         |                               |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                    |         |                               |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                       | 2       |                               |                                |
| 3    | Subtract line 2 from line 1d.  | 3       |                               |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,       |         |                               |                                |
|      | see instructions).   | 4       |                               |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                   | 5       |                               |                                |
| 6    | Multiply line 5 by .035.   | 6       |                               |                                |
| 7    | Recoveries of prior-year distributions   | 7       |                               |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)  | 8       |                               |                                |
| Sect | ion C - Distributable Amount   |         |                               | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)              | 1       |                               |                                |
| 2    | Enter 85% of line 1.   | 2       |                               |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)             | 3       |                               |                                |
| 4    | Enter greater of line 2 or line 3.   | 4       |                               |                                |
| 5    | Income tax imposed in prior year   | 5       |                               |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to               |         |                               |                                |
|      | emergency temporary reduction (see instructions).                                  | 6       |                               |                                |
| 7    | Check here if the current year is the organization's first as a non-functionally i | integra | ted Type III supporting orga  | anization (see                 |

Schedule A (Form 990 or 990-EZ) 2019

instructions).

| ı uı  | ιv      | Type III Non-Functionally Integrated 509(                 | a)(3) Supporting Orga        | nizations (continued)                  |   |
|-------|---------|---|------------------------------|--|---|
| Secti | on D -  | Distributions   |                              |  | Current Year                              |
| 1     | Amou    | nts paid to supported organizations to accomplish exer    | mpt purposes                 |  |   |
| 2     | Amou    | nts paid to perform activity that directly furthers exemp | t purposes of supported      |  |   |
|       | organ   | izations, in excess of income from activity               |                              |  |   |
| 3     | Admir   | nistrative expenses paid to accomplish exempt purpose     | s of supported organizations | 3                                      |   |
| 4     | Amou    | nts paid to acquire exempt-use assets                     |                              |  |   |
| 5     | Qualif  | ied 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     | Distrib | outions to attentive supported organizations to which th  | e organization is responsive |  |   |
|       | (provi  | de details in <b>Part VI</b> ). See instructions.         |                              |  |   |
| 9     | Distrib | outable amount for 2019 from Section C, line 6            |                              |  |   |
| 10    | Line 8  | amount divided by line 9 amount                           |                              |  |   |
| Secti | on E -  | Distribution Allocations (see instructions)               | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1     | Distrib | outable amount for 2019 from Section C, line 6            |                              |  |   |
| 2     | Under   | rdistributions, if any, for years prior to 2019 (reason-  |                              |  |   |
|       | able c  | ause required- explain in Part VI). See instructions.     |                              |  |   |
| 3     | Exces   | s distributions carryover, if any, to 2019                |                              |  |   |
| а     | From    | 2014  |                              |  |   |
| b     | From    | 2015  |                              |  |   |
| С     | From    | 2016  |                              |  |   |
| d     | From    | 2017  |                              |  |   |
| е     | From    | 2018  |                              |  |   |
| f     | Total   | of lines 3a through e                                     |                              |  |   |
| g     | Applie  | ed to underdistributions of prior years                   |                              |  |   |
| h     | Applie  | ed to 2019 distributable amount                           |                              |  |   |
| i     | Carry   | over from 2014 not applied (see instructions)             |                              |  |   |
| j     | Rema    | inder. Subtract lines 3g, 3h, and 3i from 3f.             |                              |  |   |
| 4     | Distrib | outions for 2019 from Section D,                          |                              |  |   |
|       | line 7: | \$  |                              |  |   |
| а     | Applie  | ed to underdistributions of prior years                   |                              |  |   |
| b     | Applie  | ed to 2019 distributable amount                           |                              |  |   |
| С     | Rema    | inder. Subtract lines 4a and 4b from 4.                   |                              |  |   |
| 5     | Rema    | ining underdistributions for years prior to 2019, if      |                              |  |   |
|       | any. S  | Subtract lines 3g and 4a from line 2. For result greater  |                              |  |   |
|       | than z  | zero, explain in <b>Part VI.</b> See instructions.        |                              |  |   |
| 6     | Rema    | ining underdistributions for 2019. Subtract lines 3h      |                              |  |   |
|       | and 4   | b from line 1. For result greater than zero, explain in   |                              |  |   |
|       | Part \  | /I. See instructions.                                     |                              |  |   |
| 7     | Exces   | ss distributions carryover to 2020. Add lines 3j          |                              |  |   |
|       | and 4   | c.  |                              |  |   |
| 8     | Break   | down of line 7:   |                              |  |   |
| а     | Exces   | s from 2015   |                              |  |   |
| b     | Exces   | s from 2016   |                              |  |   |
|       |         | s from 2017   |                              |  |   |
| d     | Exces   | s from 2018   |                              |  |   |
|       |         | ss from 2019  |                              |  |   |

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.)   |
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# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

**Employer identification number** 

| T   | THE REASON FOUNDATION  | 95-3298239                        |  |  |  |  |  |
|---|--|-----------------------------------|--|--|--|--|--|
| Organization type (check                                  | cone):   |                                   |  |  |  |  |  |
| Filers of:  | Section:   |                                   |  |  |  |  |  |
| Form 990 or 990-EZ  | $\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization   |                                   |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |                                   |  |  |  |  |  |
|   | 527 political organization   |                                   |  |  |  |  |  |
| Form 990-PF   | 501(c)(3) exempt private foundation  |                                   |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |                                   |  |  |  |  |  |
|   | 501(c)(3) taxable private foundation   |                                   |  |  |  |  |  |
| • •   | n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F   | Rule. See instructions.           |  |  |  |  |  |
| General Rule  |  |                                   |  |  |  |  |  |
|   | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor   |                                   |  |  |  |  |  |
| Special Rules   |  |                                   |  |  |  |  |  |
| sections 509(a)( <sup>-</sup><br>any one contribu         | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 ator, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the ame EZ, line 1. Complete Parts I and II.   | a, or 16b, and that received from |  |  |  |  |  |
| year, total contri  | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.   |                                   |  |  |  |  |  |
| year, contributio<br>is checked, ente<br>purpose. Don't c | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \int \frac{1} |                                   |  |  |  |  |  |
| Caution: An organization                                  | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B  | (Form 990, 990-EZ, or 990-PF),    |  |  |  |  |  |

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

THE REASON FOUNDATION 95-3298239

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.                   |  |
|------------|---|------------------------------------|--|
| (a)        | (b)   | (c)                                | (d)  |
| No.        | Name, address, and ZIP + 4  | Total contributions                | Type of contribution   |
| 1          |   | \$ <u>1,500,000</u> .              | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions         | (d)<br>Type of contribution  |
| 2          |   | \$ 1,500,000.                      | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions         | (d) Type of contribution   |
| 3          |   | \$ 1,254,000.                      | Person X Payroll   |
| (a)        | (b)   | (c)                                | (d)  |
| No. 4      | Name, address, and ZIP + 4  | Total contributions  \$ 1,000,000. | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions         | (d) Type of contribution   |
| 5          |   | \$961,600.                         | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions         | (d)<br>Type of contribution  |
| 6          |   | \$                                 | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |

Name of organization

Employer identification number

#### THE REASON FOUNDATION 95-3298239 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 520,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person **Payroll** 500,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person **Payroll** 426,900. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 325,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

