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 **

Form **990**

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

<u> </u>	רטו נוו	e 2020 calendar year, or tax year beginning and	enaing	-	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addr				
	Name chan	ge Doing business as		52-24480	73
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final			(202) 23	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	316,937.
	Amer returr	ded WASHINGTON, DC 20036		H(a) Is this a group re	eturn
	Appli tion .	F Name and address of principal officer:NICOLE CARR		for subordinates	? Yes X No
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
T	Tax-ex	rempt status: 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
J	Webs	te: ▶ WWW.CFEQUALITY.ORG		H(c) Group exemptio	n number 🕨
K	Form o	f organization: X Corporation Trust Association Other	∟ Year	of formation: 2004 N	State of legal domicile: DC
P	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: AN EI	DUCATI	ONAL PHILOS	OPHIC
Activities & Governance		ORGANIZATION IN SUPPORT OF THE LIFESTANCE	E OF H	UMANISM THA	T WILL
ŗ	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es 6	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	3
ξ	6	Total number of volunteers (estimate if necessary)			10
∕ct i	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		221,399.	316,689.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		106.	156.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		260.	92.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		221,765.	316,937.
	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)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		121,942.	137,170.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,4!		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 2, 4!	50. \square		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,034.	129,878.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		204,976.	267,048.
	19	Revenue less expenses. Subtract line 18 from line 12		16,789.	49,889.
Net Assets or Find Balances				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		88,399.	135,016.
t As	21	Total liabilities (Part X, line 26)		23,726.	20,454.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		64,673.	114,562.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Observation of afficers		Date	
Sig	jn	Signature of officer		Date	
He	re	NICOLE CARR, INTERIM EXECUTIVE DIRECTO	OR		
		Type or print name and title		Date Check	11 DTIN
. .		Print/Type preparer's name Preparer's signature	ا ا	10/29/21 Check L	PTIN
Pai		GLENN MILLER, CPA Sem Miller		10/29/21 self-employe	
	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN	39-0974031
US	Only	Firm's address 419 N LEE ST			2
		ALEXANDRIA, VA 22314-2301		Phone no. 70	3-519-0990
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

1 Birliy describe the organization's mission: THE CENTER FOR PREETHOUGHT EQUALITY (CPE) IS A SISTER ORGANIZATION OF THE AMERICAN HUMANIST ASSOCIATION (AHA) DEDICATED TO LOBBYING AND POLITICAL ADVOCACY. CPE WILL SIGNIFICANTLY INCREASE HUMANIST ACTIVITY IN KEY WASHINGTON COALITIONS, AND HAS ESTABLISHED A PERMANENT LOBBYIST DID the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 930 £27 If "Yes," describe these new services on Schedule 0. Dot the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(\$3) and 5016(\$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 accomplishments for each of its three largest program services, as measured by expenses. Section 5016(\$3) and 5016(\$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 accomplishments for each of its three largest program services, as measured by expenses. Section 5016(\$3) and 5016(\$4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each programs service accomplishments for each of its three largest program services, as measured by expenses. Section 5016(\$3) and 5016(\$4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each programs services or a formation of the amount of grants and allocations to others, the total expenses, and revenue, if any, for each programs services or any formation of the amount of grants and allocations to others, the total expenses or any formation of the amount of grants and allocations to others, the total expenses or any formation of the amount of grants and allocations to others, the total expenses or any	Pai	t III Statement of Program Service Accomplishments	v
THE CENTER FOR FREETHOUGHT EQUALITY (CFE) IS A SISTER ORGANIZATION OF THE AMERICAN HUMANIST ASSOCIATION (AHA) DEDICATED TO LOBBYING AND POLITICAL ADVOCACY. CPE WILL SIGNIFICANTLY INCREASE HUMANIST ACTIVITY IN KEY WASHINGTON COALITIONS, AND HAS ESTABLISHED A PERMANENT LOBBYIST IN KEY WASHINGTON COALITIONS, AND HAS ESTABLISHED A PERMANENT LOBBYIST IN KEY WASHINGTON COALITIONS, AND HAS ESTABLISHED A PERMANENT LOBBYIST Old the organization undertake any significant program services during the year which were not listed on the professor brane new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			X
POLITICAL ADVOCACY. CFE WILL SIGNIFICANTLY INCREASE HUMANIST ACTIVITY IN KEY WASHINGTON COALITIONS, AND HAS ESTABLISHED A PERMANENT LOBBYIST 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990 E27 Yes X No Yes X	1		ATION OF
TIN KEY WASHINGTON COALITIONS, AND HAS ESTABLISHED A PERMANENT LOBBYIST 2 Did the organization undertake any significant program services during the year which were not listed on the proof rom 980 or 990E2? If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these new services on Schedule O. Old the organization oease conducting, or make significant changes in how it conducts, any program services? Yes IX No If 'Yes,' describe these changes on Schedule O. Old the organization opporans 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:) (promess 2 248,141. *routing parts of \$			
2 Do the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? If Yes, 'describe these new services on Schedule 0. If Yes, 'describe these news services on Schedule 0. Do the organization cease conducting, or make significant changes in how it conducts, any program services. Ves X No If Yes, 'describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 93 (10(s) and 9510(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. 14 (coate 1) (sepanses 24.8, 14.1 requiring grants of 3 0.1) (sepanses 0.1) (sepanses 24.8, 14.1 requiring grants of 3 0.1) (sepanses 0.1) (sepanses 24.8, 14.1 requiring grants of 3 0.1) (sepanses 0.1) (sepanse			
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes X No
## 11 **Yes," describe these changes on Schedule O. ## 2		If "Yes," describe these new services on Schedule O.	
40 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 reviewing, if any, for each program service reported. 4a (code:	3		Yes X No
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		040 141)
	<u>4e</u>	Total program service expenses ► ∠48, 141.	Form 990 (2020)

