

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable: C Name of organization THE SEMINAR NETWORK, INC. D Employer identification number 46-3508366 E Telephone number (703) 214-7118 F Name and address of principal officer: DEREK JOHNSON SAME AS C ABOVE G Gross receipts \$ 59,014,723 H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No H(c) Group exemption number I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 J Website: N/A K Form of organization: Corporation Trust Association Other L Year of formation: 2013 M State of legal domicile: DE

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: STAND TOGETHER TRUST PROVIDES SUPPORT TO A GROWING NETWORK OF SOCIAL ENTREPRENEURS - THOSE TACKLING THE MAJOR CHALLENGES OF OUR TIME (CONTINUED ON SCHEDULE O); 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets; 3-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer HENRICH HEUER, TREASURER Date Type or print name and title

Paid Preparer Use Only Print/Type preparer's name MICHAEL ENGLE Preparer's signature MICHAEL ENGLE Date 11/12/2024 Check if self-employed PTIN P00482834 Firm's name FORVIS MAZARS, LLP Firm's EIN 44-0160260 Firm's address 1201 WALNUT SUITE 1700, KANSAS CITY, MO 64106-2246 Phone no. (816) 221-6300

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

STAND TOGETHER TRUST SEEKS TO FUND INITIATIVES AIMED AT RESEARCHING, ANALYZING, AND PUBLICIZING  
ACROSS A RANGE OF BROAD SOCIAL AND ECONOMIC ISSUES AFFECTING THE NATION AND THE WELL-BEING OF  
EVERY AMERICAN.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 150,616,160 including grants of \$ 142,448,974) (Revenue \$ 62,083)

STAND TOGETHER TRUST PROVIDES SUPPORT TO A GROWING NETWORK OF SOCIAL ENTREPRENEURS - THOSE  
TACKLING THE MAJOR CHALLENGES OF OUR TIME IN A BROAD RANGE OF SOCIAL AND ECONOMIC ISSUES AND  
WORKS TO EMPOWER THEM WITH THE TOOLS AND SUPPORT NEEDED TO MAKE A FAR GREATER IMPACT TO HELP  
PEOPLE IMPROVE THEIR LIVES.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 150,616,160

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	✓	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	✓	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	38		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		✓	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 4		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 4		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>		<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<input checked="" type="checkbox"/>	
<b>16b</b>		<input checked="" type="checkbox"/>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
HENRICH HEUER, 4201 WILSON BLVD. SUITE 0800, ARLINGTON, VA 22203, (703) 214-7118

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VIKRANT REDDY SENIOR FELLOW, CRIMINAL JUSTICE REFORM	50.0 0.0					✓	200,120	0	12,511	
(2) NIKOLAS WALKER DIRECTOR FREE SPEECH & PEACE	50.0 0.0					✓	143,637	0	33,841	
(3) KERI HUNTER DIRECTOR, K12 EDUCATION	50.0 0.0					✓	140,947	0	26,019	
(4) EMILY SCHOFIELD DIRECTOR GRANT MANAGEMENT	50.0 0.0					✓	149,117	0	15,544	
(5) RYAN PITTS PROGRAM OFFICER, COURAGEOUS COLLABORATIONS	50.0 0.0					✓	132,710	0	14,588	
(6) DALE GIBBENS DIRECTOR	1.0 6.0	✓					0	8,400	0	
(7) BRIAN HOOKS DIRECTOR	1.0 4.0	✓					0	0	0	
(8) CHARLES CHASE KOCH DIRECTOR	1.0 6.0	✓					0	0	0	
(9) DAVID L ROBERTSON DIRECTOR	1.0 3.0	✓					0	0	0	
(10) BRIAN MENKES SECRETARY	1.0 5.0			✓			0	0	0	
(11) DEREK JOHNSON EXECUTIVE DIRECTOR	1.0 2.0			✓			0	0	0	
(12) HENRICH HEUER TREASURER (INCOMING)	1.0 5.0			✓			0	0	0	
(13) KARA HARTNETT TREASURER (OUTGOING)	1.0 5.0			✓			0	0	0	
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							766,531	8,400	102,503	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							766,531	8,400	102,503	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HARVEY-CLEARY BUILDERS, 6710A ROCKLEDGE DR, SUITE 430, BETHESDA, MD 20817	CONSTRUCTION	4,279,104
STAND TOGETHER COMMUNICATIONS, 4201 WILSON BLVD., STE 0900, ARLINGTON, VA 22203	MEDIA SERVICES	1,616,024
NATIONAL TECHNOLOGY INTEGRATORS, 8340 HELGERMAN COURT, GAITHERSBURG, MD 20877	AV BUILD	1,523,614
CENERO LLC, PO BOX 626, DEVAULT, PA 19432	AUDIO VISUALS	1,217,728
STAND TOGETHER CHAMBER OF COMMERCE, 4201 WILSON BLVD., STE 0900, ARLINGTON, VA 22203	ADMINISTRATIVE SERVICES	1,133,906
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	22	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .					
	<b>1b</b>	Membership dues . . . . .					
	<b>1c</b>	Fundraising events . . . . .					
	<b>1d</b>	Related organizations . . . . .	10,000,000				
	<b>1e</b>	Government grants (contributions)					
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above	47,558,542				
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$ 2,421,135				
	<b>1h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	57,558,542				
	<b>Program Service Revenue</b>	<b>2a</b>	SERVICE REVENUE ----- Business Code 900099	62,083	62,083		
<b>b</b>		-----					
<b>c</b>		-----					
<b>d</b>		-----					
<b>e</b>		-----					
<b>f</b>		All other program service revenue . .	0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .	62,083				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	166,924			166,924	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	1,046,515			
			(ii) Personal				
			<b>6b</b>	Less: rental expenses			
	<b>6c</b>	Rental income or (loss)	1,046,515	0			
	<b>d</b>	Net rental income or (loss) . . . . .	1,046,515			1,046,515	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	0			
			(ii) Other				
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	349,771		
	<b>7c</b>	Gain or (loss) . . . . .	(349,771)	0			
	<b>d</b>	Net gain or (loss) . . . . .	(349,771)			(349,771)	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>8b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
<b>9b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
		<b>10b</b>	Less: cost of goods sold . . . . .				
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .				
<b>Miscellaneous Revenue</b>	<b>11a</b>	PARTNERSHIP INCOME ----- Business Code 901101	174,859		174,859		
	<b>b</b>	OTHER INCOME ----- 900099	5,800			5,800	
	<b>c</b>	-----					
	<b>d</b>	All other revenue . . . . .	0	0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	180,659				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .	58,664,952	62,083	174,859	869,468		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	142,348,974	142,348,974		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	100,000	100,000		
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	3,194,224	3,187,732	6,492	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	159,393	159,393		
<b>9</b>	Other employee benefits . . . . .	271,008	270,078	930	
<b>10</b>	Payroll taxes . . . . .	250,631	250,177	454	
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	8,559		8,559	
<b>c</b>	Accounting . . . . .	177,571		177,571	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	4,714,383	1,059,585	1,642,302	2,012,496
<b>12</b>	Advertising and promotion . . . . .	445,063	162,500	282,563	
<b>13</b>	Office expenses . . . . .	26,469	9,953	16,516	
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,571,082	1,413,974	157,108	
<b>17</b>	Travel . . . . .	331,188	329,590	1,598	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	2,400,017	1,310,906	1,044,661	44,450
<b>20</b>	Interest . . . . .	39,054		39,054	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,163,709		1,163,709	
<b>23</b>	Insurance . . . . .	1,373		1,373	
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b>	<u>BANK FEES</u> . . . . .	122,825		122,825	
<b>b</b>	<u>DUES &amp; SUBSCRIPTIONS</u> . . . . .	97,158	13,298	83,860	
<b>c</b>	-----				
<b>d</b>	-----				
<b>e</b>	All other expenses . . . . .	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	157,422,681	150,616,160	4,749,575	2,056,946
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,786,185	<b>1</b>	1,339,061
	<b>2</b> Savings and temporary cash investments . . . . .	41,737,759	<b>2</b>	15,093,433
	<b>3</b> Pledges and grants receivable, net . . . . .	11,026,500	<b>3</b>	12,351,000
	<b>4</b> Accounts receivable, net . . . . .	1,253,260	<b>4</b>	504,252
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	300,000	<b>7</b>	300,000
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	514,861	<b>9</b>	369,530
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 39,954,494		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,163,709	<b>10c</b>	38,790,785
	<b>11</b> Investments—publicly traded securities . . . . .	13,151,855	<b>11</b>	69,990,705
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	277,410,660	<b>12</b>	125,051,365
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,309,086	<b>15</b>	43,868,475
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	364,746,712	<b>16</b>	307,658,606	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,201,103	<b>17</b>	48,261
	<b>18</b> Grants payable . . . . .	9,896,216	<b>18</b>	5,093,666
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	22,100,000	<b>23</b>	750,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	2,459,331	<b>25</b>	64,043,452
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	35,656,650	<b>26</b>	69,935,379
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	310,899,476	<b>27</b>	216,731,097
	<b>28</b> Net assets with donor restrictions . . . . .	18,190,586	<b>28</b>	20,992,130
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
<b>32</b> Total net assets or fund balances . . . . .	329,090,062	<b>32</b>	237,723,227	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	364,746,712	<b>33</b>	307,658,606	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	58,664,952
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	157,422,681
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(98,757,729)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	329,090,062
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,482,519
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(1,091,625)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	237,723,227