# THE REASON FOUNDATION

95-3298239

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

Name of organization **Employer identification number** THE REASON FOUNDATION 95-3298239 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

| Tax) (see separate instructions), then  |   | ,   |   | ,, (  |
|---|---|---|---|---|
| • Section 501(c)(4), (5), or (6) organizat  | ions: Complete Part III.  |   | le  |   |
| Name of organization  |   |   | Emp   | loyer identification number   |
| Part I-A   Complete if the org  | SON FOUNDATION anization is exempt unde                               | er section 501(c)   | or is a section 527 or  | 95-3298239  |
| Tarti-A Complete ii tile org  | anization is exempt unde  | 30011011 301(0)   | 01 13 & 30011011 321 01   | gariizatiori.   |
| <ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campain</li> </ol>   | ures  |   | >\$   | 3   |
| Part I-B   Complete if the org  | anization is exempt unde  | er section 501(c)(  | 3).   |   |
| 1 Enter the amount of any excise tax  |   |   | <del></del>   | <u> </u>  |
| 2 Enter the amount of any excise tax  |   |   |   |   |
| 3 If the organization incurred a section  |   |   |   |   |
| 4a Was a correction made?   |   |   |   |   |
| <b>b</b> If "Yes," describe in Part IV.   |   |   |   | res NO  |
| Part I-C   Complete if the org  | anization is exempt unde  | er section 501(c).  | except section 501(c  | :)(3).  |
| <ol> <li>Enter the amount directly expended</li> <li>Enter the amount of the filing organ exempt function activities</li> <li>Total exempt function expenditures line 17b</li> <li>Did the filing organization file Form</li> <li>Enter the names, addresses and emmade payments. For each organization contributions received that were propolitical action committee (PAC). If a</li> </ol> | ization's funds contributed to oth . Add lines 1 and 2. Enter here ar | nd on Form 1120-POL.  I) of all section 527 po from the filing organiz separate political organizers. | ection 527  | Yes No n the filing organization e amount of political  |
| (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 |
|   |   |   |   |   |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

|  |   |  |                        | 200                              |                                    |
|--|---|--|------------------------|----------------------------------|------------------------------------|
| Part II-A Complete if the org section 501(h)).   | anization is exen                       | npt under section  | 501(c)(3) and file     | ed Form 5768 (ele                | ction under                        |
| A Check I if the filing organiza expenses, and share   | re of excess lobbying e                 | expenditures).   |                        | group member's name              | e, address, EIN,                   |
| Limi   | ts on Lobbying Experditures" means amou | nditures   | .,,                    | (a) Filing organization's totals | <b>(b)</b> Affiliated group totals |
| 1a Total lobbying expenditures to influ  | uence public opinion (g                 | grassroots lobbying)   |                        |                                  |                                    |
| <b>b</b> Total lobbying expenditures to influ  | uence a legislative bod                 | y (direct lobbying)  |                        | 32,330.                          |                                    |
| c Total lobbying expenditures (add li  | nes 1a and 1b)                          |  |                        | 32,330.                          |                                    |
| d Other exempt purpose expenditure   |   |  |                        | 11,822,891.                      |                                    |
| e Total exempt purpose expenditure   | s (add lines 1c and 1d)                 |  |                        | 11,855,221.                      |                                    |
| f Lobbying nontaxable amount. Ente   | er the amount from the                  | following table in both  | n columns.             | 742,761.                         |                                    |
| If the amount on line 1e, column (a) o   | or (b) is: The lob                      | bying nontaxable amo   | ount is:               |                                  |                                    |
| Not over \$500,000 20% of the amount on line 1e.   |   |  |                        |                                  |                                    |
| Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.     |   |  |                        |                                  |                                    |
| Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. |   |  |                        |                                  |                                    |
| Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. |   |  |                        |                                  |                                    |
| Over \$17,000,000 \$1,000,000.   |   |  |                        |                                  |                                    |
|  |   |  |                        |                                  |                                    |
| g Grassroots nontaxable amount (en   | iter 25% of line 1f)                    |  |                        | 185,690.                         |                                    |
| h Subtract line 1g from line 1a. If zer  | o or less, enter -0                     |  |                        | 0.                               |                                    |
| i Subtract line 1f from line 1c. If zero   | o or less, enter -0                     |  |                        | 0.                               |                                    |
| j If there is an amount other than ze  | ro on either line 1h or l               | ine 1i, did the organiza   | tion file Form 4720    | _                                |                                    |
| reporting section 4911 tax for this  |   |  |                        |                                  | Yes No                             |
| (Some organizations the  | hat made a section 50                   | raging Period Under<br>01(h) election do not h<br>ate instructions for lin | nave to complete all o | of the five columns be           | low.                               |
|  | Lobbying Exper                          | nditures During 4-Yea  | r Averaging Period     |                                  |                                    |
| Calendar year<br>(or fiscal year beginning in)   | <b>(a)</b> 2016                         | (b) 2017   | (c) 2018               | (d) 2019                         | (e) Total                          |
| 2a Lobbying nontaxable amount  | 768,955.                                | 784,536.   | 0.                     | 742,761.                         | 2,296,252.                         |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))                                |   |  |                        |                                  | 3,444,378.                         |
| c Total lobbying expenditures  | 95,062.                                 | 92,000.  | 0.                     | 32,330.                          | 219,392.                           |
| d Grassroots nontaxable amount   | 192,239.                                | 196,134.   | 0.                     | 185,690.                         | 574,063.                           |
| e Grassroots ceiling amount (150% of line 2d, column (e))                                    |   |  |                        |                                  | 861,095.                           |
|  |   |  |                        |                                  |                                    |

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

# Schedule C (Form 990 or 990-EZ) 2019 THE REASON FOUNDATION 95-32982 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mallings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  if If Yes," enter the amount of any tax incurred under section 4912  if If Yes, enter the amount of any tax incurred under section 4912  if If Yes, enter the amount of any tax incurred under section 4912  if If Yes, enter the amount of any tax incurred under section 4912  if If Yes, enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6);  a User substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 15(2)(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Tot | or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description   |   | (a)                                |   | (k         | o)    |
|---|--|---|------------------------------------|---|------------|-------|
| local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations, their staffs, government officials, or a legislative body?  h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1 c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 501(c  | f the lobbying activity.   |   | Yes                                | No  | Amo        | ount  |
| local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations, their staffs, government officials, or a legislative body?  h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1 c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 501(c  | 1 During the year, did the filing organization attempt to influence foreign, national, state, or   |   |                                    |   |            |       |
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| Yes   N   |  | ), section (  | 01(c)(5                            | ), or sec   | tion       |       |
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

