WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

THE CENTER FOR FREETHOUGHT EQUALITY 1821 JEFFERSON PL NW WASHINGTON, DC 20036

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

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2019 calendar year, or tax year beginning and ending	ng				
В	Check if applicable	C Name of organization		D Employer identifie	cation number		
	Addres	THE CENTER FOR FREETHOUGHT EQUALITY					
	Name change			52-24480	73		
F	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  1821 JEFFERSON PL NW	/suite	E Telephone numbe (202) 23	r 8-9088		
	termin- ated			G Gross receipts \$	221,765.		
Г	Ameno	WASHINGTON, DC 20036	İ	H(a) Is this a group re			
	Application			for subordinates			
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	····· — —		
$\overline{}$	Tax-exe	empt status:	527		list. (see instructions)		
		e: ► HTTP//WWW.CFEQUALITY.ORG		H(c) Group exemptio			
		,	Year c		1 State of legal domicile: DC		
	art I	Summary			<u></u>		
		Briefly describe the organization's mission or most significant activities: AN EDUC.	ATI	ONAL PHILOS	OPHIC		
Governance		ORGANIZATION IN SUPPORT OF THE LIFESTANCE O	F H	UMANISM THA	T WILL		
rna	2	Check this box   if the organization discontinued its operations or disposed of	f more	than 25% of its net as	ssets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)			7		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7		
8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			3		
ij	6	Total number of volunteers (estimate if necessary)			10		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖	b	Net unrelated business taxable income from Form 990-T, line 39			0.		
		·		Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		196,111.	221,399.		
	9	Program service revenue (Part VIII, line 2g)		0.	0.		
eke	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		63.	106.		
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		200.	260.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		196,374.	221,765.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0		
ģ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		127,048.	121,942.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
g	. b	Total fundraising expenses (Part IX, column (D), line 25)  16,166.					
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,454.	83,034.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		180,502.	204,976.		
		Revenue less expenses. Subtract line 18 from line 12		15,872.	16,789.		
Or Soc			Beg	ginning of Current Year	End of Year		
Net Assets or	<b>20</b>	Total assets (Part X, line 16)		71,266.	88,399.		
L As	21	Total liabilities (Part X, line 26)		23,382.	23,726.		
<u>E</u>	22	Net assets or fund balances. Subtract line 21 from line 20		47,884.	64,673.		
P	art II	Signature Block					
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best of m	y knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.			
Sig	gn	Signature of officer		Date			
Не	re	ROY SPECKHARDT, EXECUTIVE DIRECTOR					
		Type or print name and title			LI DTIN		
		Print/Type preparer's name Preparer's signature	- 1	Pate Check Check	PTIN		
Pai		GLENN MILLER, CPA		10/23/20   self-employe	P00086726		
	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN	39-0974031		
Use	e Only	Firm's address 419 N LEE ST					
		ALEXANDRIA, VA 22314-2301		Phone no. 70	3-519-0990		
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pa	rt III Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE CENTER FOR FREETHOUGHT EQUALITY (CFE) IS A SISTER ORGANIZATION OF	
	THE AMERICAN HUMANIST ASSOCIATION DEDICATED TO LOBBYING AND POLITICAL	<u> </u>
	ADVOCACY. CFE WILL SIGNIFICANTLY INCREASE HUMANIST ACTIVITY IN KEY	
	WASHINGTON COALITIONS, AND HAS ESTABLISHED A PERMANENT LOBBYIST ON TH	Ŀ
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	∐No
	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? Yes	No
	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 \$ 166 , 074 • including grants of \$ 0 • ) (Revenue \$	0.)
	THE CENTER FOR FREETHOUGHT EQUALITY IS DEDICATED TO NOTIFYING AND	′
	EDUCATING CITIZENS AND LEADERS ABOUT KEY ISSUES THAT AFFECT HUMANIST	
	AND OTHER NONTHEISTIC AMERICANS; INCREASE PUBLIC AWARENESS AND	
	ACCEPTANCE OF HUMANISM THROUGH OUR FLAGSHIP WEBSITE, INTERACTIVE	
	COMMUNICATION THROUGH SOCIAL MEDIA, AND DIRECT MAIL TO NON-MEMBERS.	
	COMMONICATION TANGOGA DOCTAL MEDITA, TAND DIRECT MATE TO NOW MEMBERS.	
	EDUCATION TO OPINION LEADERS ON THE KEY ISSUES THAT AFFECT HUMANIST A	ND
	OTHER NONTHEISTIC AMERICANS; EDUCATION TO MEMBERS ON THE KEY ISSUES	шл
	THAT AFFECT THEM INCLUDING INFORMING THEM OF THE POSITIONS OF OPINION	
	LEADERS.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses   166,074.	
	Form 990	(2019)