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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 compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b>	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 on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <b>THE SEMINAR NETWORK, INC.</b>	Employer identification number <b>46-3508366</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2023

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	17,474,533	103,923,447	286,341,797	63,661,557	57,558,542	528,959,876
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	17,474,533	103,923,447	286,341,797	63,661,557	57,558,542	528,959,876
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						230,883,080
<b>6 Public support.</b> Subtract line 5 from line 4						298,076,796

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	17,474,533	103,923,447	286,341,797	63,661,557	57,558,542	528,959,876
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	525,052	108,488	80,842	292,229	1,213,439	2,220,050
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	5,800	5,800
<b>11 Total support.</b> Add lines 7 through 10						531,185,726
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	206,821
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	56.12 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	50.63 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	<b>1</b>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	<b>2a</b>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			



Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART III, LINE 1 - COLUMN A	2019 CHANGE IN VALUE OF PRIOR UNUSUAL GRANTS RECEIVED \$4,527,380

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER INCOME					5,800	5,800
	Total	0	0	0	0	5,800	5,800

**Schedule B  
(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2023**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>THE SEMINAR NETWORK, INC.</b>	Employer identification number <b>46-3508366</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>THE SEMINAR NETWORK, INC.</b>	Employer identification number <b>46-3508366</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>THE SEMINAR NETWORK, INC.</b>	Employer identification number <b>46-3508366</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE SEMINAR NETWORK, INC.</b>	Employer identification number <b>46-3508366</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization <b>THE SEMINAR NETWORK, INC.</b>	Employer identification number <b>46-3508366</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: THE SEMINAR NETWORK, INC. Employer identification number: 46-3508366

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions about conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form with rows for reporting revenue and assets related to art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment \_\_\_\_\_%
- c** Term endowment \_\_\_\_\_%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?  **Yes**  **No**
- (ii)** Related organizations?  **Yes**  **No**

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0	0	0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	34,420,545	714,954	33,705,591
<b>d</b> Equipment	0	5,533,949	448,755	5,085,194
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				38,790,785

**Part VII Investments—Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) PARTNERSHIP INVESTMENTS III	15,323,207	END OF YEAR MARKET VALUE
(B) PARTNERSHIP INVESTMENTS IV	34,116,253	END OF YEAR MARKET VALUE
(C) PARTNERSHIP INVESTMENTS V	29,462,849	END OF YEAR MARKET VALUE
(D) PARTNERSHIP INVESTMENTS VI	500,000	END OF YEAR MARKET VALUE
(E) PARTNERSHIP INVESTMENTS VII	14,208,685	END OF YEAR MARKET VALUE
(F) PARTNERSHIP INVESTMENTS VIII	15,191	END OF YEAR MARKET VALUE
(G) PARTNERSHIP INVESTMENTS IX	29,477,877	END OF YEAR MARKET VALUE
(H) PARTNERSHIP INVESTMENTS X	1,947,303	END OF YEAR MARKET VALUE
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .	125,051,365	

**Part VIII Investments—Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . .		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN REMAINDER TRUST	7,618,463
(2) RIGHT-OF-USE ASSET	36,250,012
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	43,868,475

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	1,235,700
(3) LEASE LIABILITY	62,807,752
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	64,043,452

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII



**Part XIII**

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	UNCERTAIN TAX POSITIONS ARE RECOGNIZED IF IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE TAX POSITION WILL BE REALIZED OR SUSTAINED UPON AN EXAMINATION BY THE RELEVANT TAX AUTHORITY. NO AMOUNTS HAVE BEEN RECORDED AT DECEMBER 31, 2023, WITH RESPECT TO UNCERTAIN TAX POSITIONS.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE SEMINAR NETWORK, INC.

Employer identification number

46-3508366

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA (CANADA & MEXICO ONLY)			GRANTMAKING		100,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			100,000
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			100,000

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

Cat. No. 50082W

Schedule F (Form 990) 2023

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL OPERATING	100,000	EFT			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 1

3 Enter total number of other organizations or entities . . . . . 0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V**

**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE GRANT AWARD LETTERS PROHIBIT THE GRANTEE FROM USING THE GRANT FUNDS FOR LOBBYING AND POLITICAL PURPOSES, AND MAY REQUIRE THE GRANTEE TO FURNISH A REPORT TO THE ORGANIZATION DESCRIBING THE CHARITABLE AND EDUCATIONAL ACTIVITIES IN CONNECTION WITH THE ORGANIZATION'S EDUCATIONAL PROGRAMS FULFILLED BY THE USE OF GRANT FUNDS.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

THE SEMINAR NETWORK, INC.

Employer identification number

46-3508366

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	N/A		140,221,943				VARIOUS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 256

3 Enter total number of other organizations listed in the line 1 table 2

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

Cat. No. 50055P

Schedule I (Form 990) 2023



Part IV

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	ALL GRANTS WERE MADE PURSUANT TO THE REQUIREMENT THAT THEY BE EXPENDED EXCLUSIVELY FOR 501(C)(3) PURPOSES. THE ORGANIZATION REVIEWS RECIPIENT'S FORM 990, IRS TAX-EXEMPTION LETTER, AND VALIDATES THE RECIPIENT'S TAX ID NUMBER.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SEE ATTACHED 4201 WILSON BLVD. STE 0800, ARLINGTON, VA 22203



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE SEMINAR NETWORK, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Employer identification number

46-3508366

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	VIKRANT REDDY SENIOR FELLOW, CRIMINAL JUSTICE REFORM	(i) 200,120	0	0	12,000	511	212,631	0
	(ii) 0	0	0	0	0	0	0	0
2	NIKOLAS WALKER DIRECTOR FREE SPEECH & PEACE	(i) 113,637	30,000	0	7,200	26,641	177,478	0
	(ii) 0	0	0	0	0	0	0	0
3	KERI HUNTER DIRECTOR, K12 EDUCATION	(i) 140,947	0	0	8,700	17,319	166,966	0
	(ii) 0	0	0	0	0	0	0	0
4	EMILY SCHOFIELD DIRECTOR GRANT MANAGEMENT	(i) 119,117	30,000	0	8,942	6,602	164,661	0
	(ii) 0	0	0	0	0	0	0	0
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	INCENTIVE COMPENSATION IS BASED ON EXTRAORDINARY EFFORTS AND SERVICES PROVIDED TO THE ORGANIZATION, NOT BASED ON FINANCIAL RESULTS OF THE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE SEMINAR NETWORK, INC.

Employer identification number

46-3508366

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	10	1,991,671	MARKET VALUE
10	✓	1	429,464	MARKET VALUE
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	29	0
----	---	----	---

	Yes	No
30a		✓
31	✓	
32a		✓
33		

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the Organization  
**THE SEMINAR NETWORK, INC.**

Employer Identification Number  
**46-3508366**

Return Reference - Identifier	Explanation										
FORM 990, PART I, LINE 1 - BRIEF MISSION	IN A BROAD RANGE OF SOCIAL AND ECONOMIC ISSUES AND WORKS TO EMPOWER THEM WITH THE TOOLS AND SUPPORT NEEDED TO MAKE A FAR GREATER IMPACT TO HELP PEOPLE IMPROVE THEIR LIVES.										
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	VARIOUS OFFICERS AND DIRECTORS - BUSINESS RELATIONSHIP										
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE ORGANIZATION HAS A CLASS A MEMBER WITH THE RIGHTS STATED IN THE ARTICLES OF INCORPORATION AND BYLAWS.										
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	IN ACCORDANCE WITH THE BYLAWS, CLASS A MEMBERS HAVE THE POWER TO RATIFY THE ELECTION OF DIRECTORS.										
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE VOTING MEMBERS HAVE THE POWER AND VOTING RIGHTS TO DO THE FOLLOWING: A. TO RATIFY THE ELECTION OF DIRECTORS OR REMOVING DIRECTORS, WITH OR WITHOUT CAUSE; B. TO APPOINT THE CHAIR OF THE BOARD OF DIRECTORS; C. TO DETERMINE THE BOARD OF DIRECTORS' SIZE, SUBJECT TO LIMITATIONS; D. TO APPROVE ANY MAJOR TRANSACTION APPROVED BY THE BOARD; AND E. TO APPOINT A NEW CLASS A MEMBER, IN THE EVENT OF THE PENDING DISSOLUTION OR OTHER WINDING-UP OF THE CLASS A MEMBER.										
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AN INDEPENDENT ACCOUNTING FIRM PREPARED AND REVIEWED THE FORM 990. A FULL DRAFT OF THE 990 ALONG WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO INTERNAL MANAGEMENT AND LEGAL COUNSEL FOR REVIEW. ALL QUESTIONS ARE ADDRESSED AND ANY MODIFICATIONS ARE MADE, IF NECESSARY.										
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE OFFICERS AND DIRECTORS ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. THE ORGANIZATION'S LEGAL COUNSEL REVIEWS TRANSACTIONS FOR POTENTIAL CONFLICTS OF INTEREST.										
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, OH, PA, RI, SC, TN, UT, VA, WV										
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ALL REQUIRED DISCLOSURES AVAILABLE TO THE PUBLIC UNDER IRS REGULATIONS.										
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">(a) Description</th> <th style="text-align: right;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN VALUE OF BENEFICIAL INTEREST</td> <td style="text-align: right;">- 309,377</td> </tr> <tr> <td>EARNINGS IN INVESTMENT IN SUB</td> <td style="text-align: right;">- 562,739</td> </tr> <tr> <td>PARTNERSHIP LOSS</td> <td style="text-align: right;">- 174,859</td> </tr> <tr> <td>CHANGE IN INCOME TAX ACCRUAL</td> <td style="text-align: right;">- 44,650</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF BENEFICIAL INTEREST	- 309,377	EARNINGS IN INVESTMENT IN SUB	- 562,739	PARTNERSHIP LOSS	- 174,859	CHANGE IN INCOME TAX ACCRUAL	- 44,650
(a) Description	(b) Amount										
CHANGE IN VALUE OF BENEFICIAL INTEREST	- 309,377										
EARNINGS IN INVESTMENT IN SUB	- 562,739										
PARTNERSHIP LOSS	- 174,859										
CHANGE IN INCOME TAX ACCRUAL	- 44,650										