**Employer identification number** 95-3298239

| Par      | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the                          |   |                                    |  |  |  |
|----------|---|---|------------------------------------|--|--|--|
|          | organization answered "Yes" on Form 990, Part IV, lir   | ne 6.   |                                    |  |  |  |
|          |   | (a) Donor advised funds                       | (b) Funds and other accounts       |  |  |  |
| 1        | Total number at end of year   |   |                                    |  |  |  |
| 2        | Aggregate value of contributions to (during year)   |   |                                    |  |  |  |
| 3        | Aggregate value of grants from (during year)  |   |                                    |  |  |  |
| 4        | Aggregate value at end of year  |   |                                    |  |  |  |
| 5        | Did the organization inform all donors and donor advisors in  | writing that the assets held in donor advise  | ed funds                           |  |  |  |
|          | are the organization's property, subject to the organization's  | exclusive legal control?                      | Yes No                             |  |  |  |
| 6        | Did the organization inform all grantees, donors, and donor a   | advisors in writing that grant funds can be ι | used only                          |  |  |  |
|          | for charitable purposes and not for the benefit of the donor of   | or donor advisor, or for any other purpose o  | conferring                         |  |  |  |
| _        |   |   |                                    |  |  |  |
| Par      | t II Conservation Easements. Complete if the or   | ganization answered "Yes" on Form 990, F      | Part IV, line 7.                   |  |  |  |
| 1        | Purpose(s) of conservation easements held by the organizati   | on (check all that apply).                    |                                    |  |  |  |
|          | Preservation of land for public use (for example, recrea  | ation or education) Preservation of           | a historically important land area |  |  |  |
|          | Protection of natural habitat   | Preservation of                               | a certified historic structure     |  |  |  |
|          | Preservation of open space  |   |                                    |  |  |  |
| 2        | Complete lines 2a through 2d if the organization held a quali   | fied conservation contribution in the form of |                                    |  |  |  |
|          | day of the tax year.  |   | Held at the End of the Tax Year    |  |  |  |
|          | Total number of conservation easements  |   |                                    |  |  |  |
|          |   |   |                                    |  |  |  |
|          | Number of conservation easements on a certified historic str  |   |                                    |  |  |  |
| d        | Number of conservation easements included in (c) acquired a   |   |                                    |  |  |  |
|          | listed in the National Register   |   |                                    |  |  |  |
| 3        | Number of conservation easements modified, transferred, re  | leased, extinguished, or terminated by the    | organization during the tax        |  |  |  |
| _        | year  |   |                                    |  |  |  |
| 4        | Number of states where property subject to conservation eas   |   |                                    |  |  |  |
| 5        | Does the organization have a written policy regarding the per   |   | □ v □ v.                           |  |  |  |
| _        | violations, and enforcement of the conservation easements in  |   |                                    |  |  |  |
| 6        | Staff and volunteer hours devoted to monitoring, inspecting,  | riandling of violations, and emorcing cons    | ervation easements during the year |  |  |  |
| 7        | Amount of expenses incurred in monitoring, inspecting, hand   | dling of violations, and enforcing conservat  | ion assamants during the year      |  |  |  |
| ′        | \$  | diling of violations, and emorcing conservat  | non easements during the year      |  |  |  |
| 8        | Does each conservation easement reported on line 2(d) above   | ve satisfy the requirements of section 170/b  | a)(4)(B)(i)                        |  |  |  |
| Ū        | and section 170(h)(4)(B)(ii)?   |   |                                    |  |  |  |
| 9        | In Part XIII, describe how the organization reports conservati  |   |                                    |  |  |  |
|          | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the |   |                                    |  |  |  |
|          | organization's accounting for conservation easements.   |   |                                    |  |  |  |
| Par      |   | f Art, Historical Treasures, or Otl           | her Similar Assets.                |  |  |  |
|          | Complete if the organization answered "Yes" on Form   | n 990, Part IV, line 8.                       |                                    |  |  |  |
| 1a       | If the organization elected, as permitted under FASB ASC 95   | 58, not to report in its revenue statement ar | nd balance sheet works             |  |  |  |
|          | of art, historical treasures, or other similar assets held for pul  | blic exhibition, education, or research in fu | rtherance of public                |  |  |  |
|          | service, provide in Part XIII the text of the footnote to its final   | ncial statements that describes these items   | S.                                 |  |  |  |
| b        | If the organization elected, as permitted under FASB ASC 95   | 58, to report in its revenue statement and b  | palance sheet works of             |  |  |  |
|          | art, historical treasures, or other similar assets held for public  | exhibition, education, or research in furth   | erance of public service,          |  |  |  |
|          | provide the following amounts relating to these items:  |   |                                    |  |  |  |
|          | (i) Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                     |  |  |  |
|          |   |   |                                    |  |  |  |
| 2        | If the organization received or held works of art, historical tre   |   |                                    |  |  |  |
|          | the following amounts required to be reported under FASB A  | ASC 958 relating to these items:              |                                    |  |  |  |
| а        | Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                     |  |  |  |
| <u>b</u> | Assets included in Form 990, Part X   |   | <b>&gt;</b> \$                     |  |  |  |
| LHA      | For Paperwork Reduction Act Notice, see the Instructions  | s for Form 990.                               | Schedule D (Form 990) 2019         |  |  |  |

