SCANNED AND 5 2022

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Net Assets

- *	.15		2-,		EO O	
	د د	•	Short Form		c	OMB No 1545-0047
For	990-EZ Return of Organization Exempt From Income Tax					
ron	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation					2019
						en to Public
			▶ Do not enter social security numbers on this form, as it may be made po	ublic.	\	Inspection
Depa	artment o mai Reve	of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information	tion. [7]	4	IIspection
A F	For the	2019 calend	ar year, or tax year beginning , 2019, and ending			, 20
Вс	Check If a	pplicable	C Name of organization	D Emplo	yer identif	fication number
	Address o	change	Dairy Farmers of America, Inc. Advancing Dairy Association	J	82-34	139067
	Name cha	_	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Teleph	one numb	er
=	Initial retu	rn/terminated	1405 N 98th St			
_	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Group	Exempt	ion
=		n pending	Kansas City KS 66111 () V	Numb	oer ▶	
G A	Accoun	ting Method	☐ Cash ☐ Accrual Other (specify) ► H	Check ▶	if the	e organization is not
I V	Vebsite	e: >				Schedule B
JT	ах-ехег	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	(Form 990), 990-EZ	Z, or 990-PF)
KF	orm of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other		•	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets		
(Pai	rt II, col	umn (B)) are S	500,000 or more, file Form 990 instead of Form 990-EZ	•	\$	105,877
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ınstruct	ions for	r Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I	۱		
_	1	Contribution	ns, gifts, grants, and similar amounts received		1	11,819
	2	Program s	ervice revenue including government fees and contracts	[2	
	3	Membersh	p dues and assessments	. [3	
	4	Investmen	income		4	
	5a	Gross amo	unt from sale of assets other than inventory 5a			
	b	Less: cost	or other basis and sales expenses	_		
	С	Gain or (lo	ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming an	d fundraising events:	Γ		中田田
	а	Gross inc	ome from gaming (attach Schedule G if greater than			OR EN
ĕ		\$15,000)		1		Se m m
Revenue	b	Gross inco	me from fundraising events (not including \$ of contribution	ns		ECEIVED EB 1 9 2021 OR BRANCH OGDEN
ě		from fundr	aising events reported on line 1) (attach Schedule G if the			22 8 m
		sum of suc	h gross income and contributions exceeds \$15,000) 6b			
	С	Less. direc	t expenses from gaming and fundraising events . 6c			-
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
		line 6c)		[6d	
	7a	Gross sale	s of inventory, less returns and allowances 7a			· ·
	b	Less cost	of goods sold			
	С	Gross prof	t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	

For Paperwork Reduction Act Notice, see the separate instructions.

Other revenue (describe in Schedule O)

Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

Grants and similar amounts paid (list in Schedule O)

Salaries, other compensation, and employee benefits

Excess or (deficit) for the year (subtract line 17 from line 9)

end-of-year figure reported on prior year's return) .

Occupancy, rent, utilities, and maintenance .

Printing, publications, postage, and shipping.

Other expenses (describe in Schedule O) . .

Total expenses. Add lines 10 through 16 .

Professional fees and other payments to independent contractors

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at end of year Combine lines 18 through 20

. . .

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Benefits paid to or for members

Cat No 106421

Form 990-EZ (2019)