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE SEMINAR NETWORK, INC.

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Employer identification number

46-3508366

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UNIVERSITY FUND, LLC (82-4502984) 4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203	PROJECTS	DE	0	656,107	STT
(2) ICTLL1 LLC (92-4001233) 4201 WILSON BLVD, STE 0800, ARLINGTON, VA 22203	EDUCATION	DE	0	304,959	STT
(3) STT EVENTS, LLC (88-1794359) 4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203	EVENTS	DE	0	0	STT
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) STAND TOGETHER FELLOWSHIPS (27-4967732) 4201 WILSON BLVD, SUITE 0800, ARLINGTON, VA 22203	EDUCATION	DE	501(C)(3)	2	N/A		✓
(2) CHARLES KOCH FOUNDATION (48-0918408) 4201 WILSON BLVD, SUITE 0800, ARLINGTON, VA 22203	GRANT MAKING	KS	501(C)(3)	PF	STFEL	✓	
(3) BELIEVE IN PEOPLE, INC (47-3175931) PO BOX 5004, WICHITA, KS 67201	GRANT MAKING	DE	501(C)(4)		STFEL	✓	
(4) STAND TOGETHER FOUNDATION (27-3197768) 4201 WILSON BLVD, SUITE 0800, ARLINGTON, VA 22203	PUBLIC CHAR	DE	501(C)(3)	7	STFEL	✓	
(5) KNOWLEDGE AND PROGRESS FUND, INC. (54-1899251) PO BOX 2256, WICHITA, KS 67201	GRANT MAKING	KS	501(C)(3)	PF	STFEL	✓	
(6) KEY CHANGE, INC. (83-3116152) P.O. BOX 5004, WICHITA, KS 67201	GRANT MAKING	DE	501(C)(4)		STFEL	✓	
(7) (SEE STATEMENT)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									



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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
STAND TOGETHER FOUNDATION	B	4,783,798	CASH PAYMENT
CHARLES KOCH CHARITABLE FUND	C	10,000,000	CASH PAYMENT
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part II****Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(7) CHARLES KOCH CHARITABLE FUND (85-4058882) 4201 WILSON BLVD, SUITE 0800, ARLINGTON, VA 22203	GRANT MAKING	DE	501(C)(3)	PF	STFEL	✓	
(8) CHASE KOCH FOUNDATION, INC (83-1697305) P.O. BOX 5004, WICHITA, KS 57201	GRANT MAKING	DE	501(C)(3)	PF	STFEL	✓	
(9) MOVEMENT MUSICK, INC. PO BOX 5004, WICHITA, KS 67201	GRANT MAKING	DE	501(C)(4)		STFEL	✓	
(10) CENTER FOR CLASSICAL LIBERAL EDUCATION, INC. (93-2828797) 4201 WILSON BLVD, SUITE 0800, ARLINGTON, VA 22203	PUBLIC ED	DE	501(C)(3)	2	STFEL	✓	

**Part III**

**Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) STVL3, LLC (85-2667830) 4201 WILSON BLVD., SUITE 0900, ARLINGTON, VA 22203	INVESTMENTS	DE	STT	EXCLUDED	114,449	15,337,200		✓	0		✓	65.22
(2) TRUST VENTURES AI FUND LP (93-3965712) 2028 E BEN WHITE BLVD #240-3636, AUSTIN, TX 78741	INVESTMENTS	DE	STT	EXCLUDED	0	1,966,976		✓	0		✓	99.80
(3) 1888 NPO FUND, LLC PO BOX 5004, WICHITA, KS 67201	INVESTMENTS	KS	NA	N/A	N/A	N/A			N/A			N/A

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PBM CENTER, INC. (81-4065996) 4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203	CONSULTING	DE	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(2) CHARITABLE REMAINDER TRUST (2)	CHARITABLE TRUST	VA	N/A	TRUST	N/A	N/A	N/A		✓

**The Seminar Network, Inc.**

EIN 46-3508366

2023 Form 990, Schedule I - Grant Listing

Name of Organization	Address of Organization				EIN	Code Section	Amount of Cash Grant	Purpose
George Mason University Foundation	4400 University Drive MS 2E1	Fairfax	VA	22030	54-1603842	501(c)(3)	13,862,200.00	General Operating
VELA Education Fund	2200 Wilson Blvd	Arlington	VA	22201	84-4185046	501(c)(3)	9,957,500.00	General Operating
Foundation for Individual Rights in Education Inc	510 Walnut Street	Philadelphia	PA	19106	04-3467254	501(c)(3)	6,028,107.00	General Operating
Edward Charles Foundation	269 S Beverly Dr	Beverly Hills	CA	90212	26-4245043	501(c)(3)	5,500,000.00	General Operating
Stand Together Foundation	1320 N Courthouse Road	Arlington	VA	22201	27-3197768	501(c)(3)	4,783,798.00	General Operating
Institute for Humane Studies	3434 Washington Blvd. MS 1C5	Arlington	VA	22201	94-1623852	501(c)(3)	4,752,354.00	General Operating
Bill of Rights Institute	1310 N Courthouse Road, Suite 620	Arlington	VA	22201	48-0891418	501(c)(3)	3,780,000.00	General Operating
Center for Growth and Opportunity	3525 Old Main Hall	Logan	UT	84322	45-3564310	501(c)(3)	3,762,700.00	General Operating
Yes Every Kid Foundation	1320 N Courthouse Rd	Arlington	VA	22201	84-3535275	501(c)(3)	3,510,000.00	General Operating
Rockefeller Philanthropy Advisors Inc	90 Church St Fl 1 #7082	New York	NY	10008	13-3615533	501(c)(3)	3,300,000.00	General Operating
Populace Inc	200 Summit Drive, Suite 140	Burlington	MA	01803	46-1629781	501(c)(3)	3,000,000.00	General Operating
Khan Academy	PO Box 1630	Mountain View	CA	94042	26-1544963	501(c)(3)	2,689,036.00	General Operating
The Phoenix	2239 Champa Street	Denver	CO	80205	20-4648043	501(c)(3)	2,409,200.00	KAP
Cato Institute	1000 Massachusetts Avenue, NW	Washington	DC	20001	23-7432162	501(c)(3)	2,377,616.00	General Operating
Defense Priorities Foundation	1 Thomas Circle NW	Washington	DC	20005	81-0714113	501(c)(3)	2,337,382.00	KAP
Recidiviz Inc	1655 Pine Lane	Provo	UT	84604	82-5181074	501(c)(3)	2,073,750.00	General Operating
Texas Public Policy Foundation	901 Congress Ave	Austin	TX	78701	74-2524057	501(c)(3)	2,000,000.00	General Operating
Santa Clara University	Office of the President	Santa Clara	CA	95053-0385	94-1156617	501(c)(3)	1,696,000.00	General Operating
Paragon Health Institute	4201 Wilson Blvd Ste 0805	Arlington	VA	22203	87-2508858	501(c)(3)	1,670,169.00	General Operating
National Philanthropic Trust	165 Township Line Rd Suite 1200	Jenkintown	PA	19046	23-7825575	501(c)(3)	1,666,666.00	General Operating
Schoolhouse.World	3790 El Camino Real Unit PMB 544	Palo Alto	CA	94306	85-3101725	501(c)(3)	1,600,859.00	General Operating
Reason Foundation	5737 Mesmer Avenue	Los Angeles	CA	90230	95-3298239	501(c)(3)	1,567,412.00	KAP
International Crisis Group	1629 K Street NW Suite 1000	Washington	DC	20006	52-5170039	501(c)(3)	1,400,000.00	General Operating
Pacific Legal Foundation	930 G Street	Sacramento	CA	95814	94-2197343	501(c)(3)	1,317,654.00	KAP
Economic Policy Innovation Center	430 First Street SE, Suite 2	Washington	DC	20003	93-2029728	501(c)(3)	1,300,000.00	General Operating
Arizona State University Foundation	PO Box 877906	Tempe	AZ	85287-7906	86-6051042	501(c)(3)	1,155,000.00	General Operating
Khan Lab School	1200 Villa St Ste. 100	Mountain View	CA	94041	46-5742553	501(c)(3)	1,153,651.00	General Operating
Carnegie Endowment for International Peace	1779 Massachusetts Ave, NW	Washington	DC	20036	13-0552040	501(c)(3)	1,145,392.00	General Operating
Quincy Institute for Responsible Statecraft	2000 Pennsylvania Ave NW	Washington	DC	20006	84-2285143	501(c)(3)	1,102,625.00	KAP
New Civil Liberties Alliance	1225 19th Street NW, Suite 450	Washington	DC	20036	81-3474290	501(c)(3)	1,100,000.00	General Operating
Stimson Center	1211 Connecticut Ave., NW 8th Floor	Washington	DC	20036	52-1640938	501(c)(3)	1,065,954.00	General Operating
Available to All	340 S. Lemon Ave, #6413	Walnut	CA	91789	88-2132239	501(c)(3)	1,060,000.00	General Operating
Silicon Schools Fund	827 Broadway Suite 300	Oakland	CA	94607	45-4860788	501(c)(3)	1,050,000.00	General Operating
EdChoice Inc	111 Monument Cir, Ste 2650	Indianapolis	IN	46204	35-1978359	501(c)(3)	1,000,000.00	General Operating
Catholic University of America	620 Michigan Ave NE	Washington	DC	20064	53-0196583	501(c)(3)	1,000,000.00	General Operating
World Relief	7 E. Baltimore St	Baltimore	MD	21202	23-6393344	501(c)(3)	955,000.00	General Operating
The Cicero Institute	2112 Rio Grande St	Austin	TX	78705	86-1325445	501(c)(3)	945,000.00	General Operating
Alliance Defending Freedom	15100 N. 90th Street	Scottsdale	AZ	85260	54-1660459	501(c)(3)	895,000.00	General Operating
Eurasia Group	1990 K Street NW Suite 615	Washington	DC	20006	52-1780162	501(c)(3)	875,000.00	General Operating
National Immigration Forum	50 F Street	Washington	DC	20001	13-1776711	501(c)(3)	750,000.00	General Operating
American Enterprise Institute	1150 Seventeenth St. NW	Washington	DC	20036	53-0218495	501(c)(3)	750,000.00	General Operating
Health Markets Policy Network	PO Box 40717	Washington	DC	20016	87-4120601	501(c)(3)	750,000.00	General Operating
Tides Center	PO Box 399385	San Francisco	CA	94139-9385	94-3213100	501(c)(3)	750,000.00	General Operating
Building 21	600 West Germantown Pike Suite 400-14	Plymouth Meeting	PA	19462	47-2514219	501(c)(3)	685,000.00	General Operating
State Policy Network	1655 North Fort Meyer Drive	Arlington	VA	22209	57-0952531	501(c)(3)	675,000.00	General Operating