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

| Sche     | dule D (Form 990) 2019 THE REAS                    | SON FOUNDATION            | ON                    |                      |              | 95-32        | 98239       | Page <b>2</b> |
|----------|--|---------------------------|-----------------------|----------------------|--------------|--------------|-------------|---------------|
|          | rt III Organizations Maintaining Co                |                           |                       | asures, or Oth       | er Simil     |              |             |               |
| 3        | Using the organization's acquisition, accessio     |                           |                       |                      |              |              | COntinue    | <u>;u)</u>    |
| Ū        | collection items (check all that apply):           | in, and ourse recorde, or | noon any or the n     | onownig that make    | oigiiiioaii  | 1 400 01 110 |             |               |
| а        | Public exhibition                                  | d [                       | I can or exch         | nange program        |              |              |             |               |
| b        | Scholarly research                                 | e [                       |                       | lange program        |              |              |             |               |
|          | ·  | e L                       |                       |                      |              |              |             |               |
| C        | Preservation for future generations                |                           | 41 4 41 41-           |                      |              |              | VIII        |               |
| 4        | Provide a description of the organization's col    |                           |                       |                      |              | ose in Part  | XIII.       |               |
| 5        | During the year, did the organization solicit or   |                           | •                     | •                    | ar assets    |              | ٦.,         | ┌             |
| Dor      | to be sold to raise funds rather than to be ma     |                           |                       |                      |              | L            | _ Yes       | No            |
| Par      | t IV Escrow and Custodial Arrang                   |                           | f the organization    | n answered "Yes" (   | on Form 9    | 90, Part IV, | line 9, or  |               |
|          | reported an amount on Form 990, Part               |                           |                       |                      |              |              |             |               |
| 1a       | Is the organization an agent, trustee, custodia    | •                         |                       |                      |              |              | _           |               |
|          | on Form 990, Part X?                               |                           |                       |                      |              | L            | <b>」Yes</b> | No            |
| b        | If "Yes," explain the arrangement in Part XIII a   | and complete the follow   | ing table:            |                      | _            | 1            |             |               |
|          |  |                           |                       |                      |              |              | Amount      |               |
| С        | Beginning balance                                  |                           |                       |                      | 1c           |              |             |               |
| d        | Additions during the year                          |                           |                       |                      | 1d           |              |             |               |
| е        | Distributions during the year                      |                           |                       |                      | <u>1e</u>    |              |             |               |
| f        | Ending balance                                     |                           |                       |                      | 1f           |              |             |               |
| 2a       | Did the organization include an amount on Fo       | rm 990, Part X, line 21,  | for escrow or cu      | stodial account lia  | bility?      |              | Yes         | O No          |
| b        | If "Yes," explain the arrangement in Part XIII.    |                           |                       |                      |              |              |             |               |
| Par      | Tt V Endowment Funds. Complete if                  | the organization answe    | ered "Yes" on Fo      | rm 990, Part IV, lin | e 10.        |              |             |               |
|          |  | (a) Current year          | <b>(b)</b> Prior year | (c) Two years back   | (d) Thre     | e years back | (e) Four ye | ars back      |
| 1a       | Beginning of year balance                          | 55,571.                   | 61,378.               | 54,867               |              | 63,878.      |             | 63,995.       |
| b        | Contributions                                      | 0.                        | 2,000.                | 11,065               |              | 3,233.       |             | 0.            |
| С        | Net investment earnings, gains, and losses         | 14,025.                   | 4,291.                | 6,034                |              | 7,355.       |             | -117.         |
| d        | Grants or scholarships                             |                           |                       |                      |              |              |             |               |
| е        | Other expenditures for facilities                  |                           |                       |                      |              |              |             |               |
|          | and programs                                       | 4,291.                    | 12,098.               | 10,588               | .            | 19,599.      |             | 0.            |
| f        | Administrative expenses                            | ·                         |                       | •                    |              |              |             |               |
| g        | End of year balance                                | 65,305.                   | 55,571.               | 61,378               |              | 54,867.      |             | 63,878.       |
| 2        | Provide the estimated percentage of the curre      |                           |                       | ) held as:           |              | ,            |             |               |
|          | Board designated or quasi-endowment                | %                         |                       | , 11014 40.          |              |              |             |               |
| h        | Permanent endowment 78.52                          | %                         |                       |                      |              |              |             |               |
| 6        | Term endowment ► 21.48 %                           |                           |                       |                      |              |              |             |               |
| ·        | The percentages on lines 2a, 2b, and 2c shou       |                           |                       |                      |              |              |             |               |
| 22       | Are there endowment funds not in the posses        | -                         | that are hold an      | d administered for   | the organ    | ization      |             |               |
| Sa       |  | Sion of the organization  | i tilat ale lielu ali | u auministereu ior   | tile organ   | ization      | V           | es No         |
|          | by:  |                           |                       |                      |              |              |             | X             |
|          | (i) Unrelated organizations                        |                           |                       |                      |              |              | 3a(i)       | X             |
|          | (ii) Related organizations                         |                           |                       |                      |              |              | 3a(ii)      | <del></del>   |
|          | If "Yes" on line 3a(ii), are the related organizat |                           |                       |                      |              |              | 3b          |               |
| A<br>Do: | Describe in Part XIII the intended uses of the     |                           | ent funds.            |                      |              |              |             |               |
| Par      | t VI Land, Buildings, and Equipme                  |                           |                       |                      |              |              |             |               |
|          | Complete if the organization answered              |                           |                       |                      |              | . I          |             |               |
|          | Description of property                            | (a) Cost or other         |                       |                      | Accumula     | I            | (d) Book v  | alue          |
|          |  | basis (investment         | <i>'</i>              |                      | depreciation |              | 1 000       | 472           |
| 1a       | Land   |                           |                       | 8,473.               | 225          |              | 1,908       | 4/3.          |
| b        | Buildings  |                           | 1,01                  | 8,670.               | 326,         | 094.         | 692         | ,576.         |

Schedule D (Form 990) 2019

2,735,831.

e Other

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

| Schedule D (Form 990) 2019 THE REASON F   | 'OUNDATION                | 95-  | -3298239 Page        |
|---|---------------------------|--|----------------------|
| Part VII Investments - Other Securities.  | r Farm 000 Bart IV Bar    | 14h Osa Farra 000 Bad V Bas 10             |                      |
| Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security) | (b) Book value            | (c) Method of valuation: Cost or end-      | of-vear market value |
|   | (b) Book value            | (c) Wether of Valuation. Cost of Cha       | or year market value |
| · · · · · · · · · · · · · · · · · · ·   |                           |  |                      |
| Closely held equity interests     Other   |                           |  |                      |
| (A)   |                           |  |                      |
| (B)   |                           |  |                      |
| (C)   |                           |  |                      |
| (D)   |                           |  |                      |
| (E)   |                           |  |                      |
|   |                           |  |                      |
| (F)   |                           |  |                      |
| (G)   |                           |  |                      |
| (H)   |                           |  |                      |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.          |                           |  |                      |
|   | - Farm 000 Dart IV line   | 11 - Car Faura 000 Bart V line 10          |                      |
| Complete if the organization answered "Yes" o  (a) Description of investment  | (b) Book value            | (c) Method of valuation: Cost or end-      | of vear market value |
|   | (b) Dook value            | (c) Method of Valuation. Cost of end-      | Ol-year market value |
| (1)   |                           |  |                      |
| (2)   |                           |  |                      |
| (3)   |                           |  |                      |
| (4)   |                           |  |                      |
| (5)   |                           |  |                      |
| (6)   |                           |  |                      |
| (7)   |                           |  |                      |
| (8)   |                           |  |                      |
| (9)   |                           |  |                      |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.                             |                           |  |                      |
| Complete if the organization answered "Yes" o   | n Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.        |                      |
| (a) D   | Description               |  | (b) Book value       |
| (1)   |                           |  |                      |
| (2)   |                           |  |                      |
| (3)   |                           |  |                      |
| (4)   |                           |  |                      |
| (5)   |                           |  |                      |
| (6)   |                           |  |                      |
| (7)   |                           |  |                      |
| (8)   |                           |  |                      |
| (9)   |                           |  |                      |
| Fotal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.                            | 15.)                      | <b>&gt;</b>                                |                      |
| Complete if the organization answered "Yes" o   | n Form 990, Part IV. line | 11e or 11f. See Form 990. Part X. line 25. |                      |
| (a) Description of liability  | 555, 1 41017, 1110        | 200, 1 4, 7, 110 20,                       | (b) Book value       |
| (1) Federal income taxes  |                           |  |                      |
| (2) DEFERRED COMPENSATION   |                           |  | 743,315              |
| (3)   |                           |  | ,                    |
| (4)   |                           |  |                      |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

(5) (6) (7) (8)

