Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

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

	5.1.2. 5.5.2.
	▶ Do not enter social security numbers on this form as it may be made public.
Department of the Treasury	
stampel Devenue Conses	► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ā	For the	2018 calendar year, or tax year beginning 2/01 , 2018, and en	ding 1	<u>/</u> 31	, 20 19			
В	Check if	applicable: C Name of organization Association for Investment in Popular Action Comm	nittees	D Employ	er identification number			
	Address		20-5516191					
$\bar{\sqcap}$	Name ch		/surte	E Telephor				
$\overline{\Box}$	Initial retu	- I		510-232-2500				
$\overline{\Box}$		Aterminated City or town, state or province, country, and ZIP or foreign postal code						
$\exists$	Amended			<b>G</b> Gross re	ceipts \$ 220872			
$\exists$		on pending F Name and address of principal officer: Paul Larudee, Treasurer	H(a) Is this a		subordinates? Yes No			
_	тфриоци	405 Vista Heights Road, El Cerrito, CA 94530			s included? Yes No			
_	Tay-ayan	npt status:	· · ·		list. (see instructions)			
<u>;</u>	Website:		H(c) Groun	exemption	number >			
<u>-</u>		rganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►		ĭ	of legal domicile: CA			
P	art I	Summary	2000	1	UNITED TO THE PARTY OF THE PART			
		Briefly describe the organization's mission or most significant activities: We	are an all volur	teer mem	hershin organization			
Φ	I	established to help our community, regardless of religion, race or political beliefs						
Activities & Governance	1	social justice issues that are key to sustainable world peace	, be aware or in	iternationa	ii numan nyma a			
Ę		Check this box ▶ ☐ if the organization discontinued its operations or dispose	d of more tha	n 25% of	ite net assets			
Š		Number of voting members of the governing body (Part VI, line 1a)		.   3	10 1101 400010.			
<u>ن</u> مع	I	Number of independent voting members of the governing body (Part VI, line 1		4	<u></u>			
98	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5				
¥		Total number of volunteers (estimate if necessary)		6	*******			
₹	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	- The land			
•	1	Net unrelated business taxable income from Form 990-T, line 38.		7b	\$ .*/ +			
	<del>                                     </del>	RECEIVED	Prior Y		Current Year			
	8			152719				
92	1	Program service revenue (Part VIII, line 2g)		132718	171715			
Revenue	1	Contributions and grants (Part VIII, line 1h)			. ,			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<del> </del>	20072	25398			
		Total revenue—add lines 8 through 11 (must equal Part VIII Column (A), line 12)		20973 173692	· 197113			
-	<del>†                                    </del>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		64343				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		04343				
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			7.4.			
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		-	<del></del>			
Эe	1	Total fundraising expenses (Part IX, column (D), line 25) ▶						
찚		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		123017	102016			
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		187360	103916			
		Revenue less expenses. Subtract line 18 from line 12		(13668)	175785			
	1	nevenue less expenses. Subtract line to from line 12	Beginning of C		21328 End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	20929 0. 0					
Asse Bals	21	Total liabilities (Part X, line 26)		84549	······································			
¥.5	22	Net assets or fund balances. Subtract line 21 from line 20		200				
_	art II-	Signature Block		85860				
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atomosts and to	the best of n	ny knowledge, and helief it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep			, in Nicowiedye and belief, it is			
		<u> </u>			<del></del>			
Sig	ın	Signature of officer/	D	ate	, ,			
Here		TOLD S. LARUDEE, TREA		111	19/19			
	. •	Type or print name and title	FAUREIL		7.7.1			
		Print/Type preparer's name Preparer's signature	Date	T	PTIN			
Pa				Check [	_] f ]			
	epare	1= .	T <sub>E</sub>	m's EIN ▶	· · · · · · · · · · · · · · · · · · ·			
US	e Only	Firm's address >		OTIO NO.				
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	Len	- 110.	Tyes No			
			+ No 11292V	1.	Form 990 (2018)			