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		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			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		Х
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	
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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	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	4-		X
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		22
17	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	- '' -		
.0	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,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х

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		162	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	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,			
	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			
	"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		X
С	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	30		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 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			37
	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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		Х
00	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	00		
27		36		
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	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
56		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	_ 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	Elizabeth Selizadio o containo a responso en noto to any mio in tino i art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a1		. 55	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	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	2a 3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х						
	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 Company of the second)	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	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 Ac	` '			37					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b 5c		Δ.					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
оa	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
h	any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
D	were not tax deductible?									
7	Organizations that may receive deductible contributions under section 170(c).		6b	X						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the pavor?	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									
	to file Form 8282?	•	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e							
f	3 , 3 , 11 , 1									
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g							
h										
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?									
9	Sponsoring organizations maintaining donor advised funds.		0-							
a			9a 9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90							
а		10a								
	Г	10b								
11	Section 501(c)(12) organizations. Enter:									
а		11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	· · · · · · · · · · · · · · · · · · ·	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a							
b		12b								
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	40%								
	1	13b								
		13c	14a		X					
14a										
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner.		14b							
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?										
	If "Yes," see instructions and file Form 4720, Schedule N.		15		X					
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.									
	, ,		Form	990	(2020)					

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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	<u></u>			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	7								
	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	7								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	- 2	2		X					
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?	;	з		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		X					
6										
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?	7	'a	х						
b										
	persons other than the governing body?	7	_b	х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8	3a	х						
b	Each committee with authority to act on behalf of the governing body?	—	3b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	, ا	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10	0a		X					
	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?	10	0b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	1a	Х						
b										
12a	and the second s									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2a 2b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12	2c	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		X					
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	15	5a		Х					
	Other officers or key employees of the organization		5b		X					
-	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?	16	6a		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?	16	6b							
Sec	tion C. Disclosure									
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)s (onlv)	avail	able					
	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)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and f	inan	cial						
	statements available to the public during the tax year.		•••• 11							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	NICOLE CARR - (202) 238-9088									
	1821 JEFFERSON PL NW, WASHINGTON, DC 20036									

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Form **990** (2020)