| Fai      | Complete if the expenientian enguered "Voc" on Form 000. Bot IV line 100  |              | nevellue pei nei       | turri.    |                      |  |  |
|----------|---|--------------|------------------------|-----------|----------------------|--|--|
| _        | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |              |                        | 1         | 16,776,577.          |  |  |
| 1        |   |              |                        | 1         | 10,110,311.          |  |  |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | 2a           | 608,250.               |           |                      |  |  |
| a        | Net unrealized gains (losses) on investments  |              | 000,250.               |           |                      |  |  |
| b        | Donated services and use of facilities  |              |                        |           |                      |  |  |
| C        | Recoveries of prior year grants   | 1 1          | -2,400.                |           |                      |  |  |
| d        | Other (Describe in Part XIII.)  |              |                        | 0-        | 605,850.             |  |  |
|          | Add lines 2a through 2d   |              |                        | 2e<br>3   | 16,170,727.          |  |  |
| 3        | Subtract line 2e from line 1  |              |                        | 3         | 10,170,727.          |  |  |
| 4        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | امدا         |                        |           |                      |  |  |
| a        | Investment expenses not included on Form 990, Part VIII, line 7b  |              |                        |           |                      |  |  |
| b        | Other (Describe in Part XIII.)  |              |                        |           | _                    |  |  |
| _        | Add lines 4a and 4b   |              |                        | 4c        | 0.<br>16,170,727.    |  |  |
| 5<br>Dai | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  't XII   Reconciliation of Expenses per Audited Financial Statemen | nte With     | Evnenses ner B         | 5<br>Otur | n 10,1/0,/4/•        |  |  |
| rai      |   |              | Expenses per n         | Clui      | ···                  |  |  |
| _        | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |              |                        | 1         | 13,071,696.          |  |  |
| 1        | Total expenses and losses per audited financial statements  |              |                        | 1         | 13,071,090.          |  |  |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1001         |                        |           |                      |  |  |
| a        | Donated services and use of facilities  |              | \                      |           |                      |  |  |
| b        | Prior year adjustments  |              |                        |           |                      |  |  |
| C        | Other losses  |              |                        |           |                      |  |  |
| d        | Other (Describe in Part XIII.)  |              |                        | 0.        | _                    |  |  |
| _        | •   |              |                        | 2e        | 13,071,696.          |  |  |
| 3        | Subtract line <b>2e</b> from line <b>1</b>  |              |                        | 3         | 13,071,090.          |  |  |
| 4        | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |              |                        |           |                      |  |  |
| a        | Investment expenses not included on Form 990, Part VIII, line 7b  |              | 2,400.                 |           |                      |  |  |
| b        | Other (Describe in Part XIII.)  | 4b           | •                      |           | 2 400                |  |  |
|          | Add lines 4a and 4b   |              |                        | 4c<br>5   | 2,400.               |  |  |
|          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.                                   |              |                        | 5         | 13,074,090.          |  |  |
|          | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part   | IV lines 1h  | and 2h: Part V line 4: | Dort '    | V line 2: Part VI    |  |  |
|          | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi   |              |                        | , rait.   | A, IIIIe Z, Fait Ai, |  |  |
| 111163   | 20 and 45, and Fart Air, lines 20 and 45. Also complete this part to provide any addi   | tional intom | iation.                |           |                      |  |  |
|          |   |              |                        |           |                      |  |  |
| PAF      | RT V, LINE 4:   |              |                        |           |                      |  |  |
|          |   |              |                        |           |                      |  |  |
| THE      | E ENDOWMENT FUND WILL BE USED TO SUPPORT OP   | ERATIO       | ONS OF THE             | ORG.      | ANIZATION.           |  |  |
|          |   |              |                        |           |                      |  |  |
|          |   |              |                        |           |                      |  |  |
|          |   |              |                        |           |                      |  |  |
| PAF      | RT X, LINE 2:   |              |                        |           |                      |  |  |
|          | ·   |              |                        |           |                      |  |  |
| IN       | ACCORDANCE WITH THE FINANCIAL ACCOUNTING S  | TANDAF       | RDS BOARD'S            | (F.       | ASB'S)               |  |  |
|          |   |              |                        | •         | •                    |  |  |
| ACC      | COUNTING STANDARDS CODIFICATION TOPIC NO. 7   | 40, UN       | CERTAINTY              | IN        | INCOME               |  |  |
|          |   |              | -                      | _         |                      |  |  |
| TAX      | KES, THE FOUNDATION RECOGNIZES THE IMPACT O   | F TAX        | POSITIONS :            | IN '      | THE                  |  |  |
|          |   |              |                        | _         |                      |  |  |
| FIN      | NANCIAL STATEMENTS IF THAT POSITION IS MORE   | LIKEI        | Y THAN NOT             | то        | BE                   |  |  |
|          |   |              |                        |           |                      |  |  |
| SUS      | STAINED ON AUDIT, BASED ON THE TECHNICAL ME   | RITS C       | F THE POSI             | TIO       | N. DURING            |  |  |
|          |   |              |                        |           |                      |  |  |
| THE      | THE YEAR ENDED SEPTEMBER 30, 2020, THE FOUNDATION PERFORMED AN EVALUATION   |              |                        |           |                      |  |  |

RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON Schedule D (Form 990) 2019

OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization   | <b>Employer identification number</b> |
|--|---------------------------------------|
| THE REASON FOUNDATION  | 95-3298239                            |
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not |                                       |
| required to complete this part.  |                                       |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.                      |                                       |

Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

| <br>   |
|--|
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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

Schedule G (Form 990 or 990-EZ) 2019

| Pa              | rt I | Fundraising Events. Complete if the of fundraising event contributions and gr                                     |                              |  |                                    |  |
|-----------------|------|---|------------------------------|--|------------------------------------|--|
| -               |      | or iditarialsing event contributions and gr   | (a) Event #1 REASON IN       | (b) Event #2  SAVAS AWARDS (event type)              | (c) Other events  1 (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue         | 1    | Gross receipts  | 137,350.                     | 10,000.  | 19,021.                            | 166,371.   |
| ш               | 2    | Less: Contributions   | 98,750.                      | 6,600.   | 19,021.                            | 124,371.   |
|                 | 3    | Gross income (line 1 minus line 2)  | 38,600.                      | 3,400.   |                                    | 42,000.  |
|                 | 4    | Cash prizes   |                              |  |                                    |  |
| S               | 5    | Noncash prizes  |                              |  |                                    |  |
| Direct Expenses | 6    | Rent/facility costs   |                              |  |                                    |  |
| irect E         | 7    | Food and beverages  |                              |  |                                    |  |
|                 | 8    | Entertainment Other direct expenses   | 31,754.                      | 10,246.  |                                    | 42,000.  |
|                 |      |   |                              |  | <b>&gt;</b>                        | 42,000.  |
|                 | 11   | Net income summary. Subtract line 10 from I   |                              |  |                                    | 0.   |
| Pa              | rt I | II Gaming. Complete if the organization   | answered "Yes" on Form       | 990, Part IV, line 19, or r                          | eported more than                  |  |
|                 |      | \$15,000 on Form 990-EZ, line 6a.   |                              |  |                                    | _  |
| Revenue         |      |   | (a) Bingo                    | <b>(b)</b> Pull tabs/instant bingo/progressive bingo | (c) Other gaming                   | (d) Total gaming (add col. (a) through col. (c)) |
| Reve            |      | Cross revenue   |                              |  |                                    |  |
|                 |      | Gross revenue   |                              |  |                                    |  |
| ses             | 2    | Cash prizes   |                              |  |                                    |  |
| Direct Expenses | 3    | Noncash prizes  |                              |  |                                    |  |
| Direct          | 4    | Rent/facility costs   |                              |  |                                    |  |
|                 | 5    | Other direct expenses   |                              |  |                                    |  |
|                 |      |   | Yes %                        | Yes %  | Yes %                              |  |
|                 | 6    | Volunteer labor   | No                           | No   | No                                 |  |
|                 | 7    | Direct expense summary. Add lines 2 through   | h 5 in column (d)            |  | <b>&gt;</b>                        |  |
|                 | 8    | Net gaming income summary. Subtract line 7  | 7 from line 1, column (d)    |  | <b>&gt;</b>                        |  |
| •               |      | to the elektrical entries the energy series and   | 45.04                        |  |                                    |  |
| а               | ls t | ter the state(s) in which the organization condu<br>he organization licensed to conduct gaming a<br>No," explain: | ctivities in each of these s |  |                                    | Yes No   |
|                 | _    | •   |                              |  |                                    |  |
|                 |      | ere any of the organization's gaming licenses re<br>Yes," explain:  |                              |  | ear?                               | Yes No   |
|                 |      |   |                              |  |                                    |  |

