** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury

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

A For the 2018 calendar year, or tax year beginning FEB 21, 2018 and ending DEC 31, and ending DEC 31, 2018 Open to Public Inspection

B c	heck if	C Name of organization		D Employer ide	entific	cation number
x	Addre	MARCH FOR OUR LIVES ACTION FUND				
-	□Name			م ا	2 _ 1	535615
Y	chang □Initial return	<u> </u>	Doom/ouito	E Telephone nu		
	Final	P O BOX 8929	noom/suite)618-5012
	⊣return termir	7		1		18,693,498.
v	ated Amen Ireturn	City or town, state or province, country, and ZIP or foreign postal code CORAL SPRINGS, FL 33075		G Gross receipts \$		
	Applic			H(a) Is this a gro		eturn .? Yes X No
	⊥tiòn pendi	F Name and address of principal officer:NINA VINIK SAME AS C ABOVE				
	-			7		ncluded? Yes No
		empt status: 501(c)(3) X 501(c) (4)	or 527	┥,		list. (see instructions)
				H(c) Group exer		
	orm o	•	L Year	of formation: 20	LOIN	1 State of legal domicile: DE
F		Summary	D 7 D T	TT TIME	1	
Se	1	Briefly describe the organization's mission or most significant activities: ${{f SEE}}$	PAKI I	II, DINE	Τ.	
Jan		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		050/ (:)		
Je.	l	Check this box if the organization discontinued its operations or dispose			net as	ssets.
Ô	3	Number of voting members of the governing body (Part VI, line 1a)			4	6
∞ ′°	4	Number of independent voting members of the governing body (Part VI, line 1b)			5	11
ţį	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			6	2500
Activities & Governance	6	Total number of volunteers (estimate if necessary)			6 7а	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			-	0.
	D	Net unrelated business taxable income from Form 990-T, line 38	·····		7b	
		Contributions and grants (Dort VIII line 1h)		Prior Year		Current Year 17,879,150.
ıne	8	Contributions and grants (Part VIII, line 1h)				0.
Revenue	9	Program service revenue (Part VIII, line 2g)				0.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				814,348.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				18,693,498.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				2,228,874.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				207,482.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0.
Sen		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 6,00	65			0.
Ĕ	l .					13,875,566.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				16,311,922.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				2,381,576.
-SS	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current	Vaar	End of Year
Net Assets or und Balances	20	Total assets (Part X, line 16)	<u> </u>	gilling of our cut	T Cai	2,381,576.
Ass. Bal	21	Total liabilities (Part X, line 16)				0.
Pref	22	Net assets or fund balances. Subtract line 21 from line 20				2,381,576.
	art II	Signature Block				
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the bes	t of my	y knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			-	
Sigi	n	Signature of officer		Date		
Her		NINA VINIK, CHAIR				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature /		Date	eck	PTIN
Paid	i	RICHARD J. LOCASTRO, CPA Recland J. Loc	astro	12/11/19 if self	f-employe	P00288314
Prep	oarer	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN		Firm's EI		52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N				
		BETHESDA, MD 20814-2930		Phone no	0.(3	01) 951-9090
Max	tha I	RS discuss this return with the preparer shown above? (see instructions)		•		X Ves No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: MARCH FOR OUR LIVES'(MFOL) MISSION IS TO HARNESS THE POWER OF YOUNG
	PEOPLE ACROSS THE COUNTRY TO FIGHT FOR SENSIBLE GUN VIOLENCE
	PREVENTION POLICIES THAT SAVE LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,840,301. including grants of \$ 451,110.) (Revenue \$)
	FOLLOWING THE TRAGEDY IN PARKLAND FL IN FEBRUARY 2018, MFOL'S STUDENT
	LEADERS ORGANIZED AND PRODUCED THE HISTORIC MARCH FOR OUR LIVES AS A
	NATIONAL CALL TO ACTION TO END GUN VIOLENCE. ON MARCH 24, 2018,
	800,000+ PEOPLE MARCHED ON THE NATIONAL MALL IN WASHINGTON, D.C.
	ALONGSIDE THE MILLIONS AROUND THE WORLD WHO TOOK PART IN 800 SIBLING MARCHES.
	MARCHED.
4b	(Code:) (Expenses \$ 4 , 050 , 715 • including grants of \$) (Revenue \$)
	IN THE SUMMER OF 2018, MFOL STUDENTS LED THE ROAD TO CHANGE TOUR. THEY
	TRAVELED BY BUS TO OVER 24 STATES IN 60 DAYS - AND TO EVERY
	CONGRESSIONAL DISTRICT IN FLORIDA- TO GET YOUNG PEOPLE EDUCATED,
	REGISTERED, AND MOTIVATED TO VOTE. AT EACH STOP, WE HELD TOWN HALL
	FORUMS OR RALLIES TO START CONVERSATIONS ABOUT ENDING GUN VIOLENCE AND
	TO ENCOURAGE LOCAL ACTIVISM. ALONG THE WAY, AND INTO THE FALL LEADING
	UP TO THE MIDTERM ELECTIONS, MFOL REGISTERED THOUSANDS OF VOTERS
	THROUGH NATIONAL AND COMMUNITY PARTNERS. OUR ACTIVISM DROVE THE HIGHEST LEVEL OF YOUTH VOTER TURNOUT IN OVER 25 YEARS.
	• CAMAI CZ MINOMIOL MIL TOOMIOL MILOUT TO LEVEL
4c	(Code:) (Expenses \$ 3,758,748. including grants of \$ 1,732,980.) (Revenue \$)
	MFOL'S ADVOCACY EFFORTS PUT GUN POLICY AS ONE OF THE TOP FOUR ISSUES
	VOTERS CARED ABOUT IN 2018. WE LAUNCHED OUR CHAPTER NETWORK TO CREATE
	AN INFRASTRUCTURE FOR YOUTH ACTIVISM AND GUN VIOLENCE PREVENTION
	ADVOCACY FOR YEARS TO COME. OUR GRASSROOTS NETWORK ALLOWS MORE YOUTH TO
	TAKE ON A BIGGER ROLE IN OUR MOVEMENT AND IN THE POLITICAL PROCESS, AND
	IT PROVIDES OPPORTUNITIES FOR YOUNG PEOPLE TO CREATE CHANGE AT ALL
	LEVELS. ON THE LEGISLATIVE FRONT, OUR STUDENT-LED POLICY TEAM'S EFFORTS
	WERE INSTRUMENTAL IN ENSURING THE PASSAGE OF OVER 50 NEW PIECES OF GUN
	VIOLENCE LEGISLATION, AT THE STATE AND FEDERAL LEVELS, INCLUDING HOUSE
	BILL H.R.8.
<i>A</i> =1	Other program convince (Describe in Schedule O.)
40	Other program services (Describe in Schedule O.) (Expenses \$ 55,408 • including grants of \$ 44,784 •) (Revenue \$)
40	(Expenses \$ 55,408 • including grants of \$ 44,784 •) (Revenue \$) Total program service expenses ► 15,705,172 •
-10	Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		,	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		21
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
40	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 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,"	10		 ^
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV	Checklist	of Required	Schedules	(continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and former officers, director, trustee, or key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and 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 I, If "No," go to line 25a. 24a
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 X 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 X 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C 25c 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Z 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spot or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disquallified persons? If "Yes," complete Schedule L, Part II Z 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 25a A current or former officer, director, trustee, or key emp
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
Schedule J 23 X 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 X 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization minusation an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization 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 28d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-anale contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasure
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
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Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization ministain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b 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 26D Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26D ID
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part 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 filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 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 more than \$25,000 in non-cash contr
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E2? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization experiment or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Jid the organiz
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d bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family mem
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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
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1
Did the diganization have a controlled charty water the meaning of cocation of E(o)(10).
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
If "Yes," complete Schedule R, Part V, line 2
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?
Note. All Form 990 filers are required to complete Schedule O
Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V
Yes No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 80
b Effect the fluthbot of forms will a little for if not applicable
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
_	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		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a	х	
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Va		
Б		6b	х	
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c). N/A	OD		
, а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	0 ,1 ,	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,,
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	Гания	990	(0010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	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 in Schedule O	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?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
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	15a	X	
b	Other officers or key employees of the organization	15b		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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	AMANDA CONLEE - (202)-618-5012			
	P.O. BOX 8929, CORAL SPRINGS, FL 33075			