Part	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:
	See Schedule O
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?
4	If "Yes," describe these changes on Schedule O.  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 \$151156 including grants of \$71869 ) (Revenue \$)
	Arranges and conducts educational and informational programs relating to human rights and social justice, particularly in the Middle
	East; publishes informative articles regarding human rights issues through a newsletter in which human rights observers and scholars discuss human rights and social justice topics related to the Middle East.
	Serioraro diocuso numan riginto una cocial facacco topico iciatea to ale imagie Eust.
	·
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses > 70297

Part	V 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	2	<b>✓</b>	-
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	\ <u> </u>	-
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>/</u>
4	<b>Section 501(c)(3) organizations.</b> 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		1
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_		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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		<b>√</b>
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
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	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		7
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	1	

Part I	Checklist of Required Schedules (continued)			,
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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			1
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		<b>✓</b>
c	to defease any tax-exempt bonds?	24c		1
d OF-	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		1
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	**	1
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		<b>√</b>
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		1
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	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		/
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
<b>.</b>	Fater the number remarked in Day 2 of Famer 4000 Fater 0 Know and the last		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			]
	reportable gaming (gambling) winnings to prize winners?	1c		
		Form	990	(2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	E. H. J. C. L. C. C. S. C. S.		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- *	
	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]	1	ļ	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	,	<del>                                     </del>
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	<u>}.</u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	├	<b>-</b>
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	1	
<b>h</b>			-	<del>                                     </del>
Ь	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).		₩.	ا ان ان ا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		30 3
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	╁	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	$\vdash$	<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<del></del>	<del> </del>	<del> </del>
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>	<del> </del>	<del>                                     </del>
b	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	3	٠	2 . 7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	******	3470	وه و ا الانتخاب
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	1	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	وت		F 7
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?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10-	1 3	-
	sponsoring organization have excess business holdings at any time during the year?	8	<del>  </del>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	نخا	<u> </u>	\$ 1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	—	├
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	ļ
10	Section 501(c)(7) organizations. Enter:	- 3	-	
a	Initiation fees and capital contributions included on Part VIII, line 12	1, %	1. F	
11	Section 501(c)(12) organizations. Enter:			•
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	\$	
D	against amounts due or received from them.)		-	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		٦.
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.	2.	. ",	
b	Enter the amount of reserves the organization is required to maintain by the states in which	,*'	,	f 5 -
	the organization is licensed to issue qualified health plans	. ج. ا		` - " .
С	Enter the amount of reserves on hand	بد	1, 3	š
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
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	<u> </u>	
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<del> </del>	ļ
	If "Yes." complete Form 4720. Schedule O.	1	I .	1 . 1

Form 99	·			#AL-#
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ons.
Sacti	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	• •	<u> </u>
Secu	on A. doverning body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year   1a	$\Box$	103	<del></del>
ıa	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			
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		<b>√</b>
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		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		1
	one or more members of the governing body?	/a		_
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	'-		
U	the year by the following:			
а	The governing body?	8a		<b>√</b>
b	Each committee with authority to act on behalf of the governing body?	8b		1
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		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue Co</u>	ode.)	
_		لـــا	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		7
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		✓
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?			لبِد
а	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>
b	Other officers or key employees of the organization	15b		<del>-</del>
40-	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		7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Ť
D	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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 int	erest (	policy	, and
00	financial 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 re	cords		
	Paul Larudee, 405 Vista Heights Road, El Cerrito, CA 94530 510-418-4485			

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Page	1

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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 employees."
- 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.