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

| Schedule G (Form 990 or 990-EZ) 2019 THE REASON FOUNDATION  | 95-3498439 Page 3                                    |
|---|--|
| 11 Does the organization conduct gaming activities with nonmembers?   | Yes No   |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other  |  |
| to administer charitable gaming?  |  |
| 13 Indicate the percentage of gaming activity conducted in:   |  |
| a The organization's facility   | 13a   %  |
| <b>b</b> An outside facility  |  |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events   |  |
| Name  |  |
| Address   |  |
| 15a Does the organization have a contract with a third party from whom the organization receives gamin  | ng revenue? Yes No                                   |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization  \$\blacktrianglerightarrow \$\text{\$\e | and the amount                                       |
| of gaming revenue retained by the third party ▶\$  c If "Yes," enter name and address of the third party:   |  |
| Name ▶  |  |
| Address >   |  |
| 16 Gaming manager information:  |  |
| Name ►  |  |
| Gaming manager compensation ▶ \$  |  |
| Description of services provided  |  |
|   |  |
|   |  |
| Director/officer Employee Independent contractor  |  |
| 17 Mandatory distributions:   |  |
| a Is the organization required under state law to make charitable distributions from the gaming proce   | eds to   |
| retain the state gaming license?  | Yes No   |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organi  | zations or spent in the                              |
| organization's own exempt activities during the tax year ▶ \$   |  |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, co  | lumns (iii) and (v): and Part III, lines 9, 9b, 10b. |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructi  |  |
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| Schedule G | (Form 990 or 990-EZ)                       | THE REASON         | FOUNDATION | 95-3298239 Page 4 |
|------------|--|--------------------|------------|-------------------|
| Part IV    | G (Form 990 or 990-EZ)  Supplemental Infor | mation (continued) |            | <u> </u>          |
|            | •••  | (continued)        |            |                   |
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## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

**2019** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

THE REASON FOUNDATION

Employer identification number 95-3298239

|            |  |    | Yes | No       |
|------------|--|----|-----|----------|
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |          |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |          |
|            | First-class or charter travel Housing allowance or residence for personal use  |    |     |          |
|            | Travel for companions Payments for business use of personal residence  |    |     |          |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |    |     |          |
|            | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                       |    |     |          |
|            |  |    |     |          |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |    |     |          |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b |     |          |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |    |     |          |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2  |     |          |
|            |  |    |     |          |
| 3          | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |    |     |          |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |    |     |          |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.   |    |     |          |
|            | X Compensation committee Written employment contract   |    |     |          |
|            | Independent compensation consultant  X Compensation survey or study  |    |     |          |
|            | X Approval by the board or compensation committee  |    |     |          |
|            |  |    |     |          |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |    |     |          |
|            | organization or a related organization:  |    |     |          |
|            | Receive a severance payment or change-of-control payment?  | 4a |     | <u>X</u> |
|            | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                  | 4b | Х   |          |
| С          | Participate in, or receive payment from, an equity-based compensation arrangement?                                     | 4c |     | X        |
|            | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |    |     |          |
|            |  |    |     |          |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |    |     |          |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |          |
|            | contingent on the revenues of:   |    |     | v        |
|            | The organization?  | 5a |     | <u>X</u> |
| b          | Any related organization?  | 5b |     | A        |
| _          | If "Yes" on line 5a or 5b, describe in Part III.   |    |     |          |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |          |
|            | contingent on the net earnings of:   |    |     | v        |
| a          | The organization?  | 6a |     | <u>X</u> |
| b          | Any related organization?  | 6b |     | Λ        |
| _          | If "Yes" on line 6a or 6b, describe in Part III.   |    |     |          |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       | _  | X   |          |
| •          | not described on lines 5 and 6? If "Yes," describe in Part III   | 7  | Λ   |          |
| 8          | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |    |     | Х        |
| •          | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8  |     | Λ        |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 | _  |     |          |
|            | Regulations section 53.4958-6(c)?  | 9  |     | l        |

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

Schedule J (Form 990) 2019

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

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

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

|                                     |      | (B) Breakdown of      | W-2 and/or 1099-MI                  | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B)            |  |
|-------------------------------------|------|-----------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title                  |      | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | compensation                      | Derients                | (6)(1)-(0)                         | reported as deferred<br>on prior Form 990 |  |
| (1) DAVID NOTT                      | (i)  | 336,897.              | 75,000.                             | 0.  | 75,000.                           | 16,676.                 | 503,573.                           | 0.  |  |
| PRESIDENT, CEO                      | (ii) | 0.                    | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
| (2) NICHOLAS GILLESPIE              | (i)  | 207,825.              | 20,000.                             | 0.  | 0.                                | 7,346.                  | 235,171.                           | 0.  |  |
| EDITOR AT LARGE                     | (ii) | 0.                    | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
| (3) ROBERT POOLE                    | (i)  | 201,667.              | 25,000.                             | 0.  | 0.                                | 360.                    | 227,027.                           | 0.  |  |
| FOUNDER, DIRECTOR OF TRANSPORTATION | (ii) | 0.                    | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
| (4) ADRIAN T. MOORE                 | (i)  | 155,554.              | 50,000.                             | 0.  | 0.                                | 16,476.                 | 222,030.                           | 0.  |  |
| VICE PRESIDENT POLICY               | (ii) | 0.                    | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
| (5) JONATHAN GRAFF                  | (i)  | 143,731.              | 50,000.                             | 0.  | 0.                                | 16,638.                 | 210,369.                           | 0.  |  |
| CHIEF FINANCIAL OFFICER             | (ii) | 0.                    | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
| (6) LEONARD GILROY                  | (i)  | 119,605.              | 70,000.                             | 0.  | 0.                                | 7,280.                  | 196,885.                           | 0.  |  |
| VICE PRESIDENT GOVERNMENT REFORM    | (ii) | 0.                    | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
| (7) KATHERINE MANGU-WARD            | (i)  | 151,667.              | 35,000.                             | 0.  | 0.                                | 355.                    | 187,022.                           | 0.  |  |
| VICE PRESIDENT/EDITOR-IN-CHIEF      | (ii) | 0.                    | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
| (8) MICHAEL ALISSI                  | (i)  | 136,431.              | 45,000.                             | 0.  | 0.                                | 16,457.                 | 197,888.                           | 0.  |  |
| VICE PRESIDENT, OPERATIONS          | (ii) | 0.                    | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
| (9) MATTHEW WELCH                   | (i)  | 141,431.              | 30,000.                             | 0.  | 0.                                | 16,629.                 | 188,060.                           | 0.  |  |
| EDITOR AT LARGE                     | (ii) | 0.                    | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
|                                     | (i)  |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (ii) |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (i)  |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (ii) |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (i)  |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (ii) |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (i)  |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (ii) |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (i)  |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (ii) |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (i)  |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (ii) |                       |                                     |   |                                   |                         |                                    |   |  |
|                                     | (i)  |                       |                                     |   |                                   |                         |                                    |   |  |
| <u> </u>                            | (ii) |                       |                                     |   |                                   |                         |                                    |   |  |

| Part III Supplemental information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
|  |
| PART I, LINE 4B:   |
| DAVID NOTT, PRESIDENT AND CEO, PARTICIPATES IN A NON-QUALIFIED RETIREMENT  |
| PLAN. DURING THE YEAR ENDED SEPTEMBER 30, 2020, THE FOUNDATION DEPOSITED   |
| \$75,000 INTO THE 457(F) PLAN AND ACCRUED \$100,000 OF CONTRIBUTIONS AT  |
| SEPTEMBER 30, 2020.  |
| PART I, LINE 7:  |
| OFFICERS BONUSES ARE DETERMINED BY THE FINANCE COMMITTEE AS PART OF THE  |
| TOTAL COMPENSATION REVIEW THAT THEY DO BY REVIEWING A REPORT OF 990S FROM A  |
| SELECT GROUP OF OTHER CHARITIES.   |
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### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

