| ٥ | | | 294930 | 04 | 13117 [] |
|--------------------------------|------------------------|--|--|------------------|-----------------------------|
| _ | Q | 90 | Return of Organization Exempt From Income Tax | , | OMB No. 1545-0047 |
| Fo | orm 🕶 | JU | | | 2018 |
| | | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found | | |
| De Int | epartment ernal Rev | of the Treasury enue Service | ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. | MA | Open to Public Inspection |
| <u> </u> | | | ndar year, or tax year beginning January 1 , 2018, and ending Decemb | V/ V. | , 20 ₁₈ |
| В | | if applicable | | | r identification number |
| V | Addres | s change | Doing business as | | 47-4425291 |
| | Name | change | · · · · · · · · · · · · · · · · · · · | Telephon | e number |
| F | initial r | | 155 East Main Street Suite 260 | | 859-543-0453 |
| H | | tum/terminated led return | City or town, state or province, country, and ZIP or foreign postal code | C======== | |
| | | | | Gross rec | bordinatas? Yes No |
| | | | 1,7,000 | | included? Yes No |
| <u>ı</u> | Тах-ех | empt status | | | ist. (see instructions) |
| J | Websit | | H(c) Group ex | emption n | umber ► |
| K | | | | M State o | f legal domicile KY |
| | Part I | Summa | | | |
| 0 | | | scribe the organization's mission or most significant activities The corporation was f | | |
| anc | | and gener | al welfare to educate and advocate for free enterprise, limited government, economic grov | Ntn and | traditional values |
| Activities & Governance | 2 | Check the | s box ▶☐ if the organization discontinued its operations or disposed of more than 25 | 5% of it | s net assets. |
| é | 3 | | of voting members of the governing body (Part VI, line 1a) | 3 | 1 |
| ජ ග | 4 | | f independent voting members of the governing body (Part VI, line 1b) | 4 | 1 |
| /te | 5 | | ber of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 0 |
| Ę | 6 7a | | ber of volunteers (estimate if necessary) | 6 | 2 |
| • | b | | elated business revenue from Part VIII, colong (6) the VED 1159 | 7a 7b | 0 |
| _ | + - | 1101 3111010 | | 1,0 | Current Year |
| a | 8 | Contributi | ons and grants (Part VIII, line 1h) . Service revenue (Part VIII, line 2g) | 290000 | 300000 |
| Revenue | 9 | Program s | service revenue (Part VIII, line 2g) | 0 | 0 |
| Яе́ | 10 | | it income (Part VIII, Column (A), lines 3, 4 and 79) | 0 | 0 |
| _ | 11 | | enue (Part VIII, column (A), lines 5, ad, 86, 45, 04, 11) | 0 | 0 |
| | 12 | | nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) d similar amounts paid (Part IX, column (A), lines 1–3) | 90000 | 300000 |
| | 14 | | aid to or for members (Part IX, column (A), line 4) . | 5000 0 | 133563 |
| Ś | 15 | | ther compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | |
| xpenses | 16a | Profession | nal fundraising fees (Part IX, column (A), line 11e) | О | 0 |
| .X | b | | raising expenses (Part IX, column (D), line 25) 🕨 | | |
| | 17 | | | 37792 | 217769 |
| | 18 19 | | 0.11 11 15 | 42792 | 351332 |
| | | The veriliae in | Beginning of Curren | 47208 nt Year | |
| Net Assets or Fund Balances | 20 | Total asse | to (Dept V. Inc. 46) | 51963 | 631 |
| Z A | 21 | Total liabili | ities (Part X, line 26) | 0 | 0 |
| | | | | 51963 | 631 |
| _ | art II | | ire Block | | |
| tru | e, correc | ilties of perjury t, ஞ் ரே complet | , I declare that I have examined this return, including accompanying schedules and statements, and to the ble Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge | est of my: e | knowledge and bellef, it is |
| | | T R | D4-1- | | 11/15/2019 |
| Sig | jn | Signati | ure of officer Date | | - |
| He | re | | Eric Lycan, Treasurer | | |
| | | | r print name and title | | |
| Pa | | - | | Check 🔲 | rf PTIN |
| | epare | | | elf-emplo | yed |
| Us | e Oni | Firm's nan | | | |
| Ma | y the IE | | this return with the preparer shown above? (see instructions) | · . | ☐ Yes ☐ No |
| _ | | | ion Act Notice, see the separate instructions. Cat. No 11282Y | . , | Form 990 (2018) |
| | , | 3 | | | |
| | C | - | \mathcal{O}_{Λ} | | |

| Form 9 | 0 (2018) Pag | je : |
|--------|---|----------------|
| Part | - | _ |
| 1 | Briefly describe the organization's mission | ~ |
| • | The corporation was formed for the common good and general welfare to educate and advocate for free enterprise, limited government economic growth and traditional values. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | 0 |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? | 0 |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported. | b _j |
| 4a | (Code: Program) (Expenses \$ 243156 64 including grants of \$ 0) (Revenue \$) | _ |
| | The Coalition worked to educate and advocate for government reforms that would result in a stronger economy, lower taxes, more jobs and a balanced budget. It also advocated for less government regulation to keep energy prices low and create jobs. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | - |
| 4b | (Code) (Expenses \$including grants of \$) (Revenue \$) | |
| 70 | / (Loude) (Expenses \$) (Aevenue \$) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | |
| -10 | (Code) (Expenses #) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe in Schedule O) | _ |
| | Expenses \$ including grants of \$) (Revenue \$) | |
| | Total program service expenses ► 243,156 64 | _ |