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.	
				(6	C)						
(A)	(B)				iton			(D)	(E)	(F)	
Name and Title	Average hours per week (list any	box,	unies	s pe	rson	than on the state of the state	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)		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) Kamal Obeld	ļ 		<u> </u>								
President	0		$\vdash$	$\vdash$	⊢	<del> </del>	├	<u> </u>	0		
(2) Paul Larudee	T						1	_			
Secretary & Treasurer	0				⊢		├	ļo	0		_0
(3)											
(4)											
(5)											
(6)											
(7)											_
(8)						-	<del>                                     </del>				
(9)											
(10)											
(11)											
(12)	1										
(13)	<u> </u>										
(14)											

Part	VII Section A. Officers, Directors, Trust  (A)  Name and title	(B) Average hours per	(do n	ot ch unles	Pos eck s pe	c) ition more	than o	ne an	(D)  Reportable compensation	(E) Reportable compensation	•	(F Estimamou	nated
		week (list any hours for related organizations below dotted (line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M	ns	ott compe from organi and re organi	ner nsation i the ization elated
(15)													
(16)													
(17)													
(18)													
(19)				-									
(20)													
(21)													
(22)													
(23)				_		_		H					•
				_	-	-	ļ	<u> </u>					
(25)							ļ 			······································			
1b	Sub-total	VII, Sectio	n A					<b>▶ ▶</b>					
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received m	ore than \$10	00,000	of	
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," complete s	ficer, direc						· ·	oloyee, or high	est compe	nsated		Yes No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual												<b>√</b>
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or ind	ividual 	5	<b>√</b>
Sectio	n B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·	· ·										
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensa	ition
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot l	limit	ed to	th	nose listed ab	ove) who	ِ *رَعٌ،	· , pu	

Form 9	990 (201	8)				Page 9
Par	t VIII	Statement of Revenue				
		Check if Schedule O contains a response or note	e to any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
<del>ئ</del> ئ	1a	Federated campaigns 1a				
Gifts, Grants ilar Amounts	ь	Membership dues 1b				
s, G Am	С	Fundraising events 1c		1	ľ	
를 고 T	d	Related organizations 1d				
ons, Gif Similar	е	Government grants (contributions) 1e				
ıtioi er S	f	All other contributions, gifts, grants,				
Contributions, and Other Sim		and similar amounts not included above 1f 1717	<u>'15</u> ~			
ag a	g	Noncash contributions included in lines 1a1f: \$				
	<u>h</u>	Total. Add lines 1a-1f	171715			<u> </u>
Program Service Revenue	2a		9	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del> </del>
ě	b		<del> </del>			
<u>8</u>	c					
Ē	d		-		1	
E	e					
gra	f	All other program service revenue .				
<u> </u>	g	Total. Add lines 2a–2f	<del>l</del>			
	3	Investment income (including dividends, interes	- 1			
	_	and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	•			
	5	Royalties	<u> </u>			
	60	Gross rents	_			
	6a   b	Less: rental expenses				
	č	Rental income or (loss)				
	d	Net rental income or (loss)	<b>-</b>			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory			1	
	b	Less: cost or other basis				
		and sales expenses .		1		
	С	Gain or (loss)			<b></b>	
	d	Net gain or (loss)	<u> </u>		-	
9	00	Gross income from fundraising			ī	
en.	Oa	events (not including \$ 49156				
ě		of contributions reported on line 1c).				
F		See Part IV, line 18 a 491	156		1	
Other Revenue	ь	Less: direct expenses b 237	<del></del>			
	1	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
	l	Less: direct expenses b				
		Net income or (loss) from gaming activities	<b>&gt;</b>			
	TUA	Gross sales of inventory, less returns and allowances a			ļ	
		· L			1	
		Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory	<b>-</b>		-	
	⊢ٽ	Miscellaneous Revenue Business Cod	<del>_</del>			
	11a		·			
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	· _			
	12	Total revenue. See instructions	197113			

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con	-			**
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15000	15000		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	30000	30000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		•		
	individuals. See Part IV, lines 15 and 16	26869	26869		- <del></del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•					
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	5568	3568	1000	1000
b	Legal	622	622		<del></del>
C	Accounting	1284	1284		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25, column				•
9	(A) amount, list line 11g expenses on Schedule O.)	10045	10000		2045
12	Advertising and promotion	12245 208	10000 208		2245
13	Office expenses	14021	7021	3000	4000
14	Information/technology	9113	4113	2500	2500
15	Royalties	9113	4113	2300	2300
16	Occupancy	1739	870	869	
17	Travel	45012	45012		
18	Payments of travel or entertainment expenses	40012	40012		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3392	3392		
20	Interest		\		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1696		1696	
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 O.)				
a	Bank fees	501	301	200	
b	Printing	7619	2000	1000	4619
C	Donations/gifts	350	350		
d	Dues & memberships	546	546		
e	All other expenses	9016	3197	1200	4619
25	Total functional expenses. Add lines 1 through 24e	175785	79287	10265	14364
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here		j		

Form 990 (2018) Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 employees' beneficiary Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 10c Investments - publicly traded securities . . . . . . Investments-other securities. See Part IV, line 11 . . . Investments—program-related, See Part IV, line 11 . . . . . Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . . Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . Secured mortgages and notes payable to unrelated third parties . . Unsecured notes and loans payable to unrelated third parties . . . 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 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Temporarily restricted net assets . . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Total net assets or fund balances . . . . . . . . . . . . . . . . .

Total liabilities and net assets/fund balances .

Page	1	2

Form	ഹഹ	/2014	0)
CHILL	990	1201	OJ.

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Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19	97113
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	7578 <u>5</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		:	21328
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		:	B5860
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			3006
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		10	07188
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · · · ·	· ·	
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		-		]
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain ir	۱		
	Schedule O.				لبِــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	ed o	r		1
	reviewed on a separate basis, consolidated basis, or both:				1
_	Separate basis Consolidated basis Both consolidated and separate basis		<del></del>		لــِــا
b	Were the organization's financial statements audited by an independent accountant?		2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	۱		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		.		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	•				<del></del>
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O.	iain ir	'		
2-			.	_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	ortn 10	3a		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	 the	<u> </u>		
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3ь		
	required addit of additio, explain why in confedence of and describe any steps taken to diddigo such add			, 990	(2018)
			FOR		(2010)

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization Association for Investment in Popular Action Committees 20-5516191 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or oporated by a govornmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 337,5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	i)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support			` `	,		
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and			1		4	
	membership fees received. (Do not include any "unusual grants.")			1			
^	•				<u> </u>		
2	Tax revenues levied for the organization's benefit and either paid			<u> </u>	-		
	to or expended on its behalf						
3	The value of services or facilities	-				/	
	furnished by a governmental unit to the			:	/		
	organization without charge						
4	Total. Add lines 1 through 3	<del></del>			/		
5	The portion of total contributions by	1. 1. 1.	4		1		
•	each person (other than a			- 7 -			
	governmental unit or publicly					, , ,	
	supported organization) included on	* * * * * * * * * * * * * * * * * * *					
	line 1 that exceeds 2% of the amount	۳ . ۲	F 2 4 2		~ 1	a land	
	shown on line 11, column (f)		, ,		-		
6	Public support. Subtract line 5 from line 4	5 - Table 1	સ્ટ <sup>ા</sup> કેફ્ફિટિંગ				
	on B. Total Support	(=) 0014	(h) 0015	(-) 0016	(4) 0047	(=) 0010	/O Takal
Calen 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_			<del>                                     </del>				
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business	/					
	is regularly carried on						
10	Other income. Do not include gain or						
_	loss from the sale of capital assets						
	(Explain in Part VI.)			\$ 5 E	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<del></del>
11	Total support. Add lines 7 through 10		. 4 18 4. 4. 4. 8	193			
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the			d third fourth	· · · ·	12	n 501(c)(3)
13	organization, check this box and stop he				, or murtax y	eai as a sectio	▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line			1, column (f))		14	%
15	Public support percentage from 2017 Scl		-			15	%
16a	331/3% support test-2018. If the organi			·	nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qua	=	• • •	=			▶ 🗆
b	331/3% support test —2017. If the organi					is 33 <sup>1</sup> /3% or m	ore, check
	this box and stop here. The organization	-		•			· · ▶ 📙
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the "						
	organization	iacis-anu-circ			zation qualifies	as a publicly	supported ▶ []
<b>L</b>		 047 If the e	· · · · · ·	ot about a be	v on line 10 1	60 16h 07 17	
b	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	supported organization						▶ □
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						<b>&gt;</b> 🗆

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

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

Section	on A. Public Support	•					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	166126	92750	138009	152719	171715	721319
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		į			1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						·
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						<del></del>
•	furnished by a governmental unit to the						
	organization without charge	·					
6	Total. Add lines 1 through 5	166126	92750	138009	152719	171715	721319
	Amounts included on lines 1, 2, and 3	100120	82730	130000	1327 18	171713	721018
	received from disqualified persons .						
<b>L</b>	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				·		
_							<del></del>
С 8	Public support. (Subtract line 7c from		····	<u> </u>		<del></del>	<del></del>
•	line 6.)						721319
Section	on B. Total Support						721013
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	166126	92750	138009	152719	171715	721319
10a	Gross income from interest, dividends,					-	
	payments received on securities loans, rents,						
	royalties, and income from similar sources .				•	į	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					i	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						,
	activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets:						
	(Explain in Part VI.)	24944	18862	(3010)	20973	25398	87167
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						808486
14	First five years. If the Form 990 is for the	-	's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					<u>▶ □</u>
Secti	on C. Computation of Public Suppor	t Percentage	•				<del></del>
15	Public support percentage for 2018 (line 8		-			15	89 %
16	Public support percentage from 2017 Sch					16	91 %
<u>Secti</u>	on D. Computation of Investment In						
17	Investment income percentage for 2018 (		• •	-		17	0 %
18	Investment income percentage from 2017					18	0 %
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box	•	=	•		=	_
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this l	•	=		-	• •	=
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

# Part IV

## **Supporting Organizations**

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v	.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		٠,	9'~
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	` @	C 1 3 72	- XC
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	¥.		١,
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		s	
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		-	
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	40	-	. 1
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			·
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	1	<del>                                     </del>	٠.
•	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	100		, ,
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	it in	uz `	n z
b	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	, , , , , , , , , , , , , , , , , , ,		UK
	despite being controlled or supervised by or in connection with its supported organizations.		-	
_		4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		•	A 41
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	٦,	7	], '
	purposes.			<u> </u>
_		4c	ļ	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1		
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	-		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	-	ŀ	] · · ·
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	,**		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	ļ. Ť.		•
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	3 5	V.F 37,	2.2
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	<u> </u>	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	m. 1	à, .	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	1	<u> </u>	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			v
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1	·	_
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any perconal benefit	5 ye, "	2 94	45-10
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	#	,	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		٦.	1 1
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		-	
_	determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	,		* [
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	5	<u> </u>	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
<u>Secti</u>	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	. 0	י	. 1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		. 4 ,	] ` , ]
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	2 4 7		-
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			· "~
	organizations and what conditions of restrictions, if any, applied to sacin powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	٠.4	,	΄,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	8 6°	- 17 Page	* -
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>	¥*.	
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
<u>Secti</u>	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	* ×		75 mg 44
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	*		, A24
	or management of the supporting organization was vested in the same porsons that controlled or managed			4
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	*		۰ ۸۵
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		• •	
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	29.3	- 12 g	200 A
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	* Ex		<u>æ</u>
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<b>5</b>	± ″	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	35	٥
	supported organizations played in this regard.	عندا	<u> </u>	<u> </u>
Ca ati		3		<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	กรนาน	cuons	S).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	naa ini	-t	ional
c	Activities Test. <i>Answer (a) and (b) below.</i>	s <del>ee</del> ins		<del></del>
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	سم "	, >	. :: J
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,	. "	4,5	۲,
	how the organization was responsive to those supported organizations, and how the organization determined	. ( <sup>2</sup> ),	. بن بر	
	that these activities constituted substantially all of its activities.	2a		أحسا
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	H	1,1	~ ~ ~ ~ us
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	3 years.	, and	. "
	reasons for the organization's position that its supported organization(s) would have engaged in these	۽ ۾	- ·	* 1
	activities but for the organization's involvement.	2b		A
3	Parent of Supported Organizations. Answer (a) and (b) below.	-	-	ett nage
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	4-	7.5	
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	<u> </u>	
<b>L</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ž.	. 1
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		<b></b>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	·	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	L_,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	egrated Type III support	ing organization (see