11,819

1,503

20,283

21,786

-9,967

<u>115,844</u>

105,877

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1						
	57 (9040)					_ 0
Pari	eo-EZ (2019) Balance Sheets (see the instruction	s for Part II)				Page 2
I all	Check if the organization used Sched	•	nv question in this	Part II		
	Chook it the organization accarden	are extended to a	The state of the s	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			115,844	22	105,877
23	Land and buildings		[23	
24	Other assets (describe in Schedule O) .				24	
25	Total assets			115,844	25	105,877
26	Total liabilities (describe in Schedule O) .		• • • • •		26	0
27	Net assets or fund balances (line 27 of colu			115,844	27	105,877
Part	Check if the organization used Sched	- ,			(Doc	Expenses uired for section
What	is the organization's primary exempt purpose?				, , ,	c)(3) and 501(c)(4)
as me	be the organization's program service accome easured by expenses. In a clear and concise as benefited, and other relevant information for	manner, describe th			orga othe	nizations, optional for
28						
- (Grants \$) If this amou	ınt ıncludes foreign gr	ants, check here .	▶ 🗆	28a	
29				•••••		
- -					00-	
30 <u>(</u>	Grants \$) If this amou	ınt ıncludes foreign gr	ants, check here .		29a	
30 -						
-			***************************************			
(Grants \$) If this amou	ınt ıncludes foreign gr	ants, check here .	▶ 🗌	30a	
31	Other program services (describe in Schedule (
		int includes foreign gr		<u>.</u> ▶ □	31a	
	Total program service expenses (add lines 28				32	
Part	List of Officers, Directors, Trustees, and I Check if the organization used Schedi				nstruc	tions for Part IV)
	Check if the organization used Sched		ny question in this i	(d) Health benefits,	 -	· · · · <u>U</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	0	Estimated amount of ther compensation
Drook	Horshorn Drog don't		(ii not paid, enter -o-)	deletted compensation	-	·
	Herzberg, President I 98th St., Kansas City KS 66111	3	0			
1400 1	30th 3t, Kansus City No 00111		<u> </u>			
					į	
			<u> </u>		<u> </u>	
			 			
••						

BC

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	mondations for that the original action about controlled to the quotient in the	<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c	V	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	Ü	~
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		7
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	37.19.3	20575	3003
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► N/A			
42a	The organization's books are in care of ▶ Board of Directors Telephone no. ▶			
b	Located at ► 1405 N 98th St Kansas City KS ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	661	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	
	If "Yes," enter the name of the foreign country ▶	100		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 323 44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
				. •

CATH 33	7-LZ (E0	,10)						rage
40	Did th				h-h-16 -6	: :	<u>[</u>	Yes No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c				ın opposit		
Part		Section 501(c)(3) Organizations		, raiti		· · · · · · · · · · · · · · · · · · · 	. 46	1 0
rait		All section 501(c)(3) organizations		etione 47-49b and	52 and cor	nnlete th	a tahlae f	or lines
		50 and 51.	a muai anawei que	Suchs 47-450 and	JE, ANG COI	ubiere m	e labies i	Or miles
		Check if the organization used Sch	redule O to respond	I to any question in t	his Part VI			
			.ouo.o o to roopone	to any quodion and	110 1 411 11			Yes No
47	Did th	ne organization engage in lobbying	activities or have a :	section 501(h) electio	n in effect d	uring the	tax	
		If "Yes," complete Schedule C, Part					. 47	
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E		. 48	
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related organiz	ation?		. 49a	
b		s," was the related organization a se					. 49b	
50		plete this table for the organization's						
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the organ			e, enter "N	lone."
		No. 2 of SM of 22 of 2	(b) Average	(c) Reportable	(d) Health I contributions t		(e) Estimate	ed amount of
	(a) i	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a	nd deferred		pensation
			· ·	ļ	compen	saugi1		
					}	}		
					 			