Part IV **Checklist of Required Schedules**

| | | | Yes | No |
|------|--|-----|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. | | | , |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | ~ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | ~ | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | , |
| 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 | | |
| 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 | | , |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | v |
| 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 | | • |
| 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 | | • |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 | | • |
| 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 | | , |
| 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 | | ~ |
| 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 | | ٧ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ١ |
| 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 | | ~ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | ~ |
| b | "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 | | <u> </u> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _ |
| 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 | | v |
| 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 | | ~ |
| 7 | 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 | | / |
| 8 | 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 | | <u></u> |
| 9 | 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 | | · |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | V |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20Ь | | |
| 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 "Yeş," complete Schedule I, Parts I and II . | 21 | v | |
| | | C | ADD. | |

| Part | IV Checklist of Required Schedules (continued) | | | |
|------|--|---------|--|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ~ |
| 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 | | |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ~ |
| c | 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 to defease any tax-exempt bonds? | 24b | | \vdash |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | +- |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | v |
| 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 | | _ |
| 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 | | ~ |
| 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 | | - |
| 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 | | ~ |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ~ |
| | 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c | | 7 |
| 29 | | 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 | | <u>v</u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | - |
| 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 | | ~ |
| 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 | | ~ |
| 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 | | ~ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ~ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | ~ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ~ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | ~ | |
| Part | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | • -; | |
| _ | | 74 - 70 | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | | | |
|------|--|-----------|-------------|----------|----------------|----------|--|--|--|--|--|
| | | | | | 3eY | No | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | Š. | | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | (| 0 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment | tax ret | turns? | 2b | | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst | ructio | ns) | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | | | | |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So | | | 3b | | <u> </u> | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | 1. 1 | | ١. | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial | icial ac | count)? | 4a | | - | | | | | |
| b | If "Yes," enter the name of the foreign country: | | /cm + D\ | | | • | | | | | |
| F- | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | • | | 5a | | V | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelts if "Yes" to line 5a or 5b, did the organization file Form 8886-T? | ii ii ans | sacilori | 5b 5c | | - | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,0 | OO ar | nd did the | 30 | | - | | | | | |
| va | organization solicit any contributions that were not tax deductible as charitable contributions | | | 6a | · | | | | | | |
| ь | If "Yes," did the organization include with every solicitation an express statement that such | | butions or | - | | <u> </u> | | | | | |
| • | qifts were not tax deductible? | | | 6ь | ~ | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and | partly | for goods | | | | | | | | |
| | and services provided to the payor? | • ′ | | 7a | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property to | or wh | ich it was | | | | | | | | |
| | required to file Form 8282? | · . | | 7c | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . | 7d | | | | . T | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal t | | | 7e | | <u> </u> | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit the control of the control | | | 7f | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | | • | 7g | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization for | | | 7h | | air rus | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m sponsoring organization have excess business holdings at any time during the year? | aintair | ned by the | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | ::::: | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring o | on? | | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter. | | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | | |
| ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 105 | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | | | | | | | | |
| | Gross income from members or shareholders | 11a | | | | | | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | | | | | |
| | against amounts due or received from them.) | 11b | 40440 | | | . 10 | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | 1 1 | n 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. | 12b | | | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | 9. <u>G</u> L4 | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule | a () | | | | | | | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | | | | | |
| | the organization is licensed to issue qualified health plans | 13b | | | | * | | | | | |
| | Enter the amount of reserves on hand | 13c | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | 1 | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S | chedu | ıle O . | 14b | | | | | | | |
| 15 | s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in | remur | eration or | | | | | | | | |
| | excess parachute payment(s) during the year? | | • | 15 | | | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | | | - 15 | | | | | |
| | s the organization an educational institution subject to the section 4968 excise tax on net inve | stmen | t income? | 16 | | ar i jun | | | | | |
| | f "Yes," complete Form 4720, Schedule O | | | | | | | | | | |
| | | | | Form | 990 | (2018) | | | | | |