50CAN, Inc.	1380 Monroe Street NW #413	Washington	DC	20010	27-3069592	501(c)(3)	650,000.00	General Operating	
Foundation for Excellence in Education	215 S. Monroe Street	Tallahassee	FL	32301	26-0615175	501(c)(3)	643,031.00	KAP	
NACDL Foundation for Criminal Justice	1660 L Street, NW	Washington	DC	20036	52-2289169	501(c)(3)	600,000.00	General Operating	
Property and Environment Research Center	2048 Analysis Drive Suite A	Bozeman	MT	59718	81-0393444	501(c)(3)	600,000.00	General Operating	
Minerva Institute for Research and Scholarship	14 Mint Plz Fl 3	San Francisco	CA	94103	46-2589747	501(c)(3)	575,000.00	General Operating	
National Taxpayers Union Foundation	108 North Alfred Street	Alexandria	VA	22314	52-1122683	501(c)(3)	564,000.00	KAP	
Rand Corporation	1776 Main Street PO Box 2138	Santa Monica	CA	90407	95-1958142	501(c)(3)	555,000.00	General Operating	
American Legislative Exchange Council	2900 Crystal Dr	Arlington	VA	22202	52-0140979	501(c)(3)	552,000.00	General Operating	
Rescue International	34270 Pacific Coast Hwy	Dana Point	CA	92629	20-0808497	501(c)(3)	550,000.00	General Operating	
The Wildflower Foundation	1330 Lagoon Avenue	Minneapolis	MN	55408	81-2826681	501(c)(3)	500,000.00	General Operating	
Blue Forest	5960 S Land Park Dr #1264	Sacramento	CA	95822-3313	83-1666979	501(c)(3)	500,000.00	General Operating	
Public Health Data Laboratory Institute	55 SE 2nd Ave Ste 1r	Delray Beach	FL	33444	93-2221473	501(c)(3)	500,000.00	General Operating	
Safe Families for Children Alliance	4300 W Irving Park Rd.	Chicago	IL	60641	45-3194102	501(c)(3)	466,000.00	KAP	
Manhattan Institute for Policy Research	52 Vanderbilt Avenue	New York	NY	10017	13-2912529	501(c)(3)	455,000.00	General Operating	
C3 Solutions	301 Park Ave Ste 100	Falls Church	VA	22046	84-4573440	501(c)(3)	450,000.00	General Operating	
Western Governors University	4001 SOUTH 700 EAST	Salt Lake City	UT	84107	84-1383926	501(c)(3)	421,597.00	General Operating	
Young Americans for Liberty Foundation	PO Box 8507	Pueblo	CO	81008-9905	45-3503672	501(c)(3)	420,306.00	General Operating	
National Microschooling Center	241 West Charleston Blvd #150	Las Vegas	NV	89102	82-0930795	501(c)(3)	416,500.00	KAP	
Freedom Liberty Coalition	114 12th Street Northeast	Washington	DC	20002	86-1870673	501(c)(3)	404,000.00	General Operating	
National Governor's Association Center	444 N Capitol St Ste 267	Washington	DC	20001	23-7391796	501(c)(3)	400,000.00	General Operating	
Mackinac Center for Public Policy	140 W. Main Street	Midland	MI	48640-0568	38-2701547	501(c)(3)	400,000.00	General Operating	
International Center for Law & Economics	1104 NW 15th Ave Ste 300	Portland	OR	97209	52-2363626	501(c)(3)	400,000.00	General Operating	
Adopt the Arts Foundation	PO Box 973	Agoura Hills	CA	91376	80-0671089	501(c)(3)	385,000.00	General Operating	
R Street Institute	1050 17th Street NW	Washington	DC	20036	26-3477125	501(c)(3)	381,646.00	General Operating	
Home Builders Institute	1201 N 15th St NW	Washington	DC	20005	52-1266885	501(c)(3)	350,000.00	General Operating	
Mastery Transcript Consortium	PO Box 485	Winchester	MA	01890	81-4974458	501(c)(3)	350,000.00	General Operating	
TechFreedom	1819 6TH ST NW STE 2	Washington	DC	20001	27-3567814	501(c)(3)	349,600.00	KAP	
End It For Good, Inc.	1000 Northpark Drive	Ridgeland	MS	39157	83-3778569	501(c)(3)	339,720.00	KAP	
The 74 Media, Inc.	222 Broadway	New York	NY	10038	47-2788684	501(c)(3)	327,400.00	MJF	
Global Orphan Project	3161 Wyandotte St	Kansas City	MO	64111	81-6079539	501(c)(3)	325,316.00	General Operating	
Cafe Momentum	1510 Pacific Avenue	Dallas	TX	75201	32-0384561	501(c)(3)	325,000.00	General Operating	
The Poynter Institute for Media Studies, Inc.	801 Third Street South	St. Petersburg	FL	33701	59-1630423	501(c)(3)	325,000.00	General Operating	
Better Future Forward	7584 Blanford Ct	Alexandria	VA	22315	81-4772781	501(c)(3)	315,000.00	General Operating	
Education Design Lab	1200 18TH ST NW 710	Washington	DC	20036	46-4248042	501(c)(3)	300,000.00	General Operating	
Barry Goldwater Institute for Public Policy Research	500 E Coronado Rd	Phoenix	AZ	85004	86-0597661	501(c)(3)	300,000.00	General Operating	
Moral Courage Project	550 Vanderbilt Ave Apt 1401	Brooklyn	NY	11238	20-2035406	501(c)(3)	285,000.00	General Operating	
American Action Forum	1747 Pennsylvania Ave NW Ste 5	Washington	DC	20006	27-0567765	501(c)(3)	275,000.00	General Operating	
New America Foundation	740 15th Street NW Suite 900	Washington	DC	20005	52-2096845	501(c)(3)	265,000.00	General Operating	
West Virginia University Foundation	1 Waterfront Place	Morgantown	WV	26507	55-6017181	501(c)(3)	253,586.00	General Operating	
Princeton University	701 Carnegie Ctr Ste 445	Princeton	NJ	08540	21-0634501	501(c)(3)	250,000.00	General Operating	
4.0 Schools	643 Magazine St Ste 206	New Orleans	LA	70130	27-3474661	501(c)(3)	250,000.00	General Operating	
Americans Federation for Children Growth Fund	5950 Berkshire Lane Suite 325	Dallas	TX	75225	52-2111508	501(c)(3)	250,000.00	General Operating	
Bipartisan Policy Center	1225 Eye Street NW	Washington	DC	20005	73-1628382	501(c)(3)	250,000.00	General Operating	
Nantucket Project Academy	PO Box 568	Nantucket	MA	02554	82-1949598	501(c)(3)	250,000.00	General Operating	
Let Grow	228 PARK AVE S 77212	New York	NY	10003	82-2643800	501(c)(3)	250,000.00	General Operating	
American Juris Link	7000 N 16 St	Phoenix	AZ	85020	84-2191039	501(c)(3)	250,000.00	General Operating	
The Lost Debate	611 Pennsylvania Ave SE # 143	Washington	DC	20003	86-2659851	501(c)(3)	250,000.00	General Operating	
Reformers Academy	11 Thomas Burgin Pkwy	Quincy	MA	02169	88-2166877	501(c)(3)	250,000.00	General Operating	
Libertas Institute	2183 West Main Street, Suite A102	Lehi	UT	84043	45-5254794	501(c)(3)	247,000.00	General Operating	
Beacon Center of Tennessee	PO Box 198646	Nashville	TN	37219	20-1808567	501(c)(3)	230,000.00	General Operating	
The Sixth Amendment Center	PO Box 15556	Boston	MA	02215	45-3477185	501(c)(3)	220,000.00	General Operating	
Center for Democracy & Technology	1401 K Street, NW	Washington	DC	20005	52-1905358	501(c)(3)	220,000.00	General Operating	