THE REASON FOUNDATION

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

OMB No. 1545-0047

2019 Open To Public

Inspection

Name of the organization

Employer identification number

95-3298239

|                               |                      |          |   |              |                | on 501(c)(4), and sec          |       |                      |          |                |                             |         |               |          |
|-------------------------------|----------------------|----------|---|--------------|----------------|--------------------------------|-------|----------------------|----------|----------------|-----------------------------|---------|---------------|----------|
|                               | ete if the organizat |          |   |              |                | urt IV, line 25a or 25b        | o, or | Form 990-EZ, Pa      | art V, I | ine 40         | b.                          | (-1)    | 0             | -+10     |
| (a) Name of disc              | qualified person     | (a) I    | Relationship bety<br>person and or                              |              | itiea (d       | (c) Description of transaction |       |                      |          |                | (a)<br>Ye                   |         | cted?<br>No   |          |
|                               |                      |          | •   |              |                |                                |       |                      |          |                |                             | +''     | *             | NO       |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
| 2 Enter the amou section 4958 |                      |          |   |              |                | ualified persons dur           |       |                      |          | <b>&gt;</b> \$ |                             |         |               |          |
| 3 Enter the amou              |                      |          |   |              |                | ganization                     |       |                      |          | <b>&gt;</b> \$ |                             |         |               |          |
| Part II Loans                 | s to and/or Fr       | ım İnt   | taraetad Dara   | one          |                |                                | -     |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                | Dest V. Barrios                |       | 000 Bart IV IIa      | - 00     |                |                             |         | _             |          |
|                               |                      |          |   |              |                | Part V, line 38a or F          | -orm  | 1 990, Part IV, lin  | e 26; (  | or if th       | e orgai                     | nizatio | n             |          |
| reporte<br>(a) Name o         | d an amount on F     | tionship |   | <del>1</del> | an to or       | (e) Original                   | 14    | f) Balance due       | (a       | ) In           | <b>(h)</b> App              | oroved  | (i) W         | /ritten  |
| interested person with organ  |                      |          |   |              | m the ization? | principal amount               |       | (i) Dalarice due     |          | ult?           | by board o                  |         | or lagranmant |          |
|                               |                      |          |   |              | From           |                                |       |                      | Yes No   |                | Yes                         | No      | Yes           | No       |
|                               |                      |          |   | То           | 110111         |                                |       |                      | 100      | 110            | 100                         | 110     | 100           | 110      |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
| Total<br>Part III   Grant     | s or Assistan        | o Por    | nofiting Intor  |              | d Dor          | <b>&gt;</b> \$                 |       |                      |          |                |                             |         |               |          |
|                               |                      |          | •   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               | ete if the organizat |          |   |              |                |                                |       | (al) Turno           | of.      | Т              | 10                          | \ Duwn  |               | <u> </u> |
| (a) Name of interested person |                      |          | (b) Relationship between interested person and the organization |              |                | (c) Amount of assistance       |       | (d) Type<br>assistan |          |                | (e) Purpose o<br>assistance |         |               | l        |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      | -        |   |              |                |                                |       |                      |          | $\dashv$       |                             |         |               |          |
|                               |                      |          |   |              |                |                                |       |                      |          |                |                             |         |               |          |
|                               |                      | -        |   |              |                |                                |       |                      |          | $\dashv$       |                             |         |               |          |
|                               |                      | -        |   |              |                |                                |       |                      |          | +              |                             |         |               |          |
|                               |                      | $\dashv$ |   |              |                |                                |       |                      |          | $\dashv$       |                             |         |               |          |
|                               |                      | - 1      |   |              |                |                                |       | 1                    |          | - 1            |                             |         |               |          |

Schedule L (Form 990 or 990-EZ) 2019

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization THE REASON FOUNDATION Employer identification number 95-3298239

| Par      | rt I   Types of Property                           |                     |                         |                        |               |                                  |         |        |      |
|----------|--|---------------------|-------------------------|------------------------|---------------|----------------------------------|---------|--------|------|
|          |  | (a)                 | <b>(b)</b><br>Number of | (c)<br>Noncash contrib | oution        | (d)                              |         |        |      |
|          |  | Check if applicable | contributions or        | amounts report         |               | Method of de<br>noncash contribu |         | _      | s    |
|          |  | шррошоо             | items contributed       | Form 990, Part VII     | I, line 1g    |                                  |         |        |      |
| 1        | Art - Works of art                                 |                     |                         |                        |               |                                  |         |        |      |
| 2        | Art - Historical treasures                         |                     |                         |                        |               |                                  |         |        |      |
| 3        | Art - Fractional interests                         |                     |                         |                        |               |                                  |         |        |      |
| 4        | Books and publications                             |                     |                         |                        |               |                                  |         |        |      |
| 5        | Clothing and household goods                       |                     |                         |                        |               |                                  |         |        |      |
| 6        | Cars and other vehicles                            |                     |                         |                        |               |                                  |         |        |      |
| 7        | Boats and planes                                   |                     |                         |                        |               |                                  |         |        |      |
| 8        | Intellectual property                              |                     |                         |                        |               |                                  |         |        |      |
| 9        | Securities - Publicly traded                       | X                   | 7                       | 472,                   | ,893 <b>.</b> | FMV                              |         |        |      |
| 10       | Securities - Closely held stock                    |                     |                         |                        |               |                                  |         |        |      |
| 11       | Securities - Partnership, LLC, or                  |                     |                         |                        |               |                                  |         |        |      |
|          | trust interests                                    |                     |                         |                        |               |                                  |         |        |      |
| 12       | Securities - Miscellaneous                         |                     |                         |                        |               |                                  |         |        |      |
| 13       | Qualified conservation contribution -              |                     |                         |                        | -             |                                  |         |        |      |
|          | Historic structures                                |                     |                         |                        |               |                                  |         |        |      |
| 14       | Qualified conservation contribution - Other        |                     |                         |                        |               |                                  |         |        |      |
| 15       | Real estate - Residential                          |                     |                         |                        |               |                                  |         |        |      |
| 16       | Real estate - Commercial                           |                     |                         |                        |               |                                  |         |        |      |
| 17       | Real estate - Other                                |                     |                         |                        |               |                                  |         |        |      |
| 18       | Collectibles                                       |                     |                         |                        |               |                                  |         |        |      |
| 19       | Food inventory                                     |                     |                         |                        |               |                                  |         |        |      |
| 20       | Drugs and medical supplies                         |                     |                         |                        |               |                                  |         |        |      |
| 21       | Taxidermy  |                     |                         |                        |               |                                  |         |        |      |
| 22       | Historical artifacts                               |                     |                         |                        |               |                                  |         |        |      |
| 23       | Scientific specimens                               |                     |                         |                        |               |                                  |         |        |      |
| 24       | Archeological artifacts                            |                     |                         |                        |               |                                  |         |        |      |
| 25       | Other (MISC. ITEMS)                                | X                   | 3                       | 19,                    | ,021.         | FMV                              |         |        |      |
| 26       | Other ()   |                     |                         |                        |               |                                  |         |        |      |
| 27       | Other ()   |                     |                         |                        |               |                                  |         |        |      |
| 28       | Other ( )  |                     |                         |                        |               |                                  |         |        |      |
| 29       | Number of Forms 8283 received by the organiz       | ation during        | the tax year for co     | ontributions           |               |                                  |         |        |      |
|          | for which the organization completed Form 828      | -                   | •                       |                        | 29            |                                  |         |        |      |
|          |  | ,                   |                         |                        | •             |                                  |         | Yes    | No   |
| 30a      | During the year, did the organization receive by   | contributio         | n any property rep      | orted in Part I, lines | 1 throug      | h 28, that it                    |         |        |      |
|          | must hold for at least three years from the date   |                     |                         |                        |               |                                  |         |        |      |
|          | exempt purposes for the entire holding period?     |                     | •                       | •                      |               |                                  | 30a     |        | Х    |
| b        | If "Yes," describe the arrangement in Part II.     |                     |                         |                        |               |                                  |         |        |      |
| 31       | Does the organization have a gift acceptance p     | olicy that re       | quires the review o     | of any nonstandard     | contribut     | ions?                            | 31      |        | Х    |
|          | Does the organization hire or use third parties of |                     |                         |                        |               |                                  |         |        |      |
| <u>u</u> | contributions?                                     |                     | _                       | · ·                    |               |                                  | 32a     |        | Х    |
| b        | If "Yes," describe in Part II.                     |                     |                         |                        |               | •••••                            | O_U     |        |      |
| 33       | If the organization didn't report an amount in co  | olumn (c) foi       | a type of property      | for which column       | (a) is chec   | ked.                             |         |        |      |
|          | describe in Part II.                               | (0) 101             | = ., po or proporty     | .s. milon column       | ۵, ۱۵ ۵۱۱۵۵   | ,                                |         |        |      |
| I HA     |  | the Instruct        | tions for Form 990      | ).                     |               | Schedule N                       | / (Forn | 1 990) | 2019 |