| | 930 (2018) | | | | Page (|
|-------------|--|--------------|--------|--------|----------|
| Pari | | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sci | hedule O. Se | e ins | struci | |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u> </u> | | · | <u> </u> |
| Sect | tion A. Governing Body and Management | | | | |
| | | | er - · | Yes | No |
| 1a | 3 | 1 | | İЩ | |
| | 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 | ij | | : 4 | |
| Ь | | | | | |
| 2 | | | | | |
| _ | Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee? | snip with | 2 | ."; | V |
| 3 | Did the organization delegate control over management duties customarily performed by or under | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person | _ | 3 | | V |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | | 4 | | · |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets?. | 5 | | V |
| 6 | Did the organization have members or stockholders? | • | 6 | | 1 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect of one or more members of the governing body? | r appoint | 7a | | , |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) r | nembers, | | | |
| | stockholders, or persons other than the governing body? | , | 7b | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertake | en during | | | |
| | the year by the following: | | | | |
| а | The governing body? | | 8a | ~ | . |
| Ь | , | | 8b | | L |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rethe organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | ached at | 9 | | ~ |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Inter | nal Revenu | е С | ode.) | |
| | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | . [| 10a | | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt purp | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | <u> </u> | 11a | ~ | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | [· | 12a | ~ | |
| Ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | conflicts? | 12b | 1 | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? | If "Yes," | | | |
| | describe in Schedule O how this was done | Ŀ | 12c | | 1 |
| 13 | Did the organization have a written whistleblower policy? | | 13 | ~ | |
| 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 apprinted and contemporation of the deliberation and contemporation of the deliberation and contemporation are contemporation. | | | | |
| а | The organization's CEO, Executive Director, or top management official | _ | 15a | | ✓ |
| b | Other officers or key employees of the organization | [- | 15b | | ~ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | 14. |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrawith a taxable entity during the year? | _ | 16a | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evi | 39 | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeg | guard the | | | |
| | organization's exempt status with respect to such arrangements? |]1 | 16b | | |
| | on C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, (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). | | (Sect | ion 5 | i01(c) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co financial statements available to the public during the tax year | • | est p | olicy | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's book | oks and reco | ords I | > | |
| | D Eric Lycan, 155 East Main St., Suite 260, Lexington, KY 40507 (859)543-0453 | | | | |

| 200 | (2018) | |
|---------|--------|--|
| | | |

Page 7

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

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

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

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

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

| Check this box if neither the organization no | r any relate | d org | aniz | | ompe | ensa | ited any currer | t officer, directo | r, or trustee |
|---|---|-------------------------|------|------------|----------------------------------|-------------|--|--|--|
| (A) Name and Title | (B) Average | | | Pos eck | e than o | | (D) Reportable | (E) Reportable | (F) Estimated |
| | hours per week (list any hours for related organizations below dotted line) | individua or directo | _ | officer | Highest compensated employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| (1) Darren L Embry Director & President | 11 | , | | ~ | | | o | 0 | |
| (2) David Eric Lycan Treasurer | 2 | | | \ | | | 0 | 0 | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| | | | | | | | | | |
| (8) | | | | | | | | , | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | _ | | | | | | | |
| (12) | | | | | | | | i | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | 1 |

| Par | t VII Section A. Officers, Directors, Trus | tees, Key E | mplo | yee: | s, ø | nd ł | lighe | st C | ompensated E | mployees (cont | inued) |
|--------------|--|--|-----------------------------------|-----------------------|----------------------|--------------|---------------------------------|--------------|----------------------------------|--|--|
| | (A) Name and title | (B) Average hours per week (list any | box, office | unles er and | Pos neck ss pe | erson | s than is both or/trus | n an tee) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | | | | | | _ | | | | |
| (16) | | | | | | | | | | | <u> </u> |
| (17) | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | *** | | |
| 1b c d | Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) | VII, Section | | | - - | | | > | 0 | 0 | |
| 2 | Total number of individuals (including but reportable compensation from the organization from the organization from the organization). | not limited | | ose | liste | ed a | bove |) wł | | | |
| 3 | Did the organization list any former off employee on line 1a? If "Yes," complete S | ficer, direct | or, or | r tru | uste ndn | e, l | cey e | mpl | | est compensate | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | sum of rep | ortab | le c | om | pen | satio | n ar | | | |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? | | | | | | | | | ation or individu | al 5 🗸 |
| Section | on B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization Rep year | | | | | | | | | | |
| | (A) Name and business addr | ess | | | | | | | (B) Description of se | ervices | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compensa | | | | | | | thc | ose listed abo | ve) who | |