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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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	Positior (do not check more box, unless person officer and a director				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NINA VINIK	20.00	77		77				0	0	0
CHAIR (2) MELISSA AUCHARD-SCHOLZ	20.00	Х		Х	<u> </u>			0.	0.	0.
(2) MELISSA AUCHARD-SCHOLZ VICE CHAIR	20.00	X		x				0.	0.	0 .
(3) VERNETTA WALKER	20.00			<u> </u>				0.	0.	
SECRETARY	20.00	Х		х				0.	0.	0 .
(4) JERI RHODES	20.00									
TREASURER		х		x				0.	0.	0 .
(5) AILEEN ADAMS	5.00									
BOARD MEMBER		Х						0.	0.	0 .
(6) GEORGE KIEFFER	5.00									
BOARD MEMBER (THROUGH 08/18)		Х						0.	0.	0.
(7) EMMA GONZALEZ	5.00							_	_	_
STUDENT BOARD MEMBER (THROUGH 08/18)		Х			L			0.	0.	0.
(8) KAYLYN PIPITONE	5.00								•	•
STUDENT BOARD MEMBER (THROUGH 06/18)	40.00	Х			<u> </u>			0.	0.	0 .
(9) JACLYN CORIN DIRECTOR OF STUDENT CHAPTER DEV'L	40.00	x						10,200.	0.	0 .
(10) DAVID HOGG	40.00									
STUDENT BOARD MEMBER		х						0.	0.	0 .
(11) MATT DEITSCH	40.00									
DIRECTOR OF STRATEGY		х						49,000.	0.	0 .
					⊢					
		1								
				L						
					L					
					L					