932142 09-27-19 Schedule M (Form 990) 2019

### **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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE REASON FOUNDATION

Employer identification number 95-3298239

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PANDEMIC PODS, ONLINE CHARTERS, BACKPACK FUNDING, AND OTHER OPTIONS

THAT ENCOURAGE STUDENT ACHIEVEMENT AND ADVANCE THE FREEDOM TO INNOVATE

IN EDUCATION. WE ARE ADVISING POLICYMAKERS AND ALLIES IN MORE THAN 20

STATES ON VIRTUAL SCHOOLING, SCHOOL FINANCE, AND SAFETY. OUR

TRANSPORTATION TEAM IS ASSESSING THE CHANGES THAT THE PANDEMIC HAS MADE

IN TRANSPORTATION USAGE, CALLING FOR GREATER DECENTRALIZATION AND A

REEVALUATION OF HEAVILY SUBSIDIZED TRANSIT PROJECTS. REASON'S DRUG

POLICY TEAM IS HELPING STATES BETTER UNDERSTAND POTENTIAL PITFALLS IN

REGULATING LEGAL RECREATIONAL CANNABIS MARKETS AND PROVIDING SUPPORT TO

POLICYMAKERS SEEKING TO FIX THE CHALLENGES OF LEGALIZATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

"PROMOTING FREE MINDS AND FREE MARKETS THROUGH ONLINE VIDEO JOURNALISM.

- 158 VIDEOS PRODUCED
- AVERAGE OF 6,000,000 VIDEOS PLAYED EACH MONTH

STOSSEL ON REASON

REASON'S VIDEO COLLABORATION WITH BROADCASTING LEGEND AND 19-TIME EMMY
WINNER JOHN STOSSEL DEBUTED IN SUMMER 2017. THE STOSSEL UNIT PRODUCED 9
VIDEOS, RANGING FROM DOCUMENTARY AND INVESTIGATIVE SEGMENTS TO
INTERVIEWS WITH HIGH-PROFILE INDIVIDUALS, MAN-ON-THE-STREET EXCHANGES,
AND VIDEO OP-EDS.

PODCASTS

REASON PRODUCES 3 PODCASTS: THE REASON ROUNDTABLE, A WEEKLY DISCUSSION

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

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

932211 09-06-19

Name of the organization

**Employer identification number** 

THE REASON FOUNDATION 95-3298239

OF THE WEEK'S BIGGEST STORIES AND THEIR CONNECTION TO THE IDEAS OF FREE

MINDS AND FREE MARKETS; THE REASON INTERVIEW WITH NICK GILLESPIE, A

WEEKLY CONVERSATION WITH INNOVATIVE AND INTERESTING THINKERS FROM A

VARIETY OF DISCIPLINES; AND THE MONTHLY SOHO FORUM DEBATES, FEATURING

- AVERAGE OF 171,000 DOWNLOADS PER MONTH

EXPENSES \$ 2,261,732. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC INTELLECTUALS FACING OFF OVER CONTROVERSIAL ISSUES.

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

PRIOR TO FILING WITH THE IRS THE DRAFT 990 WILL BE EMAILED TO THE ENTIRE BOARD OF TRUSTEES FOR REVIEW, FEEDBACK WILL BE PROVIDED TO THE CFO.

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

TRUSTEES AND OFFICERS OF THE FOUNDATION WILL COMPLETE A FORM TO CERTIFY

THAT THERE ARE NO EXISTING CONFLICTS. IF THERE ARE ANY CHANGES TO THAT

STATUS THEY WILL COMPLETE AND SUBMIT ANOTHER FORM.

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

COMPARABLE DATA WAS ASSEMBLED FROM PUBLIC 990 FILINGS FOR SIMILAR POSITIONS
WITHIN OTHER NONPROFIT ORGANIZATIONS AND PRESENTED TO THE FINANCE COMMITTEE

OF THE BOARD OF TRUSTEES WITH RECOMMENDATIONS FOR COMPENSATION. THE FINANCE

COMMITTEE THEN DISCUSSED AND APPROVED COMPENSATION IN AN EXECUTIVE

COMMITTEE MEETING OF THE FULL BOARD OF TRUSTEES.

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

CA,AR,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NM,NY,NC,ND,OK,OR,PA,RI,SC,TN

UT, VA, WV, WI

| Name of the organization  THE REASON FOUNDATION          |      | Employer identification number 95-3298239 |
|--|------|---|
|  |      |   |
| FORM 990, PART VI, SECTION C, LINE 19:                   |      |   |
| UPON REQUEST THE DOCUMENTS WILL BE MAILED OR E-MAILED TO | О ТН | E REQUESTING                              |
| PARTY.   |      |   |
|  |      |   |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                 |      |   |
| CONTRACT SERVICES:                                       |      |   |
| PROGRAM SERVICE EXPENSES                                 |      | 1,974,487.                                |
| MANAGEMENT AND GENERAL EXPENSES                          |      | 0.  |
| FUNDRAISING EXPENSES                                     |      | 27,617.                                   |
| TOTAL EXPENSES   |      | 2,002,104.                                |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A   |      | 2,002,104.                                |
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