Form **990** (2018)

| Par | t VIII | Statement of Revenue | | | | | | | | | | | |
|--|--------|-------------------------------|----------------|----------------|--|----------------------|-------------------------|--|---------------------------------|--|--|--|--|
| | | Check if Schedule (| O contains | a res | ponse or note t | o any line in this | s Part VIII | | 🗀 | | | | |
| | | | | | | (A) Total revenue | (B) Related or | (C) Unrolated | (D) Revenue | | | | |
| | | | | <i>.</i> | | 10120 70401100 | exempt | business | excluded from tax | | | | |
| ela e | | | | | Гийн 19 г. на 19 г. - 19 г. на 1 | | function revenue | revanuo | under sections 512-514 | | | | |
| ts ts | 1a | Federated campaign | S | 1a | C | | | | | | | | |
| Grants mounts | ь | Membership dues . | | 1b | 0 | | | | | | | | |
| O E | c | Fundraising events | | 1c | | | . 1111 17 4 1 1242 | | | | | | |
| Giffs, ilar Ar | d | Related organizations | | 1d | | y e elithii day | | anarahir da | | | | | |
| 0 5 | e | Government grants (cor | | 1e | | | April 199 | | s kalanda P | | | | |
| Contributions, Giff and Other Similar | f | All other contributions, g | | 16 | | | | | | | | | |
| 粪声 | ' | and similar amounts not in | | 1f | | | | ign of the state o | (1) (1) (1) (1) (1) (1) (1) (1) | | | | |
| 를 5 | ł | | ı | | 300000 | | | | | | | | |
| Cont | g | Noncash contributions include | | ·II Þ | | | | | | | | | |
| | h | Total. Add lines 1a-1 | <u>ır</u> | | | 300000 | <u> </u> | | | | | | |
| Jue | | | | | Business Code | | | | | | | | |
| 9.6 | 2a | | ···· | | | | | <u> </u> | | | | | |
| Œ. | b | | | | | | | | | | | | |
| Š |) c | | | | | | <u> </u> | | | | | | |
| Ser | d | | | | | | | | | | | | |
| Ē | e | | · | | | | | | | | | | |
| Program Service Revenue | f | All other program ser | vice revenu | е | | | | | | | | | |
| F. | g | Total. Add lines 2a-2 | 2f | | . | 0 | | | | | | | |
| | 3 | Investment income | (including | divide | ends, interest, | | | | | | | | |
| | 1 | and other similar amo | ounts) | | | 0 |) o | l c |) | | | | |
| | 4 | Income from investmen | nat ba | and proceeds ▶ | | 0 | | | | | | | |
| | 5 | Royatties | | | . ' ▶ | 0 | 0 | | , | | | | |
| | | | (i) Real | | (II) Personal | | | | | | | | |
| | 6a | Gross rents , | <u> </u> | - 0 | 0 | | | | | | | | |
| | b | Less. rental expenses | | | | | | | | | | | |
| | c | Rental income or (loss) | <u> </u> | | | | | | | | | | |
| | l . | Net rental income or | (1) | U | | | | | | | | | |
| | d _d | | (i) Securitie | | (ii) Other | U | U | L L | | | | | |
| | 7a | Gross amount from sales of | - (y Securitie | | (ii) Outer | | i Balliani s | | | | | | |
| | | assets other than inventory | | U | | | | | (| | | | |
| | Ь | Less cost or other basis | l | | | | | 1.01 F |) (A / ## 1 | | | | |
| | | and sales expenses . | ļ | 0 | 0 | | | | | | | | |
| | С | Gain or (loss) . | | 0 | 0 | -45 <u>c</u> 6. | | | | | | | |
| | d | Net gain or (loss) . | | | 🕨 | 0 | 0 | 0 | 0 | | | | |
| au | | | | | | | | r. Indiiya. | | | | | |
| Revenue | 8a | Gross income from fu | ındraısıng | i | | | Edward 1991 | | | | | | |
| Š | | events (not including \$ | | ō | | | pana sa na | | | | | | |
| 8 | | of contributions reporte | ed on line 1c |). | | | | | | | | | |
| 흐 | | See Part IV, line 18 | | a | 0 | | | | 471 <i>- 2</i> 01 1. | | | | |
| Other | ь | Less direct expenses | ; | ь | 0 | y W.B. 1. | a f Par | | | | | | |
| | c | Net income or (loss) fi | rom fundrai: | sing 6 | events . > | 0 | | 0 | 0 | | | | |
| | 9a | Gross income from ga | ming activiti | es. | | | | | | | | | |
| | | See Part IV, line 19 | • | a | o | | taning pro | | | | | | |
| | ь | Less direct expenses | | ь | n | Walta k | | | ia en e | | | | |
| Ì | | Net income or (loss) fi | | activ | /ities . ▶ | 0 | 0 | O | 0 | | | | |
| } | 10a | Gross sales of in | | | | | | | | | | | |
| | | returns and allowance | | а | 0 | | | | | | | | |
| | ь | Less cost of goods se | old | ь | | | | | | | | | |
| - 1 | c | Net income or (loss) fr | | L | nton/ | | | | | | | | |
| ŀ | | Miscellaneous Ri | | | Business Code | O _I | U) | 0 ** • ********************************* | | | | | |
| + | 11- | wiscellaneous Ri | evenue | | Dusiness Code | er a de de | | | | | | | |
| | 11a | | | } | | | | | | | | | |
| • | Ь | | | } | | - | | | | | | | |
| ļ | C | All 1/ | | | | | | | | | | | |
| | d | All other revenue | | Ĺ | | | - Tot Australia - Carre | | d 1984 man remains | | | | |
| [| e | Total. Add lines 11a- | | | | 0 | | | | | | | |
| | 12 | Total revenue. See in | structions | _ | ▶ | 300000 | οl | n | i n | | | | |

Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must cor | nplete all columns A | VII other organization | ns must complete co | olumn (A) |
|---------|---|------------------------|------------------------------------|-------------------------------------|--|
| | Check if Schedule O contains a respon | ise or note to any lii | | | |
| | ot include amounts reported on lines 6b, 7b, b, 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. | 133563 | 133563 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | O | 0 | | |
| 3 | Grants and other assistance to foreign | | | <u></u> | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16. | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | - 0 | 0 | 0 | |
| 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 | 0 | 0 | 0 | |
| 8 | Pension plan accruals and contributions (include | U | | 0 | |
| | section 401(k) and 403(b) employer contributions) | 0 | 0 | | , |
| 9 | Other employee benefits | 0 | 0 | 0 | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | <u>-</u> |
| а | Management | o | 0 | Ó | d |
| ь | Legal | 17509 | 12429 | 0 | 0 |
| C | Accounting | 0 | 0 | 0 | 0 |
| d | Lobbying | 0 | 0 | 0 | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | <u> </u> | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| 9 | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | - ' | 0 | 0 | 0 | 0 |
| 13 | Advertising and promotion Office expenses | 200000 | 97164 64 | 0 | 0 |
| 14 | Information technology | 0 | 0 | 0 | 0 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 0 | 0 | 0 | 0 |
| 17 | Travel | 0 | 0 | 0 | 0 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | o | 0 | 0 | |
| 19 | Conferences, conventions, and meetings | 0 | 0 | 0 | 0 |
| 20 | Interest | 0 | 0 | 0 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 0 | 0 | 0 | 0 |
| 23 | Insurance | 0 | 0 | 0 | 0 |
| 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) | | | | |
| а | Bank fees | 75 | 0 | 0 | A series and the series of the |
| b | Registered agent | 185 | 0 | 0 | 0 |
| c | | | | | |
| d | | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 351332 | 243156 64 | 0 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | İ | |
| | fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |
| | | I | l l | J | |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing 51963 1 631.32 2 Savings and temporary cash investments . 2 o Ð 3 Pledges and grants receivable, net . . . ol 0 Accounts receivable, net . . . al 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . 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 organizations (see instructions), Complete Part II of Schedule L o 6 Notes and loans receivable, net . . . 7 0 0 R Inventories for sale or use . . 8 0 0 9 Prepaid expenses and deferred charges . 9 ol 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10ь 0 10c b Less accumulated depreciation . 0 11 11 Investments—publicly traded securities 이 0 12 12 Investments—other securities. See Part IV, line 11 ol 0 13 13 Investments—program-related. See Part IV, line 11 ol 0 14 14 Intangible assets ol 0 Other assets. See Part IV, line 11 15 15 o 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 51963 631 32 17 Accounts payable and accrued expenses 17 이 0 18 18 Grants payable ol 0 19 19 Deferred revenue . . . 0 0 20 Tax-exempt bond liabilities 20 ol 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L o 22 0 23 Secured mortgages and notes payable to unrelated third parties ol 23 0 24 Unsecured notes and loans payable to unrelated third parties d 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ► and Balances complete lines 27 through 29, and lines 33 and 34. 0 27 27 Unrestricted net assets . . 0 0 28 28 Temporarily restricted net assets . 0 Net Assets or Fund 29 Permanently restricted net assets 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 0 30 30 Capital stock or trust principal, or current funds . . . 0 31 Paid-in or capital surplus, or land, building, or equipment fund. o 31 0 32 0 32 Retained earnings, endowment, accumulated income, or other funds 0 51963 **33** 33 Total net assets or fund balances 631 32 Total liabilities and net assets/fund balances . 51963 34 631.32 Form 990 (2018)

| | 90 (2018) XI Reconciliation of Net Assets | | | Page 12 |
|----|---|---|----------|----------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | . П |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 300000 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 351332 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -51332 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 51963 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 0 |
| 6 | Donated services and use of facilities | 6 | | 0 |
| 7 | Investment expenses , | 7 | | |
| 8 | Prior period adjustments | 8 | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | |
| | 33, column (B)) | 10 | | 631.32 |
| 1 | Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other | | | |
| 2a | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | | 2a | Y |
| | Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp | piled or | 2a 2b | |
| b | Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both | piled or ded on a versight intant? | 2a 2b 2c | |
| b | Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ovion of the audit, review, or compilation of its financial statements and selection of an independent accould the organization changed either its oversight process or selection process during the tax year, ex | onled or . ed on a . versight . ntant? plain in | 2a 2b 2c | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 980, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