Page 8

Pai	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable		Estir		ed			
		hours per	box	ox, unless person is both an officer and a director/trustee)		compensation	compensation compensation			nount	of			
		week	<u> </u>	CCI ai	lu a u	III ect	Ji/ ii us	100)	from	from related	1		other	
		(list any hours for	irecto						the	organization (W-2/1099-MIS			pensa om th	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(88-2/1099-1818	30)		anizat	
		organizations	truste	al trus		ee/	mpen		(** 2/ 1000 (**1100)			•	d relat	
		below	Individual trustee or director	Institutional trustee	 	oldm	est co oyee	er					anizati	
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
	Sub-total							▶	59,200.		0.			0.
	Total from continuation sheets to Part V							•	0.		0.			0.
	Total (add lines 1b and 1c)							•	59,200.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100	0,000 of reportab	le			
	compensation from the organization													
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a	•					,	elat	ted organization or indiv	idual for services	;	_		v
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	ipiete Scheaui	e J ī	or si	ucn	per	son .					5		X
1	Complete this table for your five highest co	mpensated in	dene	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of con	npens:	ation f	from	
-	the organization. Report compensation for		-											
	(A)								(B)			(0		
	Name and business								Description of s	services	Co	ompe	nsatio	n
TT7\1	DDINCED IIC 1/01 I CMI	7 777 m uado	•	זחדי	. ·	22	(1	- 1						

(A) Name and business address	(B) Description of services	(C) Compensation
HARBINGER LLC, 1401 I STREET NW, STE 330,		
WASHINGTON, DC 20005	PRODUCTION SERVICES	4,685,895.
K2 INTELLIGENCE, LLC, 845 THIRD AVENUE,		
15TH FLOOR, NEW YORK, NY 10022	SECURITY SERVICES	2,097,513.
SOZE PRODUCTIONS INC, 55 WASHINGTON ST,	TOURS PRODUCTION AND	
STE 300, BROOKLYN, NY 11201	COORDINATION	1,552,801.
HAND IN HAND INC		
12400 WILSHIRE BLVD , LOS ANGELES, CA 90025	PRODUCTION SERVICES	1,250,000.
LOEB & LOEB LLP, 10100 SANTA MONICA BLVD		
STE 2200, LOS ANGELES, CA 90067	LEGAL SERVICES	932,845.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization		

Pa	rt V	<u> </u>							
			Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Gran		b	Membership dues	1b					
S, (Am			Fundraising events						
ar			Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contribut	tions) 1e					
		f	All other contributions, gifts, gran	its, and					
ğ Ş			similar amounts not included abo	ve 1f	17,879,150.				
d d		g	Noncash contributions included in lines	s 1a-1f: \$					
<u>8 0</u>		h	Total. Add lines 1a-1f			17,879,150.			
					Business Code				
S	2	а							
er Te		b							
n S		С							
ar Rev		d							
Program Service Revenue		е							
ш.			All other program service reve						
			Total. Add lines 2a-2f						
	3		Investment income (including						
	4		other similar amounts)						
	4		Income from investment of ta		·	814,348.			814,348.
	5		Royalties	(i) Real	(ii) Personal	014,540.			014,540.
	6	_	Gross rents		(II) Personal				
			Gross rents Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		>				
			Gross amount from sales of	(i) Securities	(ii) Other				
	Ċ	_	assets other than inventory	(i) Coodinities	(1) 511151				
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)						
Φ			Gross income from fundraisin						
Other Revenue			including \$						
eve			contributions reported on line						
e. F			Part IV, line 18	a					
÷			Less: direct expenses						
			Net income or (loss) from fund		 				
	9		Gross income from gaming ad						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan		······ •				
	10		Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sale						
	44	_	Miscellaneous Revenu		Business Code				
	11			-					
		b			 				
		d C	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			18,693,498.	0.	0.	814,348.