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	(C)		(D)	(E)	(F)					
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of			
	week		CCI ai	lu a u	II GCIC)/ ii us	100)	from	from related	other	
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ee or (stee			nsateo		(W-2/1099-MISC)	(** 27 1033 141100)	organization	
	organizations	trust	ıal tru)yee	ompe		,		and related	
	below	vidua	Institutional trustee	je,	Key employee	Highest compensated employee	Former			organizations	
	line)	lhdi	Inst	Officer	Key	High	Por				
(1) ROY SPECKHARDT	2.00			l					450 504	40 500	
EXECUTIVE DIRECTOR	44.00			Х				0.	158,794.	10,530.	
(2) HOWARD KATZ	1.00			l						•	
PRESIDENT	4.00	Х		Х				0.	0.	0.	
(3) JOHN WAGNER	1.00			l						•	
VICE PRESIDENT		Х		Х				0.	0.	0.	
(4) JENNIFER HANCOCK	1.00										
SECRETARY		Х		Х				0.	0.	0.	
(5) DAVID ORENSTEIN	1.00										
TREASURER	1.00	Х		Х				0.	0.	0.	
(6) REBECCA HALE	1.00								_	_	
DIRECTOR	3.00	Х						0.	0.	0.	
(7) GAYLE JORDAN	1.00									_	
DIRECTOR		Х						0.	0.	0.	
(8) ARON RA	1.00								_	_	
DIRECTOR		Х						0.	0.	0.	
					<u> </u>						
										- 000	

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Part VII Section A. Officers, Directors, Tru	(B)	ره.م				9.10						(E)	
(A)	Average		(C) Position					(D)	(E)			(F)	
Name and title	hours per		not c	heck	k more than one erson is both an			Reportable compensation	Reportable			timate	
	week				a director/trustee)			from	compensation from related			nount other	OI.
	(list any	JO:						the	organization			pensa	tion
	hours for	direct				_		organization	(W-2/1099-MI			om the	
	related	o oc	stee			sate		(W-2/1099-MISC)	(** 2/ 1000 1111	00,		anizat	
	organizations	truste	al tru		ee/	mpei		(,				d relat	
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est cc oyee	er				orga	anizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		_											
		<u> </u>	_										
		1											
1b Subtotal								0.	158,7		1	0,5	
c Total from continuation sheets to Part								0.	150 5	0.		<u> </u>	0.
d Total (add lines 1b and 1c)								0.	158,7			0,5	30.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	o r	eceived more than \$100	,000 of reportat	ole			0
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, trust	ee, l	кеу е	empl	loye	e, or	hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the	sum of reportab												
and related organizations greater than \$1	•							•	•		4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," co.	mplete Schedul	e J f	or st	uch _i	pers	son .					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest of the organization. Report compensation for										npens	ation t	rom	
(A)	· ···· · · · · · · · · · · · · · · · ·			<u></u>				(B)	,		(C)	
Name and busines	s address	N	INC	3			_	Description of s	ervices	С	ompe	nsatio	n
Total number of independent contractors	(including but r	not li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ						0		<u> </u>					
											Form	990 (2	2020)

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1 0.			Check if Schedule O contains a response or note t	o any lin	e in this Part VIII			
			Check if Schedule O contains a response or note t	o arry iii		(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						idilotion revenue	basiliess revenue	sections 512 - 514
nts nts	1	а	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
ts, (Am		С	Fundraising events1c					
Giff		d	Related organizations 1d 74,	487.				
S, imi		е	Government grants (contributions) 1e					
tion er S		f	All other contributions, gifts, grants, and					
ibu The			similar amounts not included above 1f 242,	202.				
ont d C		g	Noncash contributions included in lines 1a-1f					
a C		h	Total. Add lines 1a-1f	▶	316,689.			
			Busines	s Code				
Ce	2	а						
ervi		b						
n S en		С						
lran Rev		d						
Program Service Revenue		е						
ъ.		f	All other program service revenue					
		g	Total. Add lines 2a-2f	<u></u> ▶				
	3	1	Investment income (including dividends, interest, and		156			156
			other similar amounts)		156.			156.
	4		Income from investment of tax-exempt bond proceeds					
	5	i	Royalties					
	_		(i) Real (ii) Per	sonai				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss) Gross amount from sales of (i) Securities (ii) O					
	′	а		uiei				
			assets other than inventory 7a					
ø		D	Less: cost or other basis					
her Revenue		_	and sales expenses 7b Gain or (loss) 7c					
le ve			. ,					
F F			Net gain or (loss)	🚩				
Oth	8	а	, ,					
			including \$ of					
			contributions reported on line 1c). See Part IV, line 18					
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	a		Gross income from gaming activities. See					
	١	u	Part IV, line 199a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	▶				
	10		Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	▶				
S			Busines	s Code				
oni e	11	а						
ane		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue 900	099	92.			92.
			Total. Add lines 11a-11d	🕨	92.			
	12	:	Total revenue. See instructions	▶	316,937.	0.	0.	248.