				1	[
			 	 	 			
						Ì		
					 			
				}				
				<u> </u>				
				ł.	i			
		number of other employees paid over		· >				
f 51	Comp \$100,	number of other employees paid over olete this table for the organization! 000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no	ensated independent			received	
	Comp \$100,	olete this table for the organization' 000 of compensation from the organ	s five highest compenization. If there is no	ensated independent one, enter "None."				
	Comp \$100,	olete this table for the organization' 000 of compensation from the organ	s five highest compenization. If there is no	ensated independent one, enter "None."				
	Comp \$100,	olete this table for the organization' 000 of compensation from the organ	s five highest compenization. If there is no	ensated independent one, enter "None."				
	Comp \$100,	olete this table for the organization' 000 of compensation from the organ	s five highest compenization. If there is no	ensated independent one, enter "None."				
	Comp \$100,	olete this table for the organization' 000 of compensation from the organ	s five highest compenization. If there is no	ensated independent one, enter "None."				
	Comp \$100,	olete this table for the organization' 000 of compensation from the organ	s five highest compenization. If there is no	ensated independent one, enter "None."				
51	Comp \$100,	olete this table for the organization' 000 of compensation from the organization and business address of each independ	s five highest compenization. If there is no ent contractor	ensated independent one, enter "None." (b) Type of serv				
51 d	Comp \$100, (a)	olete this table for the organization', 000 of compensation from the organization and business address of each independent contraint of other independent contraint.	s five highest compenization. If there is no ent contractor	ensated independent one, enter "None." (b) Type of serv	ICB	(c)	Compensati	
51	Comp \$100, (a)	Diete this table for the organization', 000 of compensation from the organization from the organization and business address of each independent contraction organization complete Scheduliness and properties of the organization complete Scheduliness and properties and properties are contracted to the organization complete.	s five highest compenization. If there is no ent contractor	ensated independent one, enter "None." (b) Type of serv	ICB	(c)) Compensati	on
d 52	Comp \$100, (a)	polete this table for the organization' 1,000 of compensation from the organization and business address of each independent and business address of each independent contract the organization complete Schedule A	s five highest componization. If there is no ent contractor ent co	ensated independent one, enter "None." (b) Type of serve over \$100,000	nızations m	ust attack	n a	s 🗆 No
d d 52	Comp \$100, (a) I	Diete this table for the organization', 000 of compensation from the organization from the organization and business address of each independent contraction organization complete Scheduliness and properties of the organization complete Scheduliness and properties and properties are contracted to the organization complete.	s five highest compenization. If there is no ent contractor actors each receiving alle A? Note: All se	over \$100,000	nızations m	ust attacl	n a	s 🗆 No
d 52 Under prue, co	Comp \$100, (a) I	Diete this table for the organization', 000 of compensation from the organization from the organization and business address of each independent and business address of each independent contraction organization complete Schedule A	s five highest compenization. If there is no ent contractor actors each receiving alle A? Note: All se	over \$100,000	nızations m	ust attacl	n a	s 🗆 No
d 52 Jnder prue, co	Comp \$100, (a) I	Diete this table for the organization', 000 of compensation from the organization from the organization and business address of each independent and business address of each independent contraction organization complete Schedule A	s five highest compenization. If there is no ent contractor actors each receiving alle A? Note: All se	over \$100,000	nızations m	ust attacl	n a	s 🗆 No
d 52 Jnder prue, co	Total Did t compensities, and	number of other independent contrate organization of perjury, I declare that I have examined this reduced to complete. Declaration of preparer (other than Signature of official and the process of the process of each independent of the process of each independent of each independent contrate organization complete. Schedule A	s five highest compenization. If there is no ent contractor actors each receiving alle A? Note: All se	over \$100,000	nızations m	ust attacl	n a	s 🗆 No
d 52 Under price, co	Comp \$100, (a) I	number of other independent contratthe organization complete Schedule A of perjury, I declare that I have examined this red complete. Declaration of preparer (other than signature of offices.) Brock Herzberg, President Type or print name and title	s five highest compenization. If there is no ent contractor entractor entrac	over \$100,000 over \$100(3) orga	nizations ments, and to the has any knowled	ust attacl	n a Yes	s 🗆 No
d d 52 Juder prue, co	Total Did t compensities, and	number of other independent contration or perjury. I declare that I have examined this red complete. Declaration of preparer (other than Signature of officers.) Brock Herzberg, President Type or print name and title Print/Type preparer's name	s five highest compenization. If there is no ent contractor ent co	over \$100,000	nizations m.,	ust attact	n a Yes nowledge and	s 🗆 No
d 52 Under prue, co	Total Did t compensities rect, and	number of other independent contrate organization complete Schedule A complete Declaration of preparer (other than Signature of office) Brock Herzberg, President Type or print name and title Print/Type preparer's name Keith Kehrer	s five highest compenization. If there is no ent contractor ent contractor ent contractor each receiving ale A? Note: All serior etum, including accompan officer) is based on all info	over \$100,000	nizations ments, and to the has any knowled	ust attact	n a Yes nowledge and	s 🗆 No
d 52 Under produce, co	Total Did t compensities rect, and	number of other independent contrathe organization of perjury. I declare that I have examined this rd complete. Declaration of preparer (other than Type or print name and title Print/Type preparer's name Keith Kehrer	s five highest compenization. If there is no ent contractor ent contractor ent contractor each receiving ale A? Note: All serior etum, including accompan officer) is based on all info	over \$100,000	nizations mi	ust attact	n a Yes nowledge and	S No d belief, it is

Form **990-EZ** (2019)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, 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-A.