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 respon	ise or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПЗСЗ	general expenses	Схрепосо
•	and domestic governments. See Part IV, line 21	2,228,874.	2,228,874.		
2	Grants and other assistance to domestic	2,220,0,20	2,220,0,20		
2					
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	· ·				
	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,	59,200.	50 200		
	trustees, and key employees	39,400.	59,200.		
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	F0 065	F1 002	
7	Other salaries and wages	129,988.	78,065.	51,923.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10 001	15 222	0.061	
10	Payroll taxes	18,294.	15,333.	2,961.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	932,845.	635,560.	297,285.	
С	Accounting	45,100.		45,100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	4,918.	3,351.	1,567.	
12	Advertising and promotion	126,331.	126,331.		
13	Office expenses	86,826.	42,709.	44,117.	
14	Information technology	802,765.	738,176.	64,589.	
15	Royalties				
16	Occupancy	51,031.		51,031.	
17	Travel	1,607,033.	1,607,033.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,252.	23,252.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	279,621.	239,899.	39,722.	
24	Other expenses. Itemize expenses not covered	-	-	-	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION EXPENSES	5,997,796.	5,997,796.		
b	SECURITY	1,766,119.	1,766,119.		
c	LOGISTICS	1,602,735.	1,602,735.		
d	VOTER REG. ACTIVITIES	243,198.	243,198.		
e		305,996.	297,541.	2,390.	6,065
25	Total functional expenses. Add lines 1 through 24e	16,311,922.	15,705,172.	600,685.	6,065
26	Joint costs. Complete this line only if the organization	. , , ,	,,	200,000	-,,,,,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-31-18				Form 990 (2018

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	2,265,018.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	111 550
	9	Prepaid expenses and deferred charges		9	111,558.
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	0.	14	5,000.
	15	Other assets. See Part IV, line 11	0.	15 16	2,381,576.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	0.	17	Z,301,370*
	18	Accounts payable and accrued expenses Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
lige		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	2,381,576.
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
ß		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
S OF		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	2 221 57 <i>6</i>
_	33	Total net assets or fund balances	0.	33	2,381,576. 2,381,576.
	34	Total liabilities and net assets/fund balances	0.	34	4,301,370.

Fai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			1.0		~ <i>4</i>	00
	Total revenue (must equal Part VIII, column (A), line 12)	1		,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,31		
	Revenue less expenses. Subtract line 2 from line 1	3		2,38	1,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				0.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	38	<u>1,5</u>	76.
Par	t 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis	3,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (O.			
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 Aı	udit			
	Act and OMB Circular A-133?			За		X
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2018

82-4535615

Name of the organization Employer identification number

MARCH FOR OUR LIVES ACTION FUND

Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,504,717.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,567,614.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and Zir + +	\$ 1,250,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 1,200,000.	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
5		\$ <u>1,000,000</u> .	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
6		\$ <u>1,000,000</u> .	Person X Payroll

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$500,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$	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
17		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 250,000.	Person X Payroll

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 150,000.	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
22	- Training additions and En 1 1	\$ 100,000.	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
23		\$\$	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
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	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
27		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	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
33		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	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
40		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$	Person X Payroll

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 27,648.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$ 25,000.	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
53		\$ 23,075.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$	Person X Payroll

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>57</u>		\$ <u>11,589.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$10,802.	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
59		\$	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
60		\$10,000.	Person X Payroll

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$	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
64		\$ 10,000.	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
65		\$	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
66		\$10,000.	Person X Payroll

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$ 7,500.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$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
72		\$5,000.	Person X Payroll

MARCH FOR OUR LIVES ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>74</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

MARCH FOR OUR LIVES ACTION FUND

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part 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
		<u></u>	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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
		 \$	

Employer identification number

Name of organization

82-4535615 MARCH FOR OUR LIVES ACTION FUND Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