### 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			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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		х
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	ļ <u></u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<del>                                     </del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٠,,
	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,"	4.		X
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<b>-</b>
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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#### Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		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's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	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? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del></del>
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٠,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	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	33		
34	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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		Х
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	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?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
	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			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

				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	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
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 authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	` '			37
5a	, , , , , , , , , , , , , , , , , , , ,		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that were not too deductible as charitable contributions?		6a	х	
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or		0a	- 21	
D	were not tax deductible?		6b	х	
7	Organizations that may receive deductible contributions under section 170(c).		OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro	vided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> 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				
	Enter the amount of reserves on hand  Did the event interesting receives any payments for indeed temping convices during the tay year?		44-		X
14a	· · · · · · · · · · · · · · · · · · ·		14a		
		······	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year?		15		Х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.		ıə		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	e?	16		х
	If "Yes," complete Form 4720, Schedule O.	·			
			Гания	000	(0010)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion 211 one of the cooler 2 requests membered about pension not required by the member of cools.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	···u		
-	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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	)e only	leve (	ahla
10		)S Offis	) avaii	abie
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
19	statements available to the public during the tax year.	u iiiidi	iciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ROY SPECKHARDT - (202) 238-9088			
	1821 JEFFERSON PL NW, WASHINGTON, DC 20036			

932006 01-20-20

Form **990** (2019)

# 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.

Check this box if neither the organization n		orga	anıza			npei	nsat			
(A)	(B)			(( Dec	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per		ox, unless person is both officer and a director/truste			compensation	compensation	amount of		
	week	_					Ĺ	from	from related	other
	(list any hours for	lirect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	rruste	Institutional trustee		yee	mper		(** 2) 1000 (***)		and related
	below	dual	utiona	_	oldm	st co yee	Je			organizations
	line)	Individual trustee or director	Institi	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD KATZ	1.00									
PRESIDENT	4.00	Х		Х				0.	0.	0.
(2) JOHN WAGNER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) JENNIFER HANCOCK	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) DAVID ORENSTEIN	1.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(5) REBECCA HALE	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(6) GAYLE JORDAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ARON RA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ROY SPECKHARDT	2.00							_		
EXECUTIVE DIRECTOR	41.00			Х				0.	169,813.	9,699.
	-									
		ł								

(A)	(B) (C) Average Position							(D)	(E)		_	(F)	d
Name and title	Average hours per week	box	not c , unle cer an	heck i ss pei	more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	on	an	timate nount other	
	(list any hours for	director						the organization	organizatior (W-2/1099-MI			pensa	
	related	stee or	trustee		es es	Highest compensated employee		(W-2/1099-MISC)	(VV 2) 1000 IVIII	50)	org	anizat	ion
	organizations below	Individual trustee or	Institutional trustee	Je.	Key employee	est com oyee	ıeı					d relat anizati	
	line)	Indiv	Instit	Officer	Keye	High	Former						
1b Subtotal	<u> </u>						<u> </u>	0.	169,8			9,6	99.
c Total from continuation sheets to Part V	II, Section A							0.	169,8	0.		0 6	0.
d Total (add lines 1b and 1c)												9,6	99.
compensation from the organization						-,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	0
Did the organization list any former officer	. director, trust	ee. k	cev e	lame	love	e. o	hia	hest compensated emp	olovee on			Yes	No
line 1a? If "Yes," complete Schedule J for		-	•		•	•	•		•		3		Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•							-	•		4	х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	e J f	or st	ıch j	pers	son .					5		<u> </u>
Complete this table for your five highest complete this table.	ompensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng w	vith	or w	ithin		year.		10	•1	
Name and busines:	s address	N	ONE	3				<b>(B)</b> Description of s	ervices	С	ompe		n
							$\dashv$						
	(in aludina but n			-1 4 -	41	00 11							
2 Total number of independent contractors	(including but i	IOT III	mite	ατο	tno	se ii	stea	i above) who received m	nore than				