	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Proxy hen	Tax) (see separate	e instruction	s) or Form 990	-EZ, Part V, line 35c (Proxy
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III				
Name	of organization				Employer ider	ntification number
Dairy F	Farmers of America, Inc. Ad	vancing Dairy Association				82-3439067
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a s	ection 527 c	organization.
1	Provide a description of definition of "political car	f the organization's direct and in- mpaign activities")	direct political ca	mpaign act	ivities in Part	IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions)			. ▶ \$)
3		cal campaign activities (see instruc		•		
Part	· · · · · · · · · · · · · · · · · · ·	e organization is exempt und				
1	•	excise tax incurred by the organiza			▶ \$	
2	•	excise tax incurred by organization	-		5 ▶ \$;
3	9	ed a section 4955 tax, did it file Foi	m 4720 for this ye	ear?		∐ Yes ∐ No
4a	Was a correction made?		•		•	Yes No
b	If "Yes," describe in Part				504	/)/0)
Part		e organization is exempt und				(c)(3).
1	activities	ly expended by the filing organiz			. ▶ \$	
2	Enter the amount of the 527 exempt function acti	filing organization's funds contributies	_		or section . ► \$	
3	Total exempt function of line 17b	expenditures. Add lines 1 and 2	Enter here and	on Form 1	120-POL, ▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	,			. Yes No
5	organization made payme	ses and employer identification nur ents. For each organization listed, ontributions received that were pro-	enter the amount	paid from th	e filing organi	zation's funds. Also enter
		fund or a political action committe				
	(a) Name	(b) Address	(c) EIN	filing org	nt paid from ganization's one, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Schedule C	(Form 990	or 990-EZ	2019

Part II-A		-A	Complete if the organizat section 501(h)).	ion is exempt u	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under	
A	Che	ck ►	address, EIN, expenses, and share of excess lobbying expenditures)						
В	3 Check ► ☐ If the filing organization checked box A and "limited control" provisions appl					ovisions apply.	_		
			Limits on Lo (The term "expenditures"	bbying Expendit		1	(a) Filing organization's totals	(b) Affiliated group totals	
	1a Total lobbying expenditures to influence public opinion (grassroots lobbying) .					<u></u>			
			obbying expenditures to influen	•					
			bbying expenditures (add lines	•	• •	9/ • •			
			exempt purpose expenditures	,					
			xempt purpose expenditures (a		d) .			· ·	
	f L		ng nontaxable amount Ente		•	table in both			
			nount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	N	lot over	\$500,000	20% of the an	nount on line 1e				
	<u> </u> C	ver \$50	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000			
	<u> c</u>	ver \$1,	000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000			
	0	ver \$1,	500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000			
_			7,000,000	\$1,000,000					
	-		oots nontaxable amount (enter	•					
			ct line 1g from line 1a If zero o						
			ct line 1f from line 1c. If zero or	•			(1 5 1700		
	-		e is an amount other than zeing section 4911 tax for this year		Th or line 1, did	-	file Form 4720	Yes No	
		(Som	e organizations that made a :	section 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five colum	ns below.	
			Lobbyi	ng Expenditures	During 4-Year A	veraging Period			
		Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2	2a L	.obbyıı	ng nontaxable amount						
		•	ng ceiling amount of line 2a, column (e))						
	с Т	otal lo	bbying expenditures						
	d G	Grassro	oots nontaxable amount						
			oots ceiling amount of line 2d, column (e))						
	f C	Grassro	oots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

	(election under section 501(h)).	1	<u>-</u>		(h)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(6	3)		(b)	
desci	ption of the lobbying activity.	Yes	No	A	moun	t
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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u></u>		1000		
С	Media advertisements?					
d	Mailings to members, legislators, or the public?	<u> </u>				
e	Publications, or published or broadcast statements?	<u> </u>				
f	Grants to other organizations for lobbying purposes?			,		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
:		\$,210/EE	#61 73			
2a	Total. Add lines 1c through 1i	*****		nekana in	M7 2442	N. S. W.
za b	If "Yes," enter the amount of any tax incurred under section 4912	95.45.	\$PAY			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	2.27/192	enere e	88.0/14	文艺 影片	C Contract
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5).	or se	ction	**************************************	Total Broad Co. Nikel
	501(c)(6).					
·					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		٠	1	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 the			3]	·
rart	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	· 		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
E	and political expenditure next year?	•	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Par		صيل سيد	N. Da	II A	linna 1	
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groinstructions), and Part II-B, line 1. Also, complete this part for any additional information.	up iis	i); Pai	τ II-A,	ines i	and
- (300	instructions), and rate in B, line in 7435, complete this part for any additional information.					
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Schedule C (For	rm 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
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