MARCH FOR OUR LIVES ACTION FUND 82-4535615 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2ND MILE MINISTRIES INC 1650 MARGARET ST STE 302 #339 JACKSONVILLE, FL 32204 73-1715604 501(C)(3) TRAVEL GRANT 12,440 0 BROWARD EDUCATION FOUNDATION 600 SE THIRD AVE SUPPORT FOR VICTIM AND FT LAUDERDALE, FL 33301 COMMUNITY PROGRAMS 59-2359433 501(C)(3) 1,732,980 CALIFORNIA CENTER 1220 H STREET #102 SACRAMENTO CA 95814 23-7182049 501(C)(3) 10,500 0 TRAVEL GRANT CENTER FOR AMERICAN PROGRESS 1333 H ST, NW 10TH FLOOR 30-0126510 TRAVEL GRANT WASHINGTON DC 20005 501(C)(3) 13 079 CHICAGO URBAN LEAGUE 4510 SOUTH MICHGAN AVE 36-2225483 TRAVEL GRANT CHICAGO, IL 60653 501(C)(3) 15,000 0

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

80-0601507

501(C)(3)

3 Enter total number of other organizations listed in the line 1 table

0

18.

TRAVEL GRANT

20 237.

COLLEGIATE ACADEMIES

NEW ORLEANS, LA 70126

7301 DWYER RD

Part II Continuation of Grants and Other		vernments and Orga		nited States (Sob	edule I (Form 900) Do		Z +333013 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST OAKLAND YOUTH DEVELOPMENT ORGANIZATION - 8200 INTERNATIONAL BLVD - OAKLAND, CA 94621	23-7334590	501(C)(3)	18,000.	0.			TRAVEL GRANT
INSPIRE NOLA CHARTER SCHOOLS 3520 GENERAL DEGAULLE DR STE 4040 NEW ORLEANS, LA 70114		501(C)(3)	31,790.	0.			TRAVEL GRANT
LIFE CAMPS INC 111-12 SUTPHIN BLVD JAMAICA , NY 11435		501(C)(3)	25,234.	0.			TRAVEL GRANT
NATIONAL URBAN LEAGUE 80 PINE ST 9TH FLOOR NEW YORK, NY 10005	13-1840489	501(C)(3)	100,000.	0.			TRAVEL GRANT
NEWTOWN FOUNDATION P.O. BOX 3325 NEWTOWN, CT 06470	46-2483740	501(C)(3)	16,500.	0.			TRAVEL GRANT
PARKWAY CENTER CITY MIDDLE COLLEGE 440 NORTH BROAD ST PHILADELPHIA, PA 19130	23-6004102	OTHER	8,500.	0.			TRAVEL GRANT
PHOENIX LEADERSHIP FOUNDATION 44 BROAD ST NW STE 708 ATLANTA, GA 30303	47-4596702	OTHER	6,500.	0.			TRAVEL GRANT
PICO NATIONAL NETWORK 999 NORTH CAPITOL ST NE STE 200 WASHINGTON, DC 20002	94-2206497	501(C)(3)	50,000.	0.			TRAVEL GRANT
RYSE INC 205 41ST ST RICHMOND, CA 94805	26-0692904	501(C)(3)	10,000.	0.			TRAVEL GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OWING THE SEEDS INTO THE MIDLANDS							
111 LADY ST, STE A							
OLUMBIA, SC 29204	46-4771636	501(C)(3)	10,000.	0.			TRAVEL GRANT
HE BLACK COMMISSION INC							
09 E 5TH ST							
ACKSONVILLE, FL 32206	81-4393370	501(C)(3)	8,500.	0.			TRAVEL GRANT
THE RESOURCE ROOM INC							
9715 NW 37TH AVE							
HIAMI GARDENS, FL 33056	65-1110424	501(C)(3)	19,950.	0.			TRAVEL GRANT
THE VILLE CHURCH							
21 N HOGAN ST #502	00 0071000	E01/G)/3)	6 400	0			EDALIEL CDANE
ACKSONVILLE, FL 32202	90-0871982	501(C)(3)	6,400.	0.			TRAVEL GRANT
RBAN GEOPONICS INC							
507 W 16TH ST							
ACKSONVILLE, FL 32202	46-2265009	501(C)(3)	8,635.	0.			TRAVEL GRANT
S AND OUR CHILDREN							
.019 ASHTON COVE TERRACE							
ACKSONVILLE, FL 32218	06-1690984	OTHER	10,080.	0.			TRAVEL GRANT
			20,000.				
			1			1	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Down IV Complemental Information Describe the information	ton very ived in Doubl. line	a Or Dark III. a alives	- (h), and any other		
Part IV Supplemental Information. Provide the information. ART I, LINE 2:	on required in Part I, iir	ie 2; Part III, columi	n (b); and any other a	aditional information.	
OST OF THE GRANTS REPORTED HER	DE WEDE MADE	шо сомити	NITHY DACED	A NID	
OUTH-FOCUSED 501(C)(3) CHARITI					
O MAKE IT POSSIBLE FOR YOUNG F	PEOPLE FROM	COMMUNITIE	ES THAT ARE	AFFECTED BY	
UN VIOLENCE TO TRAVEL TO THE M	MARCH FOR OU	R LIVES IN	N WASHINGTO	N, D.C.	
RGANIZATIONS WERE REQUIRED TO	APPLY FOR F	UNDING, WE	HICH COVERE	D	
RAVEL/MEALS/LODGING FOR GROUPS	OF STUDENT	S AND CHAI	PERONES. MF	OL ADVISORS	
ONFIRMED 501(C)(3) STATUS AND	CONDUCTED D	UE DILIGEN	NCE BEFORE	ISSUING	
RANTS.					