Pa	T V	<u> </u>		a au mada da ami ilim	a in this Dort VIII			
-			Check if Schedule O contains a respons	e or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					00010110 012 011
ant	•		Federated campaigns 1a  Membership dues 1b					
Ω.E			Fundraising events 1c					
ifts Ir A			Related organizations 1d	68,648.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	00,0201				
Sir			All other contributions, gifts, grants, and					
her		•	similar amounts not included above 11	152,751.				
O E		a	Noncash contributions included in lines 1a-1f					
Sor		_	Total. Add lines 1a-1f	<b></b>	221,399.			
_			Totally lad miles fa 11	Business Code	,			
ø	2	а						
Ş <	_	b						
Program Service Revenue		c						
am		d						
ogr.		e						
Pr			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	<b>&gt;</b>	106.			106.
	4		Income from investment of tax-exempt bond					
	5		Royalties	<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6	а	Gross rents6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Revenue			and sales expenses <b>7b</b>					
eve		С	Gain or (loss) 7c					
er R			Net gain or (loss)	<b></b>				
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8 Less: direct expenses 8					
			·					
	۵		Net income or (loss) from fundraising events	······				
	9	a	Gross income from gaming activities. See Part IV, line 19	a				
		h	Less: direct expenses 9					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
		_	and allowances 10	Da l				
		b	Less: cost of goods sold					
			Net income or (loss) from sales of inventory	<u> </u>				
<u></u>			. ,	Business Code				
e go	11	а						
ane		b						
Miscellaneous Revenue		С						
Ä.		d	All other revenue	900099	260.			260.
		е	Total. Add lines 11a-11d	<b>&gt;</b>	260.			
	12		Total revenue. See instructions	<b>&gt;</b>	221,765.	0.	0.	366.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,				
6	trustees, and key employees				
0	persons (as defined under section 4958(f)(1)) and				
	paragna described in costion (0F0(a)(0)(D)				
7		106,406.	95,442.	3,601.	7,363
7 8	Other salaries and wages Pension plan accruals and contributions (include	100,400	23,442.	3,001	7,505
0	section 401(k) and 403(b) employer contributions)	732.	656.	25.	51
9	Other employee benefits	5,768.	5,174.	195.	51 399
10		9,036.	8,105.	306.	625
11	Payroll taxes  Fees for services (nonemployees):	3,0301	0/1031	300.	023
'' a	Management	18,000.	10,276.	7,724.	
b		20,0001	20/2/00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C	Legal Accounting				
	Lobbying	21,138.	12,068.	9,070.	
e	D ( )   (   )   )   O D	22,2001	22,0001	370700	
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	1,938.	1,738.	66.	134
12	Advertising and promotion	11,007.	6,676.	218.	4,113
13	Office expenses	8,471.	6,524.	752.	1,195
14	Information technology	16,956.	15,209.	574.	1,173
 15	Royalties	,	,		·
16	Occupancy				
17	Travel	3,045.	2,304.	181.	560
 18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,774.	1,270.		504
20	Interest	,	,		
21	Payments to affiliates				
 22	Depreciation, depletion, and amortization	202.	181.	7.	14
 23	Insurance				
_0 24	Other expenses. Itemize expenses not covered				
	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.)				
а	,				
b					
С					
d					
e	All other expenses	503.	451.	17.	35
25	Total functional expenses. Add lines 1 through 24e	204,976.	166,074.	22,736.	16,166
26	Joint costs. Complete this line only if the organization	-	-	•	<del></del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

#### Part X | Balance Sheet

Par	LA	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,929.	1	18,711
	2	Savings and temporary cash investments		36,579.	2	64,185	
	3	Pledges and grants receivable, net		25,056.	3	5,503	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of	hese pers	ons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr		6			
jts	7	Notes and loans receivable, net			7		
Assets 	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			6,500.	9	0
	10a	Land, buildings, and equipment: cost or other		4 405			
		basis. Complete Part VI of Schedule D		1,187.	222		•
	b	Less: accumulated depreciation	202.	10c	0		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		ı	T1 066	15	00 200
	16	Total assets. Add lines 1 through 15 (must e			71,266.	16	88,399
	17	Accounts payable and accrued expenses	23,382.	17	23,726		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or f					
		trustee, key employee, creator or founder, su					
Lla	00	controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li					
		of Schedule D	1165 17-24	). Complete Part A		25	
	26	Total liabilities. Add lines 17 through 25			23,382.	26	23,726
	20	Organizations that follow FASB ASC 958,			23,3021	20	23,720
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			47,884.	27	64,673
Ба	28	Net assets with donor restrictions				28	·
ם		Organizations that do not follow FASB AS					
고		and complete lines 29 through 33.	,				
ة   ا	29	Capital stock or trust principal, or current fur	ıds			29	
Set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32	Total net assets or fund balances	F	47,884.	32	64,673	
-	33	Total liabilities and net assets/fund balances			71,266.	33	88,399

. are	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			,	1	-	<b>с</b> г		
	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>65.</u>		
	Total expenses (must equal Part IX, column (A), line 25)	2				76. 89.		
	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain 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		64		73.		
Part	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1 /	Accounting method used to prepare the Form 990: Cash X Accrual Other							
- 1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		Х		
1	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
;	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b '	Were the organization's financial statements audited by an independent accountant?		2	2b	Х			
1	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis X 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	e audit,				l		
1	review, or compilation of its financial statements and selection of an independent accountant?		2	2c	X			
1	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule C	).					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?								
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	з	b				

Schedule B

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

Department of the Treasury Internal Revenue Service **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

Name of the organization

Employer identification number

THE CENTER FOR FREETHOUGHT EQUALITY

52-2448073

<b>Organization type</b> (ch	neck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 4) (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
, ,	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509 any one cont	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under $\theta(a)(1)$ and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 90-EZ, line 1. Complete Parts I and II.
year, total co	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the f cruelty to children or animals. Complete Parts I, II, and III.
year, contribi is checked, e purpose. Dor	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively aritable, etc., contributions totaling \$5,000 or more during the year \infty \$
but it <b>must</b> answer "N	tion 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), Io" 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 meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $LHA \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. } \\$ 

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

Name of organization Employer identification number

# THE CENTER FOR FREETHOUGHT EQUALITY

52-2448073

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 68,648.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$120,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE CENTER FOR FREETHOUGHT EQUALITY

52-2448073

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-06			990 990-F7 or 990-PF) (20

Name of organization **Employer identification number** 52-2448073 THE CENTER FOR FREETHOUGHT EQUALITY 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 (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

#### **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 CENTER FOR FREETHOUGHT EQUALITY

**Employer identification number** 52-2448073

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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 advised f	unds
	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 use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified 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 a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		· <del>                                    </del>
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax
4	year	agment is legated	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of Violations, and emorning conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	<b>&gt;</b> \$		cacemente aaning inc year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r 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 and I	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

Pai	rt III Organizations Maintaining Co	llections of A	rt, Hist	torical Tr	easures, d	or Othe	er Simi	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accession	, and other record	ls, checl	k any of the	following tha	at make s	ignifican	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.		
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pai	rt IV Escrow and Custodial Arrange	<b>ements.</b> Comple	ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Part 2	X, line 21.									
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for	contribution	ns or other as	sets not	included		_		
	on Form 990, Part X?							L	Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing 1	table:							
									Amount	:	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				_
2a	Did the organization include an amount on For	m 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liabil	ity?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII. C										<u></u>
Pai	rt V Endowment Funds. Complete if the	he organization an	swered	"Yes" on Fo	orm 990, Part	t IV, line	10.		•		
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiz	ation tha	at are held a	and administe	ered for t	he organi	zation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on S	chedule R?					3b		<u> </u>
4	Describe in Part XIII the intended uses of the o		wment	funds.							
Pai	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	), Part I\		1	), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulat oreciation		(d) Bool	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment				1,187.		1,1	87.			0.
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part	X, colur	nn (B), line	10c.)			. ▶			0.