College of the Holy Cross	One College Street	Worcester	MA	01610	04-2103558	501(c)(3)	200,000.00	General Operating	
Jobs for the Future	50 Milk Street, 17th Floor	Boston	MA	02110	06-1164568	501(c)(3)	200,000.00	General Operating	
Ideas42	80 Broad Street, 30th Floor	New York	NY	10004	27-1678009	501(c)(3)	200,000.00	General Operating	
Democracy Works	20 Jay St #410	Brooklyn	NY	11201	27-2460359	501(c)(3)	200,000.00	General Operating	
Federalist Society	1776 I Street NW, Suite 300	Washington	DC	20006	36-3235550	501(c)(3)	200,000.00	General Operating	
Center for American Experiment	8421 Wayzata Blvd Ste 110	Minneapolis	MN	55426	36-3611426	501(c)(3)	200,000.00	General Operating	
Dordt University	700 7th Street NE	Sioux Center	IA	51250	42-0772559	501(c)(3)	200,000.00	General Operating	
Institute for the American Worker	38274 Alfalfa Court	Hamilton	VA	20158	46-3062521	501(c)(3)	200,000.00	General Operating	
Christianity Today	465 Gundersen Dr	Carol Stream	IL	60188	52-0231554	501(c)(3)	200,000.00	General Operating	
The Manufacturing Institute	733 10th Street, NW Suite 700	Washington	DC	20001	52-1073576	501(c)(3)	200,000.00	General Operating	
Tax Foundation	1325 G Street, NW, Suite 950	Washington	DC	20045	52-1703065	501(c)(3)	200,000.00	General Operating	
Migration Policy Institute	1275 K St NW Suite 800	Washington	DC	20005	52-2279789	501(c)(3)	200,000.00	General Operating	
Kind Academy	8220 NW 49th Ct	Coral Springs	FL	33067	81-5152208	501(c)(3)	200,000.00	General Operating	
ASU Prep Global Academy	300 E University Dr # 210	Tempe	AZ	85281	82-1019991	501(c)(3)	200,000.00	General Operating	
Fair Trials Americas	1100 13th St NW	Washington	DC	20005	82-1433644	501(c)(3)	200,000.00	General Operating	
Council on Criminal Justice	700 Pennsylvania Ave SE	Washington	DC	20003	83-1925775	501(c)(3)	200,000.00	General Operating	
GripTape	15 Bollenbecker Rd	Rhinebeck	NY	12572	84-1835502	501(c)(3)	200,000.00	General Operating	
Beast Philanthropy	2302 Nash Street North, Suite E #154	Wilson	NC	27896	85-2067214	501(c)(3)	200,000.00	General Operating	
Utah Fits All	300 E 11800 S	Draper	UT	84020	85-2895545	501(c)(3)	200,000.00	General Operating	
The Institute for Peace & Diplomacy	1530 Key Blvd Apt 917	Arlington	VA	22209	87-2476711	501(c)(3)	200,000.00	General Operating	
University of Texas at Austin	2110 Speedway	Austin	TX	78712	74-6000203	GOVT	200,000.00	General Operating	
National School Choice Awareness Foundation	18117 Biscayne Blvd # 15	Aventura	FL	33160	87-2081402	501(c)(3)	195,740.00	General Operating	
The American Ideas Institute	910 17th Street, NW	Washington	DC	20006-2626	27-0311492	501(c)(3)	192,000.00	General Operating	
John Quincy Adams Society	1320 N Courthouse Road, Suite 500	Arlington	VA	22201	81-3308969	501(c)(3)	180,442.00	KAP	
Center for Medicine in the Public Interest	757 3rd Avenue, 20th Floor	New York	NY	10017	20-4321812	501(c)(3)	175,000.00	General Operating	
Pacific Research Institute	One Embarcadero Center	San Francisco	CA	94111	94-2528433	501(c)(3)	175,000.00	General Operating	
National Sheriffs Associaton	1450 Duke St	Alexandria	VA	22314	53-0116293	501(c)(4)	175,000.00	General Operating	
Foundation For Economic Education	1819 Peachtree Rd. NE, Suite 300	Atlanta	GA	30309	13-6006960	501(c)(3)	170,600.00	General Operating	
San Juan Diego Institute	410 E Southern Ave	Phoenix	AZ	85040	03-0500912	501(c)(3)	150,000.00	General Operating	
Urban Justice Center	40 Rector St. , 9th Fl.	New York	NY	10006	13-3442022	501(c)(3)	150,000.00	General Operating	
One Stone	1151 W Miller St	Boise	ID	83702	26-3599715	501(c)(3)	150,000.00	General Operating	
The Contingent	809 N Russell Ste 203	Portland	OR	97227	26-4224606	501(c)(3)	150,000.00	General Operating	
The Society of Gilbert Keith Chesterton	1320 Mainstreet	Hopkins	MN	55343	41-1865930	501(c)(3)	150,000.00	General Operating	
Wisconsin Institute for Law and Liberty	1139 E. Knapp Street	Milwaukee	WI	53202	45-1606079	501(c)(3)	150,000.00	General Operating	
The Niskanen Center Inc	1201 New York Ave NW Ste 200b	Washington	DC	20005	45-5308952	501(c)(3)	150,000.00	General Operating	
Committee for a Responsible Federal Budget	1900 M Street, NW	Washington	DC	20036	52-1231278	501(c)(3)	150,000.00	General Operating	
Georgia Justice Project	438 Edgewood Ave, SE	Atlanta	GA	30312	58-1917659	501(c)(3)	150,000.00	General Operating	
Georgia Center for Opportunity	333 Research Court	Norcross	GA	30092	58-1928520	501(c)(3)	150,000.00	General Operating	
Opportunity@Work	1100 Connecticut Avenue Northwest, Suite 430	Washington	DC	20036	81-3214432	501(c)(3)	150,000.00	General Operating	
BBB National Programs Charitable Foundation	1676 International Dr Ste 550	Mc Lean	VA	22102	84-5021924	501(c)(3)	150,000.00	General Operating	
Hollow Reed Inc.	4725 NW 2nd Pl	Plantation	FL	33317	87-2333637	501(c)(3)	150,000.00	General Operating	
Investor Choice Advocates Network	453 S Spring St Ste 400	Los Angeles	CA	90013	87-3986761	501(c)(3)	150,000.00	General Operating	
Urban Institute	500 L'Enfant Plz SW	Washington	DC	20024	52-0880375	501(c)(3)	140,000.00	General Operating	
Institute for Reforming Government	701 E Washington Ave Ste 201	Madison	WI	53703	82-4034864	501(c)(3)	140,000.00	General Operating	
Association of Prosecuting Attorneys	11 Dupont Cir NW Ste 501	Washington	DC	20036	26-3117485	501(c)(3)	135,000.00	General Operating	
Pelican Institute	400 Poydras St	New Orleans	LA	70130	26-1704791	501(c)(3)	125,000.00	General Operating	
Energy Innovation Reform Project	1015 15th St NW Ste 1000	Washington	DC	20005	46-1491204	501(c)(3)	125,000.00	General Operating	
More Perfect Union Foundation	3033 Wilson Blvd Ste E PMB 558	Arlington	VA	22201	86-1670819	501(c)(3)	125,000.00	General Operating	
The James Madison Institute for Public Policy	100 N Duval St	Tallahassee	FL	32301	59-2811908	501(c)(3)	120,000.00	General Operating	
University of Southern California	University Gardens UGB203	Los Angeles	CA	90089-8003	95-1642394	501(c)(3)	117,561.00	KAP	
Lucy Burns Institute	8383 Greenway Blvd. Suite 600	Middleton	WI	53562	20-8036372	501(c)(3)	112,000.00	General Operating	
The One America Movement	4450 Mitchellville Rd	Bowie	MD	20716	84-5006315	501(c)(3)	111,000.00	General Operating	