SCHEDULE O

(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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

Name of the organization

MARCH FOR OUR LIVES ACTION FUND

Employer identification number 82-4535615

FORM 990, PAGE 1, AMENDED RETURN:

THE FORM 990 WAS AMENDED TO REPORT AN ADDITIONAL INDEPENDENT CONTRACTOR AND BOARD MEMBERS THAT WERE INADVERTENTLY OMITTED. PART VII, SECTION B AND SCHEDULE O HAVE BEEN UPDATED TO INCLUDE THIS DISCLOSURE.

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

NATIONAL STUDENT CHAPTER DEVELOPMENT

EXPENSES \$ 55,408. INCLUDING GRANTS OF \$ 44,784. REVENUE \$ 0.

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

THE ORGANIZATION WAS FORMED WITH A PARALLEL STUDENT GOVERNING BODY.

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

THE STUDENT GOVERNING BODY HAS THE RIGHT TO ELECT STUDENT MEMBERS TO THE STUDENT MEMBERS HAVE VOTING RIGHTS ON ALL BOARD VOTES, BOARD. EXCEPT ON MATTERS OF COMPENSATION OF OTHER STUDENT BOARD MEMBERS.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. A COMPLETE COPY OF THE RETURN WAS PROVIDED TO THE BOARD BEFORE FILING.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS FURNISHED ANNUALLY TO ALL

INCUMBENT AND INCOMING DIRECTORS AND OFFICERS OF THE CORPORATION. EACH

DIRECTOR AND OFFICER ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT HE OR SHE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization MARCH FOR OUR LIVES ACTION FUND

Employer identification number 82-4535615

HAS RECEIVED A COPY OF THE POLICY; HAS READ AND UNDERSTANDS THE POLICY; AND HAS AGREED TO COMPLY WITH THE POLICY.

EACH DIRECTOR AND OFFICER ANNUALLY FILES A STATEMENT WITH THE BOARD FOR

DIRECTORS THAT LISTS: (1) ANY OUTSIDE EMPLOYMENT OR CONSULTING WORK THAT

COULD CONSTITUTE A CONFLICT; AND (2) ANY BOARD MEMBERSHIP OR AFFILIATION

WITH OTHER ORGANIZATIONS THAT COULD CONSTITUTE A CONFLICT. EACH DIRECTOR

AND OFFICER ALSO LISTS HIS OR HER INVESTMENTS IN ANY CORPORATION,

PARTNERSHIP, TRUST, OR FUND IN WHICH HE OR SHE, TOGETHER WITH MEMBERS OF

HIS OR HER FAMILY, HAS DIRECTLY OR INDIRECTLY A GREATER THAN 35% OWNERSHIP

INTEREST, REGARDLESS OF WHETHER SUCH INVESTMENTS COULD CONSTITUTE A

CONFLICT.

- 1. ALL MATERIAL FACTS CONCERNING ANY SITUATION THAT MIGHT BE VIEWED AS A

 CONFLICT ARE DISCLOSED TO THE BOARD OF DIRECTORS BY THE DIRECTOR OR OFFICER

 CONCERNED. WHERE DOUBT EXISTS REGARDING WHETHER A CONFLICT EXISTS OR

 APPEARS TO EXIST, THE MATTER IS RESOLVED BY THE BOARD OF DIRECTORS.
- 2. IN ORDER TO ASSURE THAT PERSONS WHO HAVE A CONFLICT OF INTEREST DO NOT HAVE INFLUENCE OVER THE CORPORATION REGARDING BUSINESS TRANSACTIONS

 INVOLVING THEMSELVES, NO DIRECTOR OR OFFICER MAY BE PRESENT FOR A VOTE BY THE BOARD OF DIRECTORS ON ANY DECISION OR ACTION BY THE CORPORATION WHICH WOULD DIRECTLY OR INDIRECTLY BENEFITS SUCH DIRECTOR OR OFFICER. THE DIRECTOR OR OFFICER MAY, HOWEVER, ANSWER QUESTIONS OR RESPOND TO REQUESTS, AT A MEETING OR OTHERWISE, FOR FACTUAL INFORMATION NEEDED FOR THE BOARD OF DIRECTORS TO MAKE AN INFORMED DECISION.
- 3. THE BOARD OF DIRECTORS WILL NOT APPROVE ANY TRANSACTION TO WHICH THE

 CORPORATION WOULD BE A PARTY AND IN WHICH A DIRECTOR OR OFFICER OF THE

 CORPORATION HAS A MATERIAL FINANCIAL INTEREST UNLESS AND UNTIL THE BOARD OF

 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

35

Name of the organization

MARCH FOR OUR LIVES ACTION FUND

Employer identification number 82-4535615

DIRECTORS HAS SPECIFICALLY AND IN GOOD FAITH DETERMINED AFTER REASONABLE

INVESTIGATION (INCLUDING A REVIEW OF THE TERMS UPON WHICH OTHER COMPARABLE

ORGANIZATIONS ENTER TRANSACTIONS OR ARRANGEMENTS SIMILAR TO THE ONE UNDER

CONSIDERATION) THAT:

- A. THE BOARD IS AWARE OF ALL MATERIAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTOR OR OFFICER'S INTEREST IN THE TRANSACTION;
- B. THE CORPORATION IS ENTERING INTO THE TRANSACTION FOR ITS OWN BENEFIT;
- C. THE TRANSACTION IS FAIR AND REASONABLE AS TO THE CORPORATION; AND
- D. THE CORPORATION COULD NOT HAVE OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES.

FORM 990, PART VI, SECTION B, LINE 14:

THE ORGANIZATION INTENDS TO IMPLEMENT A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IN THE UPCOMING FISCAL YEAR.

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

THE ORGANIZATION DID NOT HAVE A CEO OR EXECUTIVE DIRECTOR IN 2018.

COMPENSATION PAID TO THE MOST SENIOR EMPLOYEE, DIRECTOR OF STRATEGY, WAS

DETERMINED AND APPROVED BY THE BOARD IN ACCORDANCE WITH THE "REBUTTABLE

PRESUMPTION" PROCEDURES PRESCRIBED IN THE REGULATIONS UNDER IRC SECTION

4958.

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

AL, AR, CA, FL, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NM, NY, OR, RI, SC, TN, UT, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
832212 10-10-18
Schedule O (Form 990 or 990-EZ) (2018)

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	ule O (Form 990 or 9 of the organization	990-EZ) (201	8)						Page Employer identification numbe
- Name	or the organization	MARCH	FOR (OUR LI	VES ACT	ION	FUND		82-4535615
ΔND	FINANCIAL	STATE	мемтс	Δ\/ΔΤΤ.	ልዩኒፑ ጥር	тит.	DIIRT.TC	IIPON RI	₽OTTE ST
111111	1 11/11/01/11	<u> </u>	шигр	21 7 21 2 22	TIDEL IC	, 111111	TODLIC	01011	20001.
-									
-									

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

2018 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MARCH FOR OUR LIVES ACTION FUND

Employer identification number 82-4535615

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state of	or Total inco	ome End-of-yea	r assets			g
of disregarded entity		foreign country)				er	ntity	
SEE PART VII								
P.O. BOX 8929						MARCH FOR O	JR LIVE	ES
CORAL SPRINGS, FL 33075	OFFICE SPACE RENTAL	DELAWARE		0.	0.	ACTION FUND		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more	e related tax-exe	empt	
(a)	(b)	(c)	(d)	(e)		(f)	. (9	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling		(g) Section 512(b)(13) controlled entity?	
		roroigir oddina y)		501(c)(3))		,	Yes	No

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.

	organisations industrial to a partition in partition of the control of the contro												
(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 entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	dominant income Share of total		Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage		
or related organization		(state or foreign	entity	(related, unrelated, income excluded from tax under		end-of-year assets	allocations?		20 of Schedule	partne	Ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
							I	L					

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	(i Sec 512(k contr enti	tion b)(13) rolled ity?
		country)		or tracty		400010		Yes	No
								\vdash	
									—