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).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 000	445 500		0.450
7	Other salaries and wages	120,032.	117,582.		2,450
8	Pension plan accruals and contributions (include	4 040	4 040		
	section 401(k) and 403(b) employer contributions)	1,013. 6,588.	1,013.		
9	Other employee benefits	6,588.	6,588.		
10	Payroll taxes	9,537.	9,537.		
11	Fees for services (nonemployees):	4.0.00.	46.66		
а	Management	18,000.	18,000.		
b	Legal				
С	Accounting				
d	Lobbying	80,710.	80,710.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,136.	2,136.		
12	Advertising and promotion	13,136.		13,136.	
13	Office expenses	7,530.	4,209.	3,321.	
14	Information technology	6,439.	6,439.		
15	Royalties				
16	Occupancy				
17	Travel	1,795.	1,795.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58.	58.		
23	Insurance				
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					
е	All other expenses	74.	74.		
25	Total functional expenses. Add lines 1 through 24e	267,048.	248,141.	16,457.	2,450
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Part X | Balance Sheet

artx	Balance Sheet					
	Check if Schedule O contains a response or r	ote to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			18,711.	1	14,793
2	Savings and temporary cash investments			64,185.	2	109,995
3	Pledges and grants receivable, net			5,503.	3	8,533
4	Accounts receivable, net				4	
5	Loans and other receivables from any current					
	trustee, key employee, creator or founder, sub					
	controlled entity or family member of any of th		5			
6	Loans and other receivables from other disqu					
	under section 4958(f)(1)), and persons describ	ed in sectio	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7			
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10 a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	2,941.			
b	Less: accumulated depreciation	10b	1,246.	0.	10c	1,695
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line	e 11			12	
13	Investments - program-related. See Part IV, lin	e 11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must ed			88,399.	16	135,016
17	Accounts payable and accrued expenses			23,726.	17	20,454
18	Grants payable				18	
19	Deferred revenue		19			
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complet	e Part IV of	Schedule D		21	
22	Loans and other payables to any current or fo	rmer officer	, director,			
	trustee, key employee, creator or founder, sub					
22	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unr				23	
24	Unsecured notes and loans payable to unrela				24	
25	Other liabilities (including federal income tax,	•				
	parties, and other liabilities not included on lin	es 17-24). C	Complete Part X			
	of Schedule D			22 726	25	20 454
26	Total liabilities. Add lines 17 through 25			23,726.	26	20,454
,	Organizations that follow FASB ASC 958, c	heck here				
	and complete lines 27, 28, 32, and 33.			64 672		114 560
27	Net assets without donor restrictions			64,673.	27	114,562
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC	958, check	there L			
27 28 29 30 31 32	and complete lines 29 through 33.				00	
29	Capital stock or trust principal, or current fund				29	
30	Paid-in or capital surplus, or land, building, or				30	
31	Retained earnings, endowment, accumulated			61 672	31	111 560
	Total net assets or fund balances			64,673.	32	114,562
33	Total liabilities and net assets/fund balances			88,399.	33	135,016 Form 990 (2020

Ра	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response or note to any line in this Part XI						
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2		67,0			
3	Revenue less expenses. Subtract line 2 from line 1	3		49,88			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		64,6	73.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain 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	1	14,5	62.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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?		2t	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	te 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,					
	review, or compilation of its financial statements and selection of an independent accountant?		20	: X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O	١.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit				
	Act and OMB Circular A-133?		3a	<u> </u>	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3k				

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.

2020

OMB No. 1545-0047

Name of the organization

Employer identification number

THE CENTER FOR FREETHOUGHT EQUALITY

52-2448073

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Organization type (check one):							
Filers of	:	Section:					
Form 990	or 990-EZ	X 501(c)(4) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not 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					
	, ,	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 a 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; line 1. Complete Parts I and II.					
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

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)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$ 74,487.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X 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 Pa	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 11-25		\$	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

13747_11

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	t 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 advise	ed funds	(b) Funds ar	nd 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	-			
	are the organization's property, subject to the organization's $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}{2}\right) \left(\frac{1}{$				L Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	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	organization dur	ng the tax
	year >				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				

032051 12-01-20

Schedule D (Form 990) 2020

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

Pai	rt III Organizations Maintaining Co	llections of A	rt, Hist	orical Tr	easures, c	or Othe	r Similar	· Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	, and other record	ls, check	any of the	following tha	t make si	gnificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 ı	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	ey further t	he organizati	on's exer	npt purpos	e in Parl	XIII.		
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	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	ements. Comple	ete if the	organizatio	n answered '	"Yes" on	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Part >	K, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contributior	ns or other as	sets not	included		-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing t	able:							
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		1		
	Did the organization include an amount on Forr						ty?	🖳	Yes		⊣ No
	If "Yes," explain the arrangement in Part XIII. C							<u></u>			
Pai	rt V Endowment Funds. Complete if the										
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three yea	irs 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		g, column (a	a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment \(\bigsec\) \(\bigsec\)										
_	The percentages on lines 2a, 2b, and 2c should										
за	Are there endowment funds not in the possess	ion of the organiz	ation tha	it are held a	ind administe	erea for tr	ie organiza	tion	Г	.,	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		<u> </u>
D 4	If "Yes" on line 3a(ii), are the related organization								3b		
Pai	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipme		wment	urius.							
	Complete if the organization answered ") Part IV	/ line 11a 9	Saa Form 000) Dart Y	lina 10				
	Description of property	(a) Cost or o		,	or other	· ·	cumulated		(d) Book	. valu	
	Description of property	basis (investr			(other)	٠,	reciation		(u) Door	vaiu	C
12	Land	,				300					
	Buildings										
	Leasehold improvements										
	Equipment				2,941.		1,24	6.		L,6	95.
	Other				1		, - <u>-</u>			, -	
	I. Add lines 1a through 1e. (Column (d) must equ		X. colun	nn (B), line i	10c.)		l		1	L,6	95.
	123	,	,	. ,,	/						

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE CENTER	FOR FREETHOUG	HT EOUALITY 52	-2448073 Page 3
Part VII Investments - Other Securities.			rago
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.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)		. ,	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	, 10.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability		710 01 1111 000 1 01111 000, 1 d. t. x, iii 10 20	(b) Book value
(1) Federal income taxes			• •
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
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) 2020

(8)

Pai	rt XI Reconciliation of Revenue per Audited Financi			
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	1 , 0			
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	, , , , , , , , , , , , , , , , , , , ,			
b	7	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Pa	rt XII Reconciliation of Expenses per Audited Finance		ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	·	1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
С.				
d	7	· ·		
_	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4		4-		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	40	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	4b		
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	4b	5	rt XI.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,

Schedule D (Form 990) 2020

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

Department of the Treasury

Internal Revenue Service

THE CENTER FOR FREETHOUGHT EQUALITY

Employer identification number 52-2448073

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1 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:	_		v
a	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		\vdash
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 504(a)(2), 504(a)(4), and 504(a)(00) aggregations may be consulted lines 5.0			
_	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:	5a		Х
a h	The organization? Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	35		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
а	The organization?	6a		Х
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		х
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) 2020

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 benefits				
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	in column (B) reported as deferred on prior Form 990	
(1) ROY SPECKHARDT	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	158,794.	0.	0.	1,588.	8,942.	169,324.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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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. Open to Public

OMB No. 1545-0047

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:

ON THE 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) 2020

Name of the organization THE CENTER FOR FREETHOUGHT EQUALITY	Employer identification number 52-2448073
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD ANNUALLY ADDRESSES POTENTIAL CONFLICTS OF INTER	EST IN ITS
CONFERENCE BOARD MEETING TO MONITOR AND ENFORCES AS NEEDE	D. IF A CONFLICT
OF INTEREST EXISTS, THE INDIVIDUAL WITH THE CONFLICT IS R	ECUSED 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.

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

2020
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) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) or Total inco	me End-of-yea	ar assets Direct	(f) Sets Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34,	because it had or	ne or more related tax-ex	empt	
(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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AMERICAN HUMANIST ASSOCIATION - 94-6168317	_						
1821 JEFFERSON PL NW	PUBLIC AWARENESS AND						
WASHINGTON, DC 20036	ACCEPTANCE OF HUMANISM.	ILLINOIS	501(C)(3)	LINE 7	N/A		Х
FREETHOUGHT EQUALITY FUND PAC - 82-4592860 1821 JEFFERSON PL NW	4				THE CENTER FOR FREETHOUGHT		
WASHINGTON, DC 20036	POLITICAL ACTIVITY	DISTRICT OF COLUMBIA	527		EOUALITY	X	
WADIINGTON, DC 20030		DISTRICT OF COMMENT	527		BOADITI		

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.