| • S | ection 501(c)(4), (5), or (6) or | ganizations Complete Part III | | | |
|--------|--|---|---|---|--|
| Name | of organization | | | Employer ide | entification number |
| Coalit | on for Growth and Opport | | | | 47-4425291 |
| Part | I-A Complete if the | ne organization is exempt u | nder section 501 | c) or is a section 527 | organization. |
| 1 | Provide a description of definition of "political call | of the organization's direct and | indirect political ca | ampaign activities in Pai | rt IV (see instructions for |
| 2 | · · · · · · · · · · · · · · · · · · · | ity expenditures (see instructions | s) | • | \$ 102835 36 |
| 3 | | tical campaign activities (see inst | • | | |
| Part | I-B Complete if the | ne organization is exempt ui | nder section 501(| (c)(3). | |
| 1 | Enter the amount of any | excise tax incurred by the organ | nization under section | on 4955 ▶ | \$ |
| 2 | Enter the amount of any | excise tax incurred by organizat | tion managers unde | r section 4955 🕨 | \$ |
| 3 | If the organization incur | red a section 4955 tax, did it file l | Form 4720 for this y | rear? | Yes No |
| 4a | Was a correction made | ? | | | 🗌 Yes 🔲 No |
| b | If "Yes," describe in Par | | | | |
| Part | I-C Complete if the | ne organization is exempt ui | nder section 501(| c), except section 50 | 1(c)(3). |
| 1 | Enter the amount direct | tly expended by the filing orga | nization for section | 527 exempt function | |
| | activities | | | ▶ \$ | 102835 36 |
| 2 | | e filing organization's funds cont | tributed to other org | | |
| | 527 exempt function ac | | | ▶ 9 | 6 |
| 3 | • | expenditures. Add lines 1 and | 2 Enter here and | on Form 1120-POL, | |
| | line 17b | | | • 3 | 102835 36 |
| 4 | | n file Form 1120-POL for this ye | | • | ∐Yes ✓ No |
| 5 | organization made paym the amount of political c | sses and employer identification rents. For each organization listed ontributions received that were published or a political action commit | d, enter the amount romptly and directly | paid from the filing organ delivered to a separate p | nization's funds. Also enter political organization, such |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- |
| (1) Co | mmunications Counsel, | 37 West Broad St, Suite 325 | | | |
| lnc | | Columbus, OH 43215 | 37-1431611 | 102835 36 | 0 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

| Sched | tule C (Form | n 990 or 990-EZ) 2018 | | | | | Page 2 |
|--|--------------|---|---------------------|-----------------------|---------------------|-----------------------|----------------|
| Par | t II-A | Complete if the organizate section 501(h)). | tion is exempt | under section 5 | 01(c)(3) and file | d Form 5768 (ele | ection under |
| A | heck ► | If the filing organization bel | ongs to an affiliat | ted group (and list | ın Part IV each aff | fiated group memb | per's name, |
| | | address, EIN, expenses, ar | nd share of exces | s lobbying expend | ditures). | 5 . | |
| В | heck - | ☐ if the filing organization che | ecked box A and | "limited control" p | rovisions apply. | | |
| | | | bbying Expendit | | | (a) Filing | (b) Affiliated |
| | | (The term "expenditures" | means amounts | paid or incurred | -) | organization's totals | group totals |
| 1a | Total lo | obbying expenditures to influen | ce public opinion | (grass roots lobb | yıng) | | |
| b | Total lo | obbying expenditures to influen | ce a legislative be | ody (direct lobbyin | | | - |
| C | Total k | obbying expenditures (add lines | 1a and 1b) . | | | | |
| d | Other 6 | exempt purpose expenditures | | | | | |
| е | Total e | xempt purpose expenditures (a | idd lines 1c and 1 | 1d) | | | |
| f | Lobbyi | ng nontaxable amount. Ente | r the amount f | rom the followin | g table in both | | |
| | columns | | | | | | |
| | If the ar | nount on line 1e, column (a) or (b) | is. The lobbying | nontaxable amour | nt is: | | |
| | Not ove | r \$500,000 | 20% of the ar | mount on line 1e. | | | |
| | Over \$5 | 00,000 but not over \$1,000,000 | \$100,000 plus | s 15% of the excess | over \$500,000 | | |
| | Over \$1 | ,000,000 but not over \$1,500,000 | | s 10% of the excess | | | |
| | Over \$1 | ,500,000 but not over \$17,000,000 | \$225,000 plus | s 5% of the excess of | ver \$1,500,000 | | |
| | Over \$1 | 7,000,000 | \$1,000,000 | | | | |
| g | Grassr | oots nontaxable amount (enter | 25% of line 1f) | | • | | |
| h | Subtra | ct line 1g from line 1a. If zero oi | r less, enter -0- | | | | |
| i | Subtra | ct line 1f from line 1c. If zero or | less, enter -0- | | | | |
| j | If there | s is an amount other than ze | ro on either line | 1h or line 1i, did | d the organization | file Form 4720 | _ |
| | reportii | ng section 4911 tax for this yea | <u>ar?</u> | | | <u></u> l | Yes No |
| 4-Year Averaging Period Under Section 501(h) | | | | | | | |
| (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. | | | | | | | |
| See the separate instructions for lines 2a through 2f.) | | | | | | | |
| | | | | | | | |
| | | Lobbyi | ng Expenditures | During 4-Year A | veraging Period | | |
| | Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a | Lobby | ng nontaxable amount | | | | | |
| b | Lobbyii | ng ceiling amount | | | | | |

| | Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|--------|--|----------|-----------------|----------|----------|-----------|
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| С | Total lobbying expenditures | | | | | _ |
| d | Grassroots nontaxable amount | | | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f | Grassroots lobbying expenditures | | | _ | | |

| | (election under section 501(h)). | | <i>(</i> -) | | | |
|----------|---|----------|-------------|--------------|---------------|----------|
| | each "Yes," response on lines 1a through 1: below, provide in Part IV a detaile ription of the lobbying activity. | Yes | (a) s No | - | (b) Amoun | ıt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | Volunteers? | | | | | inter 1 |
| ь | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | T | | | |
| c | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | + | <u> </u> | | |
| f | Grants to other organizations for lobbying purposes? | | + | 1 | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | 1- | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | 1 | | |
| i | Other activities? | | + | | | |
| i | Total. Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| ь | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| ď | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | T | | . [7.88 | |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501 | (c)(5). | or se | ction | | |
| | 501(c)(6). | | | | | |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | ~ | <u></u> |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | ~ | <u> </u> |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from t | he prio | r year? | 3 | <u></u> | V |
| | Complete if the organization is exempt under section 501(c)(4), section 501 (501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." | |) Par | | line | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | ┟ | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amour political expenses for which the section 527(f) tax was paid). | ils or | | | | |
| а | Current year | • | 2a | | | |
| Ь | Carryover from last year | • • | 2b | | | |
| C | Total | | 2c | | . | |
| 3 4 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lob | of the | 3 | | | |
| | and political expenditure next year? | | 4 | | | |
| 5_ | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Part | | | | | | |
| | e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g | roup lis | st), Pa | rt II-A, I | ines 1 | and |
| - | instructions), and Part II-B, line 1. Also, complete this part for any additional information | | | | | |
| Part I-0 | No. 5, Line 1 Funds were used for digital and TV advertising in support of Kevin Bacon, a candidate | for Unit | ted Sta | tes Cor | gress | |
| | | | | | | |
| whose | values and platform aligned with the organizations mission | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | *************************************** | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Schedule C (For | rm 990 or 990-EZ) 2018 | Page 4 |
|-----------------|---|---|
| Part IV | Supplemental Information (continued) | |
| - | | |
| | | |
| | | |
| | | *************************************** |
| | | |
| | ••••••••••••••••••••••••••••••••••••••• | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ····· |
| | | |
| | | *************************************** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | *************************************** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | *************************************** | |
| | | |
| | | |
| ••••• | | ···· |
| | | |
| ····· | | |
| | | |
| | | ······································ |
| | | |
| | | ····· |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ······································ | |
| | | |
| | | |
| | | |

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 890, Part 10, 100-21 or 22.

2018

OMB No 1545-0047

| | | 3 | ompiete ii the orgar | nzation answered " | Tes" on Form 990, | Complete it the organization answered "Yes" on Form 990, Part IV, line 21 or 22 | . | |
|--|------------------------------|--|--|---|---------------------------------------|--|--|--|
| Department of the Treasury Internal Revenue Service | | | ■ Go to w | Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. | Form 990. 10 for the latest info | ormation | | Open to Public Inspection |
| Name of the organization | | | | | | | Employe | Employer identification number |
| Coalition for Growth and Opportunity, Inc. | Opportunity, i | lnc | | | | | | 47-4425291 |
| Part General In | nformation | General Information on Grants and Ass | Assistance | | | | | |
| 1 Does the organization out | ration maintai | in records to subs | stantiate the amou | nt of the grants or | assistance, the g | rantees' eligibility f | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | e, and |
| 2 Describe in Part I | IV the organi: | the selection criteria used to award the grants of assistance. Describe in Part IV the organization's procedures for monitori | es for monitoring | the selection chiefle used to award the grants of assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | nds in the United | States | | |
| Part II Grants and Part IV, line | nd Other As e 21, for any | sistance to Do y recipient that | mestic Organiz | ations and Dom an \$5,000. Part | lestic Governm I can be duplice | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | f the organization answ space is needed. | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. |
| 1 (a) Name and address of organization or government | organization | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisa), other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) Generation Now, Inc., 21 W Broad St 7th fl Columbus, OH 43215 | C, 21 W | 81-5237089 | 501(c)(4) | 54000 | 0 | | | General Support |
| (2) Accountability Project Inst , 37 W Broad St #325 Columbus OH 43215 | ect Inst , 37 us OH 43215 | 47-3899205 | 501(c)(4) | 29561 | 0 | | | General Support |
| (6) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (9) | | | | | | | | |
| (2) | | | | | | | | |
| (8) | | | | | | | | |
| (6) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| 2 Enter total numb | ser of section | 501(c)(3) and go | vemment organiza | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | ine 1 table | | | 0 |
| 3 Enter total numb | per of other o | rganizations listed | Enter total number of other organizations listed in the line 1 table | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | n Act Notice, | see the instruction | is for Form 990. | | υ | Cat. No 50055P | | Schedule I (Form 990) (2018) |