Part	y Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)			
Secti	Section D – Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets	,, ,				
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.	·	-			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2018 from Section C, line 6			······································		
10	Line 8 amount divided by line 9 amount			***************************************		
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014					
С	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
<u>i</u>	Carryover from 2013 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2014					
b	Excess from 2015					
	Excess from 2016					
d	Excess from 2017					
е	Excess from 2018					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

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

Open to Public

OMB No. 1545-0047

2018

Internal Revenue Service

▶ Attach to Form 990. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number Association for Investment in Popular Action Committees** 20-5516191 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . . . . . . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year R Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X . . . . . . . . . . . .

Part	III Organizations Maintaining (	Collections of	Art, His	torical 1	reasures	, or Ot	ther Similar /	Assets (conti	inued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a	significant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams		
b	☐ Scholarly research								
C	☐ Preservation for future generations							*********	*****
4	Provide a description of the organization XIII.	on's collections a	and expla	in how t	hey further	the org	janization's ox	empt purpose	in Part
5	During the year, did the organization s assets to be sold to raise funds rather t						•		☐ No
Part	IV Escrow and Custodial Arrar	ngements.	•						•
	Complete if the organization a	answered "Yes'	" on For	m 990, F	Part IV, lind	o 9, or	reported an a	amount on Fo	orm
	990, Part X, line 21.	<u></u>							
1a	Is the organization an agent, trustee, included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Par	rt XIII and comple	ete the fo	llowing ta	able:				
								Amount	
C	Beginning balance					10	:		
d	Additions during the year					1d	l		
е	Distributions during the year					1e	,		• • • •
f	Ending balance					11			
2a	Did the organization include an amount					ustodia	account liabil	itv? Tyes	□ No
b	If "Yes," explain the arrangement in Par							-	$\overline{\Box}$
	V Endowment Funds.			•		<del></del>	· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization a	answered "Yes'	on For	m 990, F	Part IV, line	e 10.			
······		(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years b	ack (e) Four yea	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses			·					
d	Grants or scholarships								
e	Other expenditures for facilities and						<del></del>		·
	programs								
f	Administrative expenses							<u> </u>	
g	End of year balance		<del></del>						
2	Provide the estimated percentage of the	e current vear en	d balanc	e (line 1a	. column (a	)) held	as:	<u> </u>	
а	Board designated or quasi-endowment	· <b>&gt;</b>	%	- (	,,	,,			
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	··%							
•	The percentages on lines 2a, 2b, and 2c		00%.						
3a	Are there endowment funds not in the	•		zation tha	at are held	and ad	ministered for	the	
	organization by:	•	Ŭ					Ye	s No
	(i) unrelated organizations							. 3a(i)	<del>                                     </del>
	(ii) related organizations							. 3a(ii)	1
b	If "Yes" on line 3a(ii), are the related org							. 3b	1
4	Describe in Part XIII the intended uses of		-						
Part					<del> </del>			<del></del>	**
	Complete if the organization a		on For	m 990, F	Part IV. line	e 11a.	See Form 99	0. Part X. line	10.
	Description of property	(a) Cost or ot			r other basis		Accumulated	(d) Book va	
		(investm			ther)		epreciation	• • • • • • • • • • • • • • • • • • • •	
1a	Land	1				•			
b	Buildings							<u>.</u>	
С	Leasehold improvements								
d	Equipment		24600		··		12174		12426
е	Other								<u></u> _
Total.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 99	90, Part )	(, column	(B), line 10	)c.) .			12426