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one or	more re	lated organizations listed	in Parts II-IV?							
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a						
b	Gift, grant, or capital contribution to related organization(s)				1b						
С	Gift, grant, or capital contribution from related organization(s)				1c						
	d Loans or loan guarantees to or for related organization(s)				1d						
е	Loans or loan guarantees by related organization(s)				1e						
f	f Dividends from related organization(s)										
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)											
I 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)											
o Sharing of paid employees with related organization(s)											
р	Reimbursement paid to related organization(s) for expenses				1p						
q	Reimbursement paid by related organization(s) for expenses				1q						
r	Other transfer of cash or property to related organization(s)				1r	+					
	S Other transfer of cash or property from related organization(s)				1s						
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	npiete th	ils line, including covered	relationships and transaction thresholds.		-					
	(a) (b) Name of related organization (type (a-styre))		(c) Amount involved	(d) Method of determining amount invo	lved						
1)											
2)											
2)		+				-					
3)											
-,		<u> </u>				-					
4)											
5)											
6)											
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Page 4

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat	or- Code V-UBI amount in box 20 as? of Schedule K-1	General of managing partner?	(k) Percentage ownership

Schedule R (Form 990) 2018 MARCH FOR OUR LIVES ACTION FUND 82-4535615 Page 5
Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
PART I, IDENTIFICATION OF DISREGARDED ENTITIES:
NAME AND ADDRESS OF DISREGARDED ENTITY:
SEE PART VII
P.O. BOX 8929
CORAL SPRINGS, FL 33075
FORM 990, SCHEDULE R, PART I
IN 2018, MFOL ACTION FUND FORMED A SINGLE-MEMBER DISREGARDED LLC FOR
THE SOLE PURPOSE OF ENTERING INTO A LEASE FOR OFFICE SPACE.
UNFORTUNATELY, THIS WAS NECESSARY BECAUSE MFOL STUDENT LEADERS RECEIVED
NUMEROUS THREATS TO THEIR SECURITY, ASSESSED AS CREDIBLE BY LAW
ENFORCEMENT AND PRIVATE SECURITY CONSULTANTS, INCLUDING AT A PREVIOUS
OFFICE LOCATION ONCE THE ADDRESS WAS DISCLOSED. IN ORDER TO PROTECT
THEIR SECURITY, AND TO MINIMIZE RISK OF DISRUPTION IN THE OFFICE
BUILDING, THE LEASE AND ALL SIGNAGE IS IN THE NAME OF THE LLC. THE LLC
HAS NO REVENUE, EXPENDITURES, OR OTHER ACTIVITY, AND ITS NAME IS BEING
PROTECTED TO ENSURE THE SAFETY OF MFOL ACTION FUND'S STUDENT LEADERS,
EMPLOYEES, AND VISITORS TO OUR OFFICE.

Form **8275**

(Rev. August 2013) Department of the Treasury Internal Revenue Service

Disclosure Statement

Do not use this form to disclose items or positions that are contrary to Treasury regulations. Instead, use Form 8275-R, Regulation Disclosure Statement.

Information about Form 8275 and its separate instructions is at www.irs.gov/form8275.

Attach to your tax return.

OMB No. 1545-0889

Attachment Sequence No. **92**

Identifying number shown on return Name(s) shown on return 82-4535615 MARCH FOR OUR LIVES ACTION FUND If Form 8275 relates to an information return for a foreign entity (for example, Form 5471), enter: Name of foreign entity Employer identification number, if any Reference ID number (see instructions) Part I General Information (see instructions) (b) Item or Group of Items (e) Line (a) (c) (f) Form or Schedule Rev. Rul., Rev. Proc., etc. **Detailed Description of Items** Amount No. 990, 1 FORM 990 DISREGARD INSTRUCTIONS ED ENTITY NAME OF DISREGARDED ENTITYSCHEDUL 2 3 5 **Detailed Explanation** (see instructions) 1 MFOL STUDENT LEADERS RECEIVED NUMEROUS CREDIBLE THREATS, INCLUDING AT PREVIOUS OFFICE LOCATION. THEREFORE, FOR SAFETY REASONS, THE NAME LLC HAS NOT BEEN REPORTED ON FORM 990. SEE SCHEDULE R, PART 2 Information About Pass-Through Entity. To be completed by partners, shareholders, beneficiaries, or residual interest holders. Complete this part only if you are making adequate disclosure for a pass-through item. Note; A pass-through entity is a partnership, S corporation, estate, trust, regulated investment company (RIC), real estate investment trust (REIT), or real estate mortgage investment conduit (REMIC). 1 Name, address, and ZIP code of pass-through entity 2 Identifying number of pass-through entity 3 Tax year of pass-through entity 4 Internal Revenue Service Center where the pass-through entity filed

its return

Form 8275 (Rev	. 8-2013)	Page 2
Part IV	. 8-2013) Explanations (continued from Parts I and/or II)	
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