The Childrens Scholarship Fund	8 West 38th St	New York	NY	10018	13-4002189	501(c)(3)	100,000.00	General Operating	
Commonwealth Foundation	State St Street 302	Harrisburg	PA	17101	23-2473845	501(c)(3)	100,000.00	General Operating	
Transcend Inc	689 Douglass Street	San Francisco	CA	94114	30-0878820	501(c)(3)	100,000.00	General Operating	
Foster America	PO Box 220080	Boston	MA	02122	38-4011253	501(c)(3)	100,000.00	General Operating	
Liberated Learners	135 Russell St	Hadley	MA	01035	46-1971151	501(c)(3)	100,000.00	General Operating	
Duke University	81 Beverly Dr	Durham	NC	27707	56-0532129	501(c)(3)	100,000.00	General Operating	
NCSL Foundation for State Legislatures	7700 E 1st Place	Denver	CO	80230	74-2232576	501(c)(3)	100,000.00	General Operating	
Partners For Justice	244 Fifth Avenue, Suite R277	New York	NY	10001	82-1202125	501(c)(3)	100,000.00	General Operating	
Empower Evergreen Inc	PO Box 4524	Wichita	KS	67204	85-3067734	501(c)(3)	100,000.00	General Operating	
Scaling Safety	1624 Franklin St Fl 11	Oakland	CA	94612	85-3209787	501(c)(3)	100,000.00	General Operating	
Land Conservation Assistance Network	74 Lunt Rd Suite 300-302	Falmouth	ME	04105	01-0531683	501(c)(3)	95,000.00	General Operating	
Southwestern Baptist Theological Seminary	2001 W Seminary Drive	Fort Worth	TX	76115	75-0891462	501(c)(3)	95,000.00	General Operating	
The Forest School	461 Sandy Creek Rd	Fayetteville	GA	30214	82-3748938	501(c)(3)	95,000.00	General Operating	
Merit America	712 H St NE Ste 1560	Washington	DC	20002	84-2108762	501(c)(3)	92,500.00	General Operating	
edulInnovation	30210 23rd Ave SW	Federal Way	WA	98023	27-2643961	501(c)(3)	90,500.00	General Operating	
Frontier Institute Inc	PO Box 5104	Helena	MT	59604	85-0998465	501(c)(3)	88,000.00	KAP	
University of Notre Dame	724 Grace Hall	Notre Dame	IN	46556	35-0868188	501(c)(3)	87,369.00	KAP	
National Alliance for Public Charter Schools	1425 K St NW Suite 900	Washington	DC	20005	30-0274709	501(c)(3)	81,000.00	General Operating	
Council on Foreign Relations	58 East 68th Street	New York	NY	10065	13-1628168	501(c)(3)	80,000.00	General Operating	
Phoenix Center for Advanced Legal & Economic Public Policy	5335 Wisconsin Ave, NW	Washington	DC	20015	52-2079266	501(c)(3)	80,000.00	General Operating	
SkillUp Coalition	548 Market St PMB 63520	San Francisco	CA	94104	83-1740975	501(c)(3)	77,500.00	General Operating	
Foreign Policy for America	901 New York Ave. NW Suite 510	Washington	DC	20001	83-1512677	501(c)(3)	77,000.00	General Operating	
Love Your School	4940 East Sunnyside Dr	Scottsdale	AZ	85254	84-5012487	501(c)(3)	75,000.00	General Operating	
Youth Entrepreneurs	4111 E 37th Street N	Wichita	KS	67220	48-1187886	501(c)(3)	70,000.00	General Operating	
National Foundation for American Policy	2111 Wilson Blvd Ste 700	Arlington	VA	22201	20-0094633	501(c)(3)	65,000.00	General Operating	
Parents For Educational Freedom of North Carolina	3100 Smoketree Ct, Suite 501	Raleigh	NC	27604	20-2754466	501(c)(3)	60,000.00	General Operating	
mikeroweWORKS Foundation	1207 4th St PH 3	Santa Monica	CA	90401	26-4324338	501(c)(3)	60,000.00	General Operating	
Taking Action for Good	P.O. Box 40153	Austin	TX	78704	85-0777855	501(c)(3)	60,000.00	General Operating	
State Business Executives	5404 Backlick Woods Ct	Springfield	VA	22151	85-4035633	501(c)(4)	60,000.00	General Operating	
The Venetoulis Institute for Local Journalists dba The Baltimore Banner	621 East Pratt Street, Ste 401	Baltimore	MD	21202	86-1715499	501(c)(3)	57,680.00	MJF	
Alaska Policy Forum Inc	7926 Old Seward Highway	Anchorage	AK	99518	26-4380206	501(c)(3)	52,700.00	General Operating	
Families Empowered	3900 Essex Lane	Houston	TX	77027	27-1912105	501(c)(3)	51,550.00	General Operating	
Mediators Foundation Inc	2525 Arapahoe Avenue	Boulder	CO	80302	04-3002588	501(c)(3)	50,000.00	General Operating	
Josiah Bartlett Center for Public Policy	PO Box 897	Concord	NH	03302	22-3235650	501(c)(3)	50,000.00	General Operating	
Institute for Quality Education	101 W. Ohio Street	Indianapolis	IN	46204-1973	35-1836687	501(c)(3)	50,000.00	General Operating	
Skills For Chicagoland's Future	191 N Wacker Dr	Chicago	IL	60606	45-1287418	501(c)(3)	50,000.00	General Operating	
The Reform Alliance	411 S Victory St Ste 202	Little Rock	AR	72201	47-2573670	501(c)(3)	50,000.00	General Operating	
The Brookings Institution	1775 Massachusetts Ave NW	Washington	DC	20036	53-0196577	501(c)(3)	50,000.00	General Operating	
Southern Methodist University	O'Neil Center for Global Markets & Freedom	Dallas	TX	75275	75-0800689	501(c)(3)	50,000.00	General Operating	
Foundation for Research on Equal Opportunity	201 W 5th St Ste 1100	Austin	TX	78701	81-2699310	501(c)(3)	50,000.00	General Operating	
Millions of Conversations	901 Woodland St #03-104	Nashville	TN	37206	82-1314801	501(c)(3)	50,000.00	General Operating	
Kentucky Forum For Rights, Economics & Education	6148 Mistflower Cir	Prospect	KY	40059	93-1863750	501(c)(3)	47,000.00	General Operating	
UpTogether	PO Box 71363	Oakland	CA	94612	02-0784790	501(c)(3)	45,000.00	General Operating	
Iron Light Labs	300 S Riverside Plaza	Chicago	IL	60606	86-1206324	501(c)(3)	44,481.00	KAP	
Baltimore Beat Inc	1400 Greenmount Ave PO1	Baltimore	MD	21202	87-1953122	501(c)(3)	41,128.00	MJF	
Iowa Alliance for Choice in Education	3213 Field Sike Dr	Bettendorf	IA	52722	20-4240578	501(c)(3)	40,000.00	General Operating	
Mississippi Center for Public Policy	520 George St	Jackson	MS	39202	64-0797905	501(c)(3)	40,000.00	General Operating	
Reach Institute for School Leadership	1221 Preservation Park Way	Oakland	CA	94612	27-1274290	501(c)(3)	37,500.00	General Operating	
Pacific Public Media dba KNKX 88.5 FM	930 Broadway	Tacoma	WA	98402	81-1095651	501(c)(3)	34,432.00	MJF	
Houston Local Information Initiative Inc	4203 Montrose Blvd	Houston	TX	77006	87-4133043	501(c)(3)	34,000.00	MJF	