Part VII	Investments—Other Securities Complete if the organization ar		rm 990, Part IV, lin	e 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or categ (including name of security)		(b) Book value	(c) Me	thod of valuation: I-of-year market value
(1) Financial	derivatives				· · · · · · · · · · · · · · · · · · ·
(2) Closely-h	neld equity interests				
(3) Other					
(A)	***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(B)		#-+- <i>-</i>			
(C)					
(D)	, <del></del>				
(E)			*		
(F)			-		
(G)					
(H)	blanch and Fam 000 Part V and Pilling 401 b		<del> </del>		<del></del>
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) I Investments—Program Relat			l	······································
Part VIII	Complete if the organization ar		m 000 Part IV lin	0 110 Soo Form	000 Port V line 12
	(a) Description of investment	iswered res on ro	(b) Book value	·	thod of valuation:
	(a) Description of investment		(b) Book value		Hof-year market value
(1)	· · · · · · · · · · · · · · · · · · ·		<del></del>		· · · · · · · · · · · · · · · · · · ·
(2)					
(3)	· · · · · · · · · · · · · · · · · · ·				
(4)			<u> </u>		<u> </u>
(5)			<u> </u>		
(6)			<u> </u>		
(7)		· · · · · · · · · · · · · · · · · · ·			
(8)					
(9)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 13.) 🖡	<b>&gt;</b>			
Part IX	Other Assets.				
	Complete if the organization ar		rm 990, Part IV, line	e 11d. See Form	
		(a) Description			(b) Book value
_(1)				<del></del>	
(2)		<del>.</del>			 
(3)					
_(4)			<del></del>		
(5)	······································		<del></del>		<u> </u>
<u>(6)</u>				· · · · · · · · · · · · · · · · · · ·	
<u>(7)</u>			·		
<u>(8)</u> (9)				· · · · · · · · · · · · · · · · · · ·	
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)			
Part X	Other Liabilities.	(-)	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	Complete if the organization ar	nswered "Yes" on Fo	rm 990, Part IV, line	e 11e or 11f. Se	e Form 990, Part X,
	line 25.		,		,
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·	
(1) Federal in	come taxes			-	•
(2)					•
(3)					
(4)					
(5)				•	
(6)					
(7)					
(8)					
(9)	1	<u> </u>			
	n) must equal Form 990, Part X, col. (B) line 25.)		ata ta the second	Ja Ganasial et d	- A- A
	uncertain tax positions. In Part XIII, pro s liability for uncertain tax positions und				

Part		-	Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	]
b	Donated services and use of facilities	2b	1
C	Recoveries of prior year grants	2c	<u></u>   •
d	Other (Describe in Part XIII.)	2d	<u>                                     </u>
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>	1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u>,</u> -
b	Other (Describe in Part XIII.)	[ 4b	<u> </u>
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5   D-1
Part			er Ketum.
	Complete if the organization answered "Yes" on Form 990,	<del></del>	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	1 1
a	Donated services and use of facilities	2a   2b	<del> </del>
b	Other losses	26 2c	-
٦ د	Other losses	2d	<b>d·</b>
d e	Add lines 2a through 2d	<del></del>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i i i i i i i i i i i i i i i i i i	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<b>1°</b>
			<u></u>
	Add lines 4a and 4b		4c
- c 5	Add lines <b>4a</b> and <b>4b</b>		4c 5
с 5			
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line

# **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Inspection

Employer identification number

Association for Investment in Popular						0-5516191	
Part I General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organ	nization a	nswered '	"Yes" on
1 For grantmakers. Does the other assistance, the grante award the grants or assistance.	es' eligibility	for the gran				✓ Yes	□ No
2 For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its g	grants and	d other as	ssistance
3 Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is neede	ed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed a program sen describe specific service(s) in the	vice, type of	(f) To expending and inve in the	ures for stments
(1) Syria	0	0	grants to recipients	research/publishir	ng		14999
(2) Occupied Palestinian Territorie	0	1	program services	human rights			7370
(3) Occupied Palestinian Territorie	0	0	program services	humanitarian aid			2000
(4) UK	0	0	grants to recipients	research/publishir	na		2500
(5)							
(6)						,	
(7)					7		
(8)							
(9)							
(10)							<del></del>
(11)							
(12)					<del></del>		
(13)							
(14)				···			<u> </u>
(15)						<del></del>	
(16)							
(17)							
3a Subtotal					. <u></u>	<u> </u>	26869
b Total from continuation sheets to Part I						<b>l</b> .	
c Totals (add lines 3a and 3b)						}	26869