Schedule D (Form 990) 2019

	FOR FREETHOUG	HT EQUALITY 52	-2448073 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 B 111/1	11 O F 000 B 1 V II 10	
Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)  Fetal (Col. (b) must squal Form 000, Port V. col. (P) line 13.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	11d Con Form 000 Part V line 15	
<u> </u>	Description	Tru. See Form 990, Part A, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	no 15 )		
Part X Other Liabilities.	ic 10.j		l
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
(a) Description of liability	o 000, r arc rv, iii to	5	(b) Book value
(1) Federal income taxes			' '
(i) i sacial incomo taxos			<del> </del>

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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..

Schedule D (Form 990) 2019

Pa	rt XI Re	econciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Return.
	Co	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total reve	enue, gains, and other support per audited financial statements		1
2	Amounts	included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrea	alized gains (losses) on investments	2a	
b		services and use of facilities		
С		es of prior year grants		
d		escribe in Part XIII.)		
е		2a through 2d		2e
3	Subtract I	line <b>2e</b> from line <b>1</b>		3
4		included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investmer	nt expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (De	scribe in Part XIII.)	4b	
С	Add lines	4a and 4b		4c
5		enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XII Re	econciliation of Expenses per Audited Financial Stateme	ents With Expenses per	<sup>r</sup> Return.
		omplete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1		enses and losses per audited financial statements		1
2	Amounts	included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated s	services and use of facilities	2a	
b	Prior year	adjustments	2b	1
С	Other loss	ses	2c	1
d	Other (De	escribe in Part XIII.)	2d	
е		2a through 2d		2e
3	Subtract I	line <b>2e</b> from line <b>1</b>		3
4	Amounts	included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а		nt expenses not included on Form 990, Part VIII, line 7b		4
			4b	
b		escribe in Part XIII.)	TO	-
	Add lines	4a and 4b		4c
с 5	Add lines Total expe	4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5
с 5 <b>Ра</b>	Add lines Total expe rt XIII Su	4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) upplemental Information.		5
5 Pa	Add lines Total expert XIII Suide the des	4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) upplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b and 2b; Part V, line	5
5 Pa	Add lines Total expert XIII Suide the des	4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) upplemental Information.	IV, lines 1b and 2b; Part V, line	5
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5 Pa	Add lines Total expert XIII Suide the des	4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) upplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b and 2b; Part V, line	5
5 Pa	Add lines Total expert XIII Suide the des	4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) upplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b and 2b; Part V, line	5
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5 Pa	Add lines Total expert XIII Suide the des	4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) upplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b and 2b; Part V, line	5

Schedule D (Form 990) 2019

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE CENTER FOR FREETHOUGHT EQUALITY

**Employer identification number** 52-2448073

	·		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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(D)	reported as deferred on prior Form 990
(1) ROY SPECKHARDT	(i)	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	154,813.	15,000.	0.	1,698.	8,001.	179,512.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

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.

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE CENTER FOR FREETHOUGHT EQUALITY

Employer identification number 52-2448073

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRESENT A HUMANIST PERSPECTIVE TO THE GENERAL PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HILL THAT WILL FIGHT FOR ISSUES FREETHOUGHT AMERICANS CARE ABOUT LIKE

THE SEPARATION OF CHURCH AND STATE.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IN THE CENTER FOR FREETHOUGHT EQUITY (CFE) IS OPEN TO ALL WHO

ARE IN SUBSTANTIAL AGREEMENT WITH THE HUMANIST PHILOSOPHY AND THE POSITIONS

AND POLICIES ADOPTED BY CFE.

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

MEMBERSHIP ELECTS THE BOARD OF DIRECTORS.

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

THESE BYLAWS MAY BE AMENDED ONLY BY A TWO-THIRDS VOTE OF THE BOARD OF

DIRECTORS OF THE AMERICAN HUMANIST ASSOCIATION.

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

THE BOARD OF DIRECTORS OF THE CENTER FOR FREETHOUGHT EQUALITY (CFE) IS THE

GOVERNING BODY FOR CFE. AFTER THE TAX RETURNS ARE PREPARED BY AN

INDEPENDENT AUDITOR THE RETURNS ARE REVIEWED BY CFE STAFF AND THE BOARD OF

DIRECTORS. AFTER APPROVAL, THE EXECUTIVE DIRECTOR SIGNS THE RETURN AND IT

IS FILED WITH THE IRS.