Cityside Journalism	2120 University Avenue	Berkeley	CA	94704	84-3448887	501(c)(3)	32,800.00	MJF	
Conneticut News Project	1049 Asylum Avenue	Hartford	CT	06105	27-0583046	501(c)(3)	32,230.00	MJF	
The Buckeye Institute for Public Policy Solutions	88 East Broad Street	Columbus	OH	43215	31-1278593	501(c)(3)	30,427.00	KAP	
Ethics & Public Policy Center, Inc.	1730 M St NW Ste 910	Washington	DC	20036-4548	52-1162185	501(c)(3)	30,000.00	General Operating	
North Texas Public Broadcasting Inc	PO Box 676028	Dallas	TX	75267-6028	75-2084961	501(c)(3)	29,200.00	MJF	
Nebraska Journalism Trust	1402 Jones Street, Suite 302	Omaha	NE	68102	86-3968316	501(c)(3)	29,200.00	MJF	
Sacred Heart University dba WSHU Public Radio	5151 Park Avenue	Fairfield	CT	06825	06-0776644	501(c)(3)	28,450.00	MJF	
Cardinal Institute for West Virginia Policy	P.O. Box 11495	Charleston	WV	25339	47-1932521	501(c)(3)	28,200.00	KAP	
Fuller Project for International Reporting Inc	7920 Norfolk Ave #310	Bethesda	MD	20814	81-1175253	501(c)(3)	28,000.00	MJF	
Underscore Media Collaboration Inc	1200 NW Naito Pkwy Ste 490	Portland	OR	97209	83-3178910	501(c)(3)	28,000.00	MJF	
St Lawrence University	23 Romada Drive	Canton	NY	13617	15-0532239	501(c)(3)	27,100.00	MJF	
Street Sense Inc	1317 G St NW	Washington	DC	20005	20-1297050	501(c)(3)	25,090.00	MJF	
Freedom Forum Institute	1207 18th Street	South Nashville	TN	37212	20-0617900	501(c)(3)	25,000.00	General Operating	
Harvard University	95 Dunster Street	Cambridge	MA	02138	04-2103580	501(c)(3)	25,000.00	General Operating	
Montana Chamber Foundation	PO Box 1162	Helena	MT	59624-1162	23-7059679	501(c)(3)	25,000.00	General Operating	
Issue One	1401 K St NW Suite 350	Washington	DC	20005	32-0384285	501(c)(3)	25,000.00	General Operating	
The Cara Program dba Cara Chicago	237 S Desplaines St	Chicago	IL	60661	36-4268095	501(c)(3)	25,000.00	General Operating	
Empire Center for Public Policy	30 South Pearl Street Suite 1210	Albany	NY	12207	46-1987418	501(c)(3)	25,000.00	General Operating	
Elevate USA	5310 Ward Road	Arvada	CO	80002	46-3637392	501(c)(3)	25,000.00	General Operating	
Listen First Project	515 S Mangum St Apt 5140	Durham	NC	27701	46-3889386	501(c)(3)	25,000.00	General Operating	
CIVICPULSE	12210 SW Main St #23672	Portland	OR	97281	83-0553548	501(c)(3)	25,000.00	General Operating	
Educational Freedom Institute	20 E Thomas Rd	Phoenix	AZ	85012	84-1890836	501(c)(3)	25,000.00	General Operating	
PA Families for Education Choice	3841 Brownsville Rd	Pittsburgh	PA	15227	88-2536665	501(c)(3)	25,000.00	General Operating	
Chicago Public Media Inc	848 East Grand Ave	Chicago	IL	60611	36-3687394	501(c)(3)	25,000.00	MJF	
Local Media Foundation	PO Box 450	Lake City	MI	49651	36-4427750	501(c)(3)	25,000.00	MJF	
College of William & Mary	P.O. Box 8795	Williamsburg	VA	23187-8795	54-6001718	GOVT	25,000.00	General Operating	
Texas Tribune	919 Congress Ave	Austin	TX	78701	26-4527097	501(c)(3)	22,000.00	MJF	
The Salt Lake Tribune Inc	90 S 400 W	Salt Lake City	UT	84101	84-1878709	501(c)(3)	22,000.00	MJF	
Tufts University	AGIS 80 George Street	Medford	MA	02155	04-2103634	501(c)(3)	21,782.00	General Operating	
Defense of Freedom Institute for Policy Studies	1765 Duke St	Alexandria	VA	22314	87-1196853	501(c)(3)	20,750.00	KAP	
New York University	19 W 4th St	New York	NY	10012	13-5562308	501(c)(3)	20,000.00	General Operating	
Nevada News Bureau, Inc	7455 Arroyo Crossing Pkwy #220	Las Vegas	NV	89113	27-3192716	501(c)(3)	19,000.00	MJF	
Curriki	20660 Stevens Creek Blvd #332	Cupertino	CA	95014	20-3478467	501(c)(3)	18,000.00	General Operating	
AccesSOS	1012 Torney Ave	San Francisco	CA	94129	84-2489856	501(c)(3)	17,500.00	General Operating	
Eurasia Group Foundation	13170 Central Ave SE Suite B 104	Albuquerque	NM	87123	81-1614189	501(c)(3)	15,888.00	KAP	
Institute on Religion and Democracy	1023 15th Street NW	Washington	DC	20005	52-1265221	501(c)(3)	14,577.00	KAP	
Americans for Prosperity Foundation	1310 N Courthouse Road, Suite 700	Arlington	VA	22201	52-1527294	501(c)(3)	12,500.00	General Operating	
Deuce Community Inc	110 Lincoln Blvd.	Venice	CA	90291	86-3301178	501(c)(3)	12,469.00	KAP	
Thomas B Fordham Institute	1016 16th St NW	Washington	DC	20036	31-1816446	501(c)(3)	11,981.00	KAP	
Institute for Energy Research	1155 15th Street, NW #900	Washington	DC	20005	76-0149778	501(c)(3)	11,375.00	KAP	
Moving Picture Institute	375 Greenwich Street	New York	NY	10013	20-3237801	501(c)(3)	11,200.00	KAP	
Information Technology and Innovation Foundation dba ITIF	700 K St NW	Washington	DC	20001	20-4403497	501(c)(3)	10,885.00	KAP	
Kansas University Endowment Association	PO Box 928	Lawrence	KS	66044-0928	48-0547734	501(c)(3)	10,114.00	MJF	
Acton Academy DC Foundation	2422 K St NW	Washington	DC	20037	47-4108671	501(c)(3)	10,000.00	General Operating	
College Bound Dorchester Inc	222 Bowdoin St	Dorchester	MA	02122	04-2383512	501(c)(3)	9,788.00	KAP	
Institute for Free Speech	1150 Connecticut Avenue NW 801	Washington	DC	20036	20-3676886	501(c)(3)	9,500.00	KAP	
America's Future Foundation	1633 Connecticut Avenue NW	Washington	DC	20009	52-1928321	501(c)(3)	9,000.00	KAP	
BASED Politics Inc dba BASEDPolitics	2897 N Druid Hills Rd #522	Atlanta	GA	30329	87-4207995	501(c)(3)	8,973.00	KAP	
Lawfare Institute	4401 Brandywine St NW	Washington	DC	20016	46-2967640	501(c)(3)	8,750.00	KAP	
Benevolence Farm	4265 Thompson Mill Rd	Graham	NC	27253	26-3685507	501(c)(3)	8,400.00	KAP	
Brigid's Path	3601 South Dixie Drive	Kettering	OH	45439	47-1200761	501(c)(3)	8,200.00	KAP	
Attack Poverty	3727 Greenbriar Drive	Stafford	TX	77477	45-2401548	501(c)(3)	7,401.00	KAP	

Young Voices	220 Allison St NW	Washington	DC	20011	81-2593815	501(c)(3)	7,250.00	KAP	
Reimagine ATL Inc.	100 Flat Shoals Ave.	Atlanta	GA	30316	46-5278779	501(c)(3)	7,238.00	KAP	
Philanthropy Roundtable	1120 20th Street NW 550S	Washington	DC	20036	13-2943020	501(c)(3)	6,800.00	KAP	
HealthCorps Inc	401 Park Ave S	New York	NY	10016	26-1269358	501(c)(3)	6,500.00	KAP	
Students for Liberty	1101 17th Street NW, Suite 810	Washington	DC	20036	94-3435899	501(c)(3)	6,015.00	KAP	
American Consumer Institute	P.O. Box 2161	Reston	VA	20195	20-8601897	501(c)(3)	6,000.00	KAP	
American Council of Trustees and Alumni	1726 M Street NW	Washington	DC	20036-4525	52-1870003	501(c)(3)	6,000.00	KAP	
Total							140,221,943.00		

PUBLIC DISCLOSURE COPY

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning, 2023, and ending, 20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed; B Exempt under section 501(C)(3); C Book value of all assets at end of year 309,833,746; D Employer identification number 46-3508366; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes (checked) No

L The books are in care of (SEE STATEMENT) Telephone number (703) 214-7118

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Includes lines 1-11 with descriptions and amounts.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Includes lines 1-7 with descriptions and amounts.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Includes sub-rows 1a-1d, 2, 3a-3e, 4, and 5 with descriptions and amounts.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form 990-T (2023)

**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>	119,758	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>	0	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>	0	
<b>g</b>	Elective payment election amount from Form 3800 . . . . .		0	
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>	0	
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>	0	
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		119,758
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		113,930
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 113,930 <b>Refunded</b>	<b>11</b>		0

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ . . . . . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	901101	\$ 518,302	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use . . . . .		
<b>b</b>	Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** \_\_\_\_\_ **TREASURER**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL ENGLE</b>	Preparer's signature <i>MICHAEL ENGLE</i>	Date <b>11/12/2024</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00482834</b>
	Firm's name <b>FORVIS MAZARS, LLP</b>			Firm's EIN	<b>44-0160260</b>
	Firm's address <b>1201 WALNUT SUITE 1700, KANSAS CITY, MO 64106-2246</b>			Phone no.	<b>(816) 221-6300</b>