Organization distribution and a particular year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	,	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	Gene	al or Perce	rcentage	
or related organization		(state or foreign	entity	t controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Share of total end-of-year assets Share of total end-of-year assets Yes No Code V-UBI amount in bo 20 of Schedu K-1 (Form 106)		amount in box 20 of Schedule K-1 (Form 1065)	partr	er?	vnersnip				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No		
										\Box	+		
		1											
											—		

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) Primary activity	(c) 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	512(l contr ent	
		country)		S. 1. 25.y		400010		Yes	No
									<u> </u>
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2020

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note:	Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					Yes	No			
		s with one or more r	elated organizations listed in	Parts II-IV?						
					1a		Х			
b (Gift, grant, or capital contribution to related organization(s)				1b		Х			
c (Gift, grant, or capital contribution from related organization(s)				1c	Х				
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets from related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets to related organization(s) n Performance of services or membership or fundraising solicitations for related organization(s) n Performance of services or membership or fundraising solicitations by related organization(s) n Parformance of services or membership or fundraising solicitations by related organization(s) o Sharing of paid employees with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses c Other transfer of cash or property from related organization(s) S Other transfer of cash or property from related organization(s) Name of related organization (a) Name of related organization (b) Co Name of Method of determining amount in typo (a.s) (d) Name of related organization										
	e Loans or loan guarantees by related organization(s)									
f [Dividends from related organization(s)				. 1f		X			
g S	Sale of assets to related organization(s)				. 1g		Х			
h F	Purchase of assets from related organization(s)				. 1h		X			
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses 1p Reimbursement paid by related organization(s) for expenses 1p										
j L	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? A Receipt of (i) interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Social from related organization(s) Dividends from related organization(s) Social sasest to related organization(s) Exchange of assests from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Dividends from related organization(s) Companies of facilities, equipment, mailing lists, or other assets with related organization(s) Other transfer of cash or property to related organization(s) Other transfer of cash or property to related organization(s) The same of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization Method of determining amount involved		. <u>1j</u>		Х					
					41.		X			
K L	lease of facilities, equipment, or other assets from related organization(s)				1K		X			
1 1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			. 11		X			
m F	Performance of services or membership or fundraising solicitations by related orga	inization(s)			. 1m		X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							X			
0 5	Sharing of paid employees with related organization(s)				. 10		Α.			
n [Paimbureament paid to related arganization(s) for expanses				1n		x			
p r	Poimbursement paid by related organization(s) for expenses				10		X			
ч	neimbursement paid by related organization(s) for expenses				. 19					
r (Other transfer of cash or property to related organization(s)				1r		х			
							X			
					. 13					
	(a)	(b) Transaction	(c)	(d)	nvolved					
(1)										
(2)										
<u>\-/</u>										
(3)										
(4)										
(5)										
(6)										
	10.20.20	29		Schedule	B (For	m 990	1 2020			

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.

(b)	(c)	(d)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Primary activity	Legal domicile	Predominant income (related_unrelated	partners se	Share of		Dispr tion	opor- iate	Code V-UBI	Genera managi	or Percentage
	(state or foreign	excluded from tax under	orgs.?	total		alloca	ions?	of Schedule K-1	partne	ownersnip
	Country)	Sections 5 (2-5 (4)	Yes No) IIICOITIE	assets	Yes	No	(F01111 1065)	Yes N	0
										1
									\Box	
										1
	I	I		1		1	I	I	1 l	1
_	(b) Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Yes No.	Primary activity Legal domicile (related, unrelated, state or foreign activity (state or foreign activity (state or foreign activity (related, unrelated, state or foreign activity (related, state or	(c) Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, unrelated, excluded from fax unrelated, excluded from fax unrelated from fax unrelate	(b) Legal domicile (state or foreign country) Country Claim Cla	(c) Legal domicile (state or foreign country) Country Country	(b) Legal domicile (state or foreign country) Primary activity Primary activity Legal domicile (state or foreign country) Primary activity Primary activity Legal domicile (state or foreign country) Primary activity Prima	(b) (c) (c) (degree of the country) (extended from table (state or foreign country)) (related, unrelated, excitors 512-514) (ves No) (ves