Schedule F (Form 990) 2018	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.
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اعَ																		
(I) Method of valuation (book, FMV, appraisal, other)																	-	-
of noncash assistance												_					x-exempt ▶	•
(g) Amodan or noncash assistance													:				try, recognized as tar	
cash disbursement	6669 Electr funds transfer																by the foreign coun	
cash grant	36999																ognized as charities 501(c)(3) equivalen	
grant	human rights																Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶	
inger (a)	Occupied Palestine																nt organizations liste grantee or counsel ha	Enter total number of other organizations or entities
section and EIN (if applicable)																	nber of recipier for which the g	nber of other o
organization						•			1	•		-	1		-	•	Enter total nur by the IRS, or	Enter total nur
-	(1)	(2)	(3)	<u>4</u>	(2)	(9)	<u>©</u>	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	8	e

Page 3

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance 14999|Electr funds transfe 2500 Electr funds transfe (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region Syria (a) Type of grant or assistance (1) Research/publishing (2) Research/publishing (10) E (12) (13) £ (15) (9L) (18) ව € (2) 9 ε <u>®</u> 6

Schedule F (Form 990) 2018

Page	4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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2018	Open to Public

**Employer identification number** 

OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%**□ (h) Purpose of grant research & reporting esearch & reporting or assistance 0 20-5516191 □ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . noncash assistance (g) Description of 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 valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10000 5000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? (if applicable) General Information on Grants and Assistance Association for Investment in Popular Action Committees 83-3068137 90-0737181 (P) EIN 27831 NE47th St,Redmond, WA 98053 3500 Vicksburg Ln#312,MplsMN55441 (9) 1 (a) Name and address of organization (2) Onward and Upward LLC (6) or government MintPressNews Name of the organization (2) Part II Part ! <u>C</u> € <u>®</u> N 5 12 6

Schedule I (Form 990) (2018)

Cat. No. 50055P

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

Schedule I (Form 990) (2018)  Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.  (a) Type of grant or assistance	I space is needed (b) Number of	als. Complete if the	organization answ	iduals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ded.  (c) Amount of (d) Amount of (e) Method of valuation (book, organization of EMV and a control of EMV and a con	Page 2 Part IV, line 22. (f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 Gareth Porter	-	10000			
2 Max Blumenthal	-	20000			
3					
4					
5					
9					
7 Supplemental Information. Provide the information required in Part I.	the information r	equired in Part I. line	2: Part III. columr	line 2: Part III. column (b): and any other additional information.	onal information.
We monitor the production of grantees, receive reports, and communicate with them for answers to questions of the organization are responsible for maintaining contact in order to assure that grant expectations are met.	and communicate w act in order to assur	ith them for answers to that grant expectation	questions that are no	ot otherwise covered by the p	te with them for answers to questions that are not otherwise covered by the production and reports. Members ssure that grant expectations are met.
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	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
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			6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
`					
					Schedule I (Form 990) (2018)

### **SCHEDULE 0** (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.

2018 Open to Public

OMB No. 1545-0047

Department of the Treasury

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

Inspection Internal Revenue Service Employer identification number Name of the organization **Association for Investment in Popular Action Committees** 20-5516191 Form 990, Part III, Line 1 - Organization Mission The Association is an all volunteer membership organization established to help our community, regardless of religion, race or political beliefs, become more aware of international human rights and social justice issues that are the key to a sustainable peace in the world. Form 990, Part VI, Line 11b - Form Review Process No review was or will be performed. However all officers and corporate financial personnel receive a copy of the submitted Return. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available The Association makes public all documents that are legally required to be public and sometimes others on a case by case basis. Form 990, Part XI, Line 9 Other changes in net assets or fund balances. Credit of \$3011 due to error in previous FY reporting (See Schedule O 2017)