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <u>THE SEMINAR NETWORK, INC.</u>	<b>B</b> Employer identification number <u>46-3508366</u>
<b>C</b> Unrelated business activity code (see instructions) <u>901101</u>	<b>D</b> Sequence: <u>1</u> of <u>1</u>

**E** Describe the unrelated trade or business QUALIFIED PARTNERSHIP INVESTMENTS

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales <u>0</u>			
<b>b</b>	Less returns and allowances <u>0</u> <b>c</b> Balance	<b>1c</b> <u>0</u>		
<b>2</b>	Cost of goods sold (Part III, line 8)	<b>2</b> <u>0</u>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b> <u>0</u>		<u>0</u>
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b> <u>90,623</u>		<u>90,623</u>
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b> <u>0</u>		<u>0</u>
<b>c</b>	Capital loss deduction for trusts	<b>4c</b> <u>0</u>		<u>0</u>
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> <u>84,293</u>		<u>84,293</u>
<b>6</b>	Rent income (Part IV)	<b>6</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>7</b>	Unrelated debt-financed income (Part V)	<b>7</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>10</b>	Exploited exempt activity income (Part VIII)	<b>10</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>11</b>	Advertising income (Part IX)	<b>11</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>12</b>	Other income (see instructions; attach statement)	<b>12</b> <u>0</u>		<u>0</u>
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b> <u>174,916</u>	<u>0</u>	<u>174,916</u>

<b>Part II</b>	<b>Deductions Not Taken Elsewhere.</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
<b>1</b>	Compensation of officers, directors, and trustees (Part X)		<b>1</b>	<u>0</u>
<b>2</b>	Salaries and wages		<b>2</b>	<u>0</u>
<b>3</b>	Repairs and maintenance		<b>3</b>	<u>0</u>
<b>4</b>	Bad debts		<b>4</b>	<u>0</u>
<b>5</b>	Interest (attach statement). See instructions		<b>5</b>	<u>0</u>
<b>6</b>	Taxes and licenses		<b>6</b>	<u>9,370</u>
<b>7</b>	Depreciation (attach Form 4562). See instructions	<b>7</b> <u>0</u>		
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b> <u>0</u>	<b>8b</b>	<u>0</u>
<b>9</b>	Depletion		<b>9</b>	<u>0</u>
<b>10</b>	Contributions to deferred compensation plans		<b>10</b>	<u>0</u>
<b>11</b>	Employee benefit programs		<b>11</b>	<u>0</u>
<b>12</b>	Excess exempt expenses (Part VIII)		<b>12</b>	<u>0</u>
<b>13</b>	Excess readership costs (Part IX)		<b>13</b>	<u>0</u>
<b>14</b>	Other deductions (attach statement)		<b>14</b>	<u>5,810</u>
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14		<b>15</b>	<u>15,180</u>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	<u>159,736</u>
<b>17</b>	Deduction for net operating loss. See instructions		<b>17</b>	<u>127,789</u>
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	<u>31,947</u>

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2023

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation
<b>1</b>	Inventory at beginning of year . . . . .	0
<b>2</b>	Purchases . . . . .	0
<b>3</b>	Cost of labor . . . . .	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	0
<b>5</b>	Other costs (attach statement) . . . . .	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	0
<b>7</b>	Inventory at end of year . . . . .	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

<b>Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)</b>				
<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	<b>A</b> <input type="checkbox"/>			
	<b>B</b> <input type="checkbox"/>			
	<b>C</b> <input type="checkbox"/>			
	<b>D</b> <input type="checkbox"/>			
<b>2</b>	Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .			
<b>b</b>	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .			
<b>c</b>	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D . . . . .			
<b>3</b>	<b>Total rents received or accrued.</b> Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .			0
<b>4</b>	Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .			
<b>5</b>	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .			0

<b>Part V Unrelated Debt-Financed Income (see instructions)</b>				
<b>1</b>	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	<b>A</b> <input type="checkbox"/>			
	<b>B</b> <input type="checkbox"/>			
	<b>C</b> <input type="checkbox"/>			
	<b>D</b> <input type="checkbox"/>			
<b>2</b>	Gross income from or allocable to debt-financed property . . . . .	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Deductions directly connected with or allocable to debt-financed property			
<b>a</b>	Straight line depreciation (attach statement) . . . . .			
<b>b</b>	Other deductions (attach statement) . . . . .			
<b>c</b>	<b>Total deductions</b> (add lines 3a and 3b, columns A through D) . . . . .			
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .			
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .			
<b>6</b>	Divide line 4 by line 5 . . . . .	%	%	%
<b>7</b>	Gross income reportable. Multiply line 2 by line 6 . . . . .			
<b>8</b>	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .			0
<b>9</b>	Allocable deductions. Multiply line 3c by line 6 . . . . .			
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .			0
<b>11</b>	<b>Total dividends – received deductions</b> included in line 10 . . . . .			0

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's</b>	<b>11. Deductions directly connected with income in column 10</b>	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
				0	0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
		0		0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

<b>1</b> Description of exploited activity: _____	
<b>2</b> Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
<b>3</b> Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	<b>3</b>
<b>4</b> Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	<b>4</b>
<b>5</b> Gross income from activity that is not unrelated business income	<b>5</b>
<b>6</b> Expenses attributable to income entered on line 5	<b>6</b>
<b>7</b> Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	<b>7</b>



**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .				0

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
<b>(1)</b>		%	
<b>(2)</b>		%	
<b>(3)</b>		%	
<b>(4)</b>		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			0

**Part XI Supplemental Information** (see instructions)

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Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	HENRICH HEUER, 4201 WILSON BLVD. SUITE 0800, ARLINGTON, VA 22203

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2021	57,229,788	15,944	3,195		57,210,649	
2022	113,535,633				113,535,633	
2023	139,900,401				139,900,401	
<b>Totals</b>	<b>310,665,822</b>	<b>15,944</b>	<b>3,195</b>	<b>0</b>	<b>310,646,683</b>	

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
(1) INCOME (LOSS) FROM PARTNERSHIP INVESTMENTS	239,569	155,276	84,293
<b>Total</b>	<b>239,569</b>	<b>155,276</b>	<b>84,293</b>

Description	Amount
(1) STATE TAX EXPENSE	9,370

Description	Amount
(1) ACCOUNTING FEES	5,810

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
2022	518,302			127,789	390,513
<b>Totals</b>	<b>518,302</b>	<b>0</b>	<b>0</b>	<b>127,789</b>	<b>390,513</b>

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

Name: **THE SEMINAR NETWORK, INC.** Employer identification number: **46-3508366**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				0
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				0
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	66	0	0	66
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	0	0	0	46,046
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b> ( 0 )	
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	46,112

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				0
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				0
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	98	0	0	98
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	0	0	0	44,413
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	44,511

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	46,112
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	44,511
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	<b>18</b>	90,623

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.





Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**THE SEMINAR NETWORK, INC.**

**Social security number or taxpayer identification number**  
**46-3508366**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FORM 6781, PART I			98				98
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .			98	0		0	98

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

THE SEMINAR NETWORK, INC.

46-3508366

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM K-1 INVESTMENTS						0	46,046
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).			0	0		0	46,046

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**THE SEMINAR NETWORK, INC.**

Social security number or taxpayer identification number  
**46-3508366**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM K-1 INVESTMENTS						0	44,413
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .			0	0		0	44,413

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Gains and Losses From Section 1256  
 Contracts and Straddles**

Attach to your tax return.  
 Go to [www.irs.gov/Form6781](http://www.irs.gov/Form6781) for the latest information.

Name(s) shown on tax return

THE SEMINAR NETWORK, INC.

Identifying number

46-3508366

Check all applicable boxes.  
 See instructions.

**A**  Mixed straddle election

**C**  Mixed straddle account election

**B**  Straddle-by-straddle identification election

**D**  Net section 1256 contracts loss election

**Part I Section 1256 Contracts Marked to Market**

(a) Identification of account	(b) (Loss)	(c) Gain
<b>1</b> FROM K-1 INVESTMENT		164
<b>2</b> Add the amounts on line 1 in columns (b) and (c)	( 0 )	164
<b>3</b> Net gain or (loss). Combine line 2, columns (b) and (c)		164
<b>4</b> Form 1099-B adjustments. See instructions and attach statement		
<b>5</b> Combine lines 3 and 4		164
<b>Note:</b> If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
<b>6</b> If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-		0
<b>7</b> Combine lines 5 and 6		164
<b>8</b> Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949. See instructions.		66
<b>9</b> Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949. See instructions		98

**Part II Gains and Losses From Straddles.** Attach a separate statement listing each straddle and its components.

**Section A—Losses From Straddles**

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-.	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-.
<b>10</b>							
<b>11a</b> Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions							<b>11a</b> ( )
<b>b</b> Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions							<b>11b</b> ( )

**Section B—Gains From Straddles**

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-.	
<b>12</b>						
<b>13a</b> Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions						<b>13a</b>
<b>b</b> Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions						<b>13b</b>

**Part III Unrecognized Gains From Positions Held on Last Day of Tax Year.** Memo entry only (see instructions)

(a) Description of property	(b) Date acquired	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-.
<b>14</b>				