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

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

THE CENTER FOR FREETHOUGHT EQUALITY	52-2448073
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD ANNUALLY ADDRESSES POTENTIAL CONFLICTS OF INTER	REST IN ITS
CONFERENCE BOARD MEETING TO MONITOR AND ENFORCES AS NEEDE	ED. IF A CONFLICT
OF INTEREST EXISTS, THE INDIVIDUAL WITH THE CONFLICT IS F	RECUSED FROM VOTING
ON THE ISSUE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.

#### SCHEDULE R (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990.

**>** Co

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

THE CENTER FOR FREETHOUGHT EQUALITY

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 52-2448073

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	r assets Di	rect controlli entity	ng	
Interesting and Deleteral Terry Francis Communic				•	<u> </u>			
organizations during the tax year.								
Part II  Identification of Related Tax-Exempt Organizations during the tax year.  (a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controll	ng Sectio	ntrolled entity?	
organizations during the tax year.  (a)  Name, address, and EIN  of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controll	ng Sectio	ntrolled entity?	
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  MERICAN HUMANIST ASSOCIATION - 94-6168317	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controll	ng Sectio	entity?	
organizations during the tax year.  (a)  Name, address, and EIN of related organization  MERICAN HUMANIST ASSOCIATION - 94-6168317 821 JEFFERSON PL NW ASHINGTON, DC 20036	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controll entity	ng Section co	ntrolled entity?	
organizations during the tax year.  (a)  Name, address, and EIN of related organization  MERICAN HUMANIST ASSOCIATION - 94-6168317 821 JEFFERSON PL NW IASHINGTON, DC 20036 REETHOUGHT EQUALITY FUND PAC - 82-4592860	(b) Primary activity PUBLIC AWARENESS AND	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controll entity  N/A THE CENTER FO	ng Section co	No	
organizations during the tax year.  (a)  Name, address, and EIN of related organization  MERICAN HUMANIST ASSOCIATION - 94-6168317 821 JEFFERSON PL NW ASHINGTON, DC 20036 REETHOUGHT EQUALITY FUND PAC - 82-4592860 821 JEFFERSON PL NW	(b) Primary activity  PUBLIC AWARENESS AND ACCEPTANCE OF HUMANISM.	(c) Legal domicile (state or foreign country)  ILLINOIS	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controll entity  N/A THE CENTER FOR	ng Section construction for the section construction construction for the section construction constr	ntrolled entity?	
organizations during the tax year.  (a)  Name, address, and EIN of related organization  MERICAN HUMANIST ASSOCIATION - 94-6168317 821 JEFFERSON PL NW ASHINGTON, DC 20036	(b) Primary activity PUBLIC AWARENESS AND	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controll entity  N/A THE CENTER FO	ng Section co	ntrolled entity?	

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j	(1	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or P managing partner?		entage iership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Form 1065) <b>Yes</b>		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)				Yes	No		
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one o	r more r	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
b	Gift, grant, or capital contribution to related organization(s)				1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х		
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		X	
							Х	
f Dividends from related organization(s)								
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X	
n	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
	J 1 1 , J ( /							
p Reimbursement paid to related organization(s) for expenses								
a	Reimbursement paid by related organization(s) for expenses		·····		1p 1a		X	
-	,		·····					
r	Other transfer of cash or property to related organization(s)				1r		Х	
	Other transfer of cash or property from related organization(s)				1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on who must con							
	(a) (b)  Name of related organization Transac type (a	tion	(c) Amount involved	(d) Method of determining amount invo	olved			
(1)								
(2)								
. ,								
(3)								
(4)								
(5)								
(6)								
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)( orgs.	sec. (3)	Share of total	Share of end-of-year	Disprition	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	or Perce	centage
or entity		country)	excluded from tax under sections 512-514)	orgs.	?"	totai	ena-or-year	allocat	ions?				- ق - ا - ا - ا - ا - ا
		Country)	Sections 5 (2-5 (4)			income	assets	uou		of Schedule K-1	partne	? OWIT	nersnip
				Yes	No	lilcome	assets	Yes	No	(FOIII 1065)	Yes N	0	
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