Schedule I (Form 990) (2018)

Part III Grants ar

| art III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. | mestic Individual space is needed | als. Complete if the f. | organization answ | ared "Yes" on Form 990, | Part IV, line 22 |
|---------|--|--------------------------------------|--|-------------------------------------|---|---|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | ; ! | | |
| 2 | | | | | | |
| ص ا | | | | | | |
| 4 | | | | | | |
| ည | | | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. ART 1. LINE 2. TO SUPPORT THE ORGANIZATION, AS OUTLINED ABOVE, THE ORGANIZATION PROVIDED A GENERAL SUPPORT GRANT TO ORGANIZATIONS WHOSE ACTIVITIES. | the information r | equired in Part I, lin | e 2, Part III, columi | information required in Part I, line 2, Part III, column (b), and any other additional information LINED ABOVE. THE ORGANIZATION PROVIDED A GENERAL SUPPORT GRANT TO ORGANIZATIONS WHOS | onal information |
| DVANCE | DVANCE THE ORGANIZATION'S GOALS THE GRANT WAS | WAS MADE PURSU | ANT TO SPECIFIC GRA | NT LETTER AGREEM | ENT, WHICH INCLUDED PRO | MADE PURSUANT TO SPECIFIC GRANT LETTER AGREEMENT, WHICH INCLUDED PROHIBITIONS ON THE USE OF THE |
| RANT FL | RANT FUNDS, FOR EXAMPLE, FOR ACTIVITIES THAT WOULD VIOLATE FEDERAL, STATE OR LOCAL LAWS, RULES OR REGUALTIONS, OR THAT WOULD BE CONSIDERED POLITICAL | WOULD VIOLATE F | EDERAL, STATE OR LO | CAL LAWS, RULES C | R REGUALTIONS, OR THAT | WOULD BE CONSIDERED POLITICAL |
| R LOBB | R LOBBYING ACTIVITES UNDER FEDERAL OR STATE LAW THE GRANT LETTER ALSO CONTAINED A REVIEW AND MONITORING PROCEDURE WHICH REQUIRES REPORTS BY | LAW THE GRANT | LETTER ALSO CONTAI | NED A REVIEW AND | JONITORING PROCEDURE W | HICH REQUIRES REPORTS BY |
| RANTEE | RANTEE ON THE USE OF THE GRANT FUNDS UPON REQU | REQUEST, AND RET | EST, AND RETURN OF ANY FUNDS USED IN VIOLATION OF THE AGREEMENT. | SED IN VIOLATION OF | THE AGREEMENT. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | Schedule 1 (Form 990) (2018) |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Employer Identification number

2018

Open to Public Inspection

| Coalition for Growth and Opportunity, Inc | 47-4425291 | | | |
|--|--|--|--|--|
| Part III, Line 2: The Coalition worked to educate and advocate for government reforms that would result | It in a stronger economy, lower taxes, | | | |
| more Jobs and a balanced budget It also advocated for less government regulation to keep energy price | ces low and create jobs. | | | |
| It did so through public advertising and grass-roots activism | | | | |
| Part III, Line 1: Description of primary exempt purpose: | | | | |
| The corporation was formed for the common good and general welfare to educate and advocate for fre | e enterprise, limited government, | | | |
| economic growth, and traditional values | | | | |
| Part VI, 1. 11b: The return is prepared by counsel and circulated to the corporation's President and sol | e director for comment and approval | | | |
| Once that approval is obtained, the President directs the Treasurer to sign and file the return | | | | |
| Part VI, 1 19: The corporation keeps its governing documents, conflict of interest policy and financial | statements at its main office address, | | | |
| and makes them available for inspection at that office by appointment upon request | | | | |
| Part VI, 1 12c The corporation reviews the policy at its annual meeting of directors and the directors disclose potential conflicts at that time | | | | |
| At other times, directors consult with counsel regarding potential conflicts of interest and disclose any such conflicts | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| *************************************** | | | | |
| | | | | |
| ************************************** | | | | |
| | | | | |
| | | | | |
| | | | | |

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|--|---|
| Name of the organization | Employer identification number |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | |
| | |
| | ••••••••••••••••••••••••••••••••••••••• |
| | |
| | |
| | |
| | |
| | ••••••••••• |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |