#### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

MARCH 31, 2019

#### PREPARED FOR:

COMPASSION IN WORLD FARMING, INC. 125 E TRINITY PLACE NO. 206 DECATUR, GA 30030-3360

#### **PREPARED BY:**

RSM US LLP 6 S PATTERSON BLVD DAYTON, OH 45402

#### **AMOUNT DUE OR REFUND:**

**NOT APPLICABLE** 

#### MAKE CHECK PAYABLE TO:

**NOT APPLICABLE** 

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

**NOT APPLICABLE** 

#### **RETURN MUST BE MAILED ON OR BEFORE:**

#### **SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

#### \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| <u>A</u>                | ror the                | $\epsilon$ 2018 calendar year, or tax year beginning $APR$ 1, $2018$ and $\epsilon$             | enaing M     | AR 31, 2019                  |                                |
|-------------------------|------------------------|---|--------------|------------------------------|--------------------------------|
| В                       | Check if<br>applicabl  | C Name of organization  |              | D Employer identific         | cation number                  |
|                         | Addre<br>chang<br>Name | e   COMPASSION IN WORLD FARMING, INC.   |              |                              |                                |
|                         | chang                  | e Doing business as   |              | 46-1                         | 822635                         |
|                         | Initial<br>return      | Number and street (or P.O. box if mail is not delivered to street address)                      | Room/suite   | E Telephone numbe            | r                              |
|                         | Final<br>return        | 125 E TRINITY PLACE   | 206          | 678-                         | 902-2493                       |
|                         | termin<br>ated         | City or town, state or province, country, and ZIP or foreign postal code                        |              | G Gross receipts \$          | 622,389.                       |
|                         | Ameno<br>return        | ded DECAUTE CA 30030-3360   |              | H(a) Is this a group re      |                                |
|                         | Applic                 |   |              | for subordinates             |                                |
|                         | pendir                 | SAME AS C ABOVE   |              | H(b) Are all subordinates in |                                |
| $\overline{}$           | Ταν-αν                 | empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) c                              | or 527       | 1 ` ′                        | list. (see instructions)       |
|                         |                        | te: CIWF • COM  | 021          | H(c) Group exemptio          | ,                              |
|                         |                        | organization: X Corporation Trust Association Other   | I Voor       |                              | State of legal domicile: DE    |
|                         | art I                  | Summary   | L TEAI       | or formation. ZOI = [N       | N State of legal dofficile. DD |
| _                       | 1                      | Briefly describe the organization's mission or most significant activities: THE                 | ORGANI       | ZATION CAMPA                 | AIGNS                          |
| Activities & Governance |                        | PEACEFULLY ON A GLOBAL LEVEL TO END ALL C   |              |                              |                                |
| 'n                      | 2                      | Check this box if the organization discontinued its operations or dispos                        | ed of more   | than 25% of its net ass      | sets.                          |
| Š                       | 3                      |   |              | 3                            |                                |
| ဗိ                      | 4                      | Number of independent voting members of the governing body (Part VI, line 1b)                   |              |                              | <u> </u>                       |
| Š                       | 5                      | Total number of individuals employed in calendar year 2018 (Part V, line 2a)                    |              |                              | 12                             |
| <u>ë</u>                | 6                      | Total number of volunteers (estimate if necessary)  |              |                              | 1                              |
| ž.                      | 7 a                    | Total unrelated business revenue from Part VIII, column (C), line 12                            |              |                              | 0.                             |
| Ă                       | ```                    | Net unrelated business taxable income from Form 990-T, line 38                                  |              |                              | 0.                             |
| _                       | <b>├</b>               | Tect unrelated business taxable mounte from 1 offi 550 1, line 50                               |              | Prior Year                   | Current Year                   |
|                         | 8                      | Contributions and grants (Part VIII, line 1h)   |              | 2,012,507.                   | 609,511.                       |
| e                       |                        |   |              | 0.                           | 0.                             |
| Revenue                 | 9                      | Program service revenue (Part VIII, line 2g)  |              | 19.                          | 0.                             |
| Be                      | 10                     | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                   |              | 0.                           | 12,878.                        |
|                         | 1                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                        |              | 2,012,526.                   | 622,389.                       |
| _                       |                        | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)              |              | 0.                           |                                |
|                         | 1                      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                |              | 0.                           | 185,000.                       |
|                         | 1                      | Benefits paid to or for members (Part IX, column (A), line 4)                                   |              | 115,312.                     | 0.                             |
| Š                       | 15                     | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)               |              | •                            | 662,674.                       |
| Expenses                | 16a                    | Professional fundraising fees (Part IX, column (A), line 11e)                                   |              | 0.                           | 0.                             |
| Ž                       | b                      | Total fundraising expenses (Part IX, column (D), line 25)   449,46                              |              | 150 500                      | 501 005                        |
| ш                       | ''                     | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                    |              | 150,530.                     | 591,297.                       |
|                         | 18                     | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                       |              | 265,842.                     | 1,438,971.                     |
| _                       | 19                     | Revenue less expenses. Subtract line 18 from line 12  |              | 1,746,684.                   | -816,582.                      |
| Net Assets or           | 9                      |   | Ве           | ginning of Current Year      | End of Year                    |
| sets                    | ਰੂ <b>20</b>           | Total assets (Part X, line 16)  |              | 3,005,959.                   | 2,307,926.                     |
| t As                    | 21                     | Total liabilities (Part X, line 26)   |              | 17,873.                      | 136,422.                       |
| 2                       | 22                     | Net assets or fund balances. Subtract line 21 from line 20                                      |              | 2,988,086.                   | 2,171,504.                     |
| P                       | art II                 | Signature Block   |              |                              |                                |
|                         | -                      | lties of perjury, I declare that I have examined this return, including accompanying schedules  |              |                              | knowledge and belief, it is    |
| true                    | , correc               | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparer | has any knowledge.           |                                |
|                         |                        |   |              |                              |                                |
| Sig                     | n                      | Signature of officer  |              | Date                         |                                |
| He                      | re                     | RACHEL DRESKIN, EXECUTIVE DIRECTOR  |              |                              |                                |
|                         |                        | Type or print name and title  |              |                              |                                |
|                         |                        | Print/Type preparer's name  KAREN O. CRIM  Reparer's signature  Caren                           | im           | Date Check                   | PTIN                           |
| Pai                     | d                      | KAREN O. CRIM Raun O. Ca  | im           | 1/31/20 self-employ          | ed P00368385                   |
| Pre                     | parer                  | Firm's name ► RSM US LLP  |              | Firm's EIN ▶                 | 42-0714325                     |
| Use                     | Only                   | Firm's address 6 S PATTERSON BLVD   |              |                              |                                |
| _                       |                        | DAYTON, OH 45402  |              | Phone no. 93                 | 7-298-0201                     |
| Ma                      | y the IF               | RS discuss this return with the preparer shown above? (see instructions)                        |              |                              | X Yes No                       |

| Pa | rt III Statement of Program Service Ac   | complishments                     |                            |                        |  |  |  |  |
|----|--|-----------------------------------|----------------------------|------------------------|--|--|--|--|
|    | Check if Schedule O contains a response or   | note to any line in this Part III |                            |                        |  |  |  |  |
| 1  | Briefly describe the organization's mission: THE ORGANIZATION CAMPAIGNS  | S PEACEFULLY ON A                 | GLOBAL LEVEL TO END        | ALL                    |  |  |  |  |
|    | CRUEL FACTORY FARMING PRACTICES, SPECIALIZING IN FARM ANIMAL WELFARE.  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
| 2  | Did the organization undertake any significant prog  |                                   |                            |                        |  |  |  |  |
|    | prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule   |                                   |                            | Yes X No               |  |  |  |  |
| 3  | ,  |                                   | icts any program services? | Yes X No               |  |  |  |  |
| •  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 |                                   |                            |                        |  |  |  |  |
| 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.  | F.0                               | 105 000                    |                        |  |  |  |  |
| 4a | (Code:) (Expenses \$ 800,1 CIWF BUILDS AWARENESS AND   | 59. including grants of \$        |                            | )                      |  |  |  |  |
|    | FARMING AND ITS ALTERNATIVE  |                                   |                            |                        |  |  |  |  |
|    | CORPORATIONS TO CREATE HIC   |                                   |                            |                        |  |  |  |  |
|    | WITH THEM ON STRATEGY, PRO   |                                   |                            |                        |  |  |  |  |
|    | HIGHER ANIMAL WELFARE CHAI   | NGES ACROSS THEIR                 | BUSINESS.                  |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
| 4b | (Code: ) (Expenses \$  | including grants of \$            | ) (Revenue \$              | )                      |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
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|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
| 4c | (Code: ) (Expenses \$  | including grants of \$            | ) (Revenue \$              |                        |  |  |  |  |
| 70 | (Code) (Expenses \$  | including grants of \$            | ) (nevertue \$             | ,                      |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
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|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
|    |  |                                   |                            |                        |  |  |  |  |
| 4d | Other program services (Describe in Schedule O.)   |                                   |                            |                        |  |  |  |  |
|    | (Expenses \$ including gra   | ants of \$ 800 , 159 .            | ) (Revenue \$              | )                      |  |  |  |  |
| 4e | Total program service expenses   | 000,103.                          |                            | Form <b>990</b> (2018) |  |  |  |  |
|    |  |                                   |                            | 101111 - (2010)        |  |  |  |  |

# Form 990 (2018) COMPASSION IN WORLD FARMING, INC. Part IV Checklist of Required Schedules

|     |  |     | Yes | No   |
|-----|--|-----|-----|--|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |     |  |
|     | If "Yes," complete Schedule A  | 1   | X   |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | X   |  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for            |     |     |  |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |     | Х  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect           |     |     |  |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4   | X   |  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or               |     |     |  |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                  |     |     |  |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I               | 6   |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                  |     |     |  |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                       | 7   |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> |     |     |  |
|     | Schedule D, Part III   | 8   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for              |     |     |  |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                  |     |     |  |
|     | If "Yes," complete Schedule D, Part IV   | 9   |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent              |     |     |  |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X           |     |     |  |
|     | as applicable.   |     |     |  |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                |     |     |  |
|     | Part VI  | 11a |     | X  |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total                |     |     |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | X  |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                 |     |     |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in               |     |     |  |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | X  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                      | 11e |     | X  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                    |     |     |  |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                     | 11f |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                        |     |     |  |
|     | Schedule D, Parts XI and XII   | 12a | X   |  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                  |     |     |  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                      | 12b |     | <u> </u>   |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a | X   |  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                    |     |     |  |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                 |     |     |  |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b | X   |  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                  |     |     |  |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  | Х   |  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                   |     |     | l  |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                    |     |     |  |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines               |     |     |  |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                     |     |     | 37   |
|     | complete Schedule G, Part III  | 19  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | X  |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                               | 20b |     | <del>                                     </del> |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                |     |     | _ v  |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II  | 21  |     | X  |

| Pa   | rt IV Checklist of Required Schedules (continued)   |          |     | uge -    |
|------|---|----------|-----|----------|
|      | · (continued)   |          | Yes | No       |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                             |          |     | 110      |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22       |     | x        |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                | <u> </u> |     |          |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>              |          |     |          |
|      | Schedule J  | 23       |     | x        |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                   |          |     |          |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                        |          |     |          |
|      | Schedule K. If "No," go to line 25a   | 24a      |     | x        |
| h    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b      |     |          |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                      |          |     |          |
| ·    | any tax-exempt bonds?   | 24c      |     |          |
| Ь    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                   | 24d      |     |          |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                              |          |     |          |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a      |     | x        |
| h    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                |          |     |          |
| -    | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                     |          |     |          |
|      |   | 25b      |     | x        |
| 26   | Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or |          |     |          |
|      | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."                    |          |     |          |
|      | complete Schedule L, Part II  | 26       |     | х        |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial                      |          |     |          |
|      | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member                       |          |     |          |
|      | of any of these persons? If "Yes," complete Schedule L, Part III  | 27       |     | х        |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                         |          |     |          |
|      | instructions for applicable filing thresholds, conditions, and exceptions):   |          |     |          |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                   | 28a      |     | Х        |
|      | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                | 28b      |     | Х        |
|      | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,           |          |     |          |
|      | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c      |     | x        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                  | 29       |     | Х        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation               |          |     |          |
|      | contributions? If "Yes," complete Schedule M  | 30       |     | Х        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations?  |          |     |          |
|      | If "Yes," complete Schedule N, Part I   | 31       |     | Х        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                          |          |     |          |
|      | Schedule N, Part II   | 32       |     | X        |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                |          |     |          |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33       |     | Х        |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                 |          |     |          |
|      | Part V, line 1  | 34       | Х   |          |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a      |     | Х        |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                 |          |     | 1        |
|      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b      |     |          |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                |          |     | 1        |
|      | If "Yes," complete Schedule R, Part V, line 2   | 36       |     | X        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                          |          |     | 1        |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                              | 37       |     | X        |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                            |          |     | 1        |
|      | Note. All Form 990 filers are required to complete Schedule O   | 38       | X   |          |
| Pa   | Statements Regarding Other IRS Filings and Tax Compliance   |          |     |          |
|      | Check if Schedule O contains a response or note to any line in this Part V  | <u></u>  |     | Ш        |
|      |   |          | Yes | No       |
|      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3   | _        |     |          |
| b    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 4        |     |          |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                        |          | 7.7 |          |
|      | (gambling) winnings to prize winners?   | 1c       | Х   | <u> </u> |

Form 990 (2018) COMPASSION IN WORLD FARMING, INC.

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

|          | Continued)   |     |     |               |  |  |  |
|----------|--|-----|-----|---------------|--|--|--|
|          |  |     | Yes | No            |  |  |  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 12  |     |     |               |  |  |  |
|          |  | Ol- | Х   |               |  |  |  |
| Ь        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  |     |               |  |  |  |
| 22       | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?   | За  |     | х             |  |  |  |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |     |               |  |  |  |
|          | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  | 30  |     |               |  |  |  |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a  |     | х             |  |  |  |
| b        | If "Yes," enter the name of the foreign country:   | 16  |     |               |  |  |  |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |               |  |  |  |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | Х             |  |  |  |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | Х             |  |  |  |
| С        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5с  |     |               |  |  |  |
| 6a       | 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?  | 6a  |     | Х             |  |  |  |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |     |     |               |  |  |  |
|          | were not tax deductible?   | 6b  |     |               |  |  |  |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |     |     |               |  |  |  |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  |     | X             |  |  |  |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |               |  |  |  |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |     |     | 37            |  |  |  |
|          | to file Form 8282?   | 7c  |     | X             |  |  |  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  | 7e  |     | Х             |  |  |  |
| e        |  |     |     |               |  |  |  |
|          | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |     |               |  |  |  |
|          | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |     |               |  |  |  |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 7h  |     |               |  |  |  |
| Ü        | ananaging examination have exceed business heldings at any time during the year?   | 8   |     |               |  |  |  |
| 9        | Sponsoring organizations maintaining donor advised funds.  |     |     |               |  |  |  |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |               |  |  |  |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |               |  |  |  |
| 10       | Section 501(c)(7) organizations. Enter:  |     |     |               |  |  |  |
| а        | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |               |  |  |  |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |     |               |  |  |  |
| 11       | Section 501(c)(12) organizations. Enter:   |     |     |               |  |  |  |
| а        | Gross income from members or shareholders 11a  |     |     |               |  |  |  |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources against   |     |     |               |  |  |  |
|          | amounts due or received from them.)  |     |     |               |  |  |  |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |               |  |  |  |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |     |               |  |  |  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |               |  |  |  |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |               |  |  |  |
|          | Note. See the instructions for additional information the organization must report on Schedule O.  |     |     |               |  |  |  |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the   |     |     |               |  |  |  |
| _        | organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  |     |     |               |  |  |  |
| с<br>14а | Did the anniestic and the facility of the state of the st | 14a |     | Х             |  |  |  |
| b        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |     | <del></del> - |  |  |  |
| 15       | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |     |     |               |  |  |  |
|          | excess parachute payment(s) during the year?   | 15  |     | х             |  |  |  |
|          | If "Yes," see instructions and file Form 4720, Schedule N.   |     |     |               |  |  |  |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16  |     | х             |  |  |  |
|          | If "Yes," complete Form 4720, Schedule O.  |     |     |               |  |  |  |
|          | ·  | Г   | 990 | (0010)        |  |  |  |

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

|          | Check if Schedule O contains a response or note to any line in this Part VI  |          |   |            |         | X        |  |  |  |
|----------|--|----------|---|------------|---------|----------|--|--|--|
| Sec      | tion A. Governing Body and Management  |          |   |            |         |          |  |  |  |
|          |  |          |   |            | Yes     | No       |  |  |  |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year  | 1a       | 5                                       |            |         |          |  |  |  |
|          | If there are material differences in voting rights among members of the governing body, or if the governing  |          |   |            |         |          |  |  |  |
|          | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |          |   |            |         |          |  |  |  |
| b        | Enter the number of voting members included in line 1a, above, who are independent   | 1b       | 2                                       |            |         |          |  |  |  |
| 2        | ,  |          |   |            |         |          |  |  |  |
|          | officer, director, trustee, or key employee?   |          |   | 2          | х       |          |  |  |  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the   |          |   |            |         |          |  |  |  |
|          | of officers, directors, or trustees, or key employees to a management company or other person?   |          |   | 3          |         | Х        |  |  |  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 9  |          |   | 4          |         | X        |  |  |  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's ass   |          |   | 5          |         | X        |  |  |  |
| 6        |  |          |   |            |         |          |  |  |  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or ap   |          |   | 6          | Х       |          |  |  |  |
| 1 a      |  |          |   | 7a         | х       |          |  |  |  |
| h        | more members of the governing body? <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |          |   |            |         |          |  |  |  |
| b        |  |          |   | 7h         | х       |          |  |  |  |
|          | persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year  |          |   | 7b         | - 23    |          |  |  |  |
| 8        |  | •        | •                                       | 8a         | х       |          |  |  |  |
|          | a The governing body?  |          |   |            |         |          |  |  |  |
| b        | Each committee with authority to act on behalf of the governing body?  |          |   | 8b         |         | <u>X</u> |  |  |  |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real   |          |   |            |         | х        |  |  |  |
| Sec      | organization's mailing address? If "Yes." provide the names and addresses in Schedule O<br>tion B. Policies (This Section B requests information about policies not required by the Internal Re  |          |   | 9          |         |          |  |  |  |
|          | tion B. 1 onoico (Inis Section B requests information about policies not required by the internal Re   | venue    | Code.)                                  |            | Yes     | No       |  |  |  |
| 100      | Did the expenientian have local chanters, branches, or affiliates?   |          |   | 100        | 162     | X        |  |  |  |
|          | Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such ch  |          |   | 10a        |         |          |  |  |  |
| D        |  | •        |   | 10b        |         |          |  |  |  |
| 112      | Has the organization provided a complete copy of this Form 990 to all members of its governing body  |          | e filing the form?                      | 11a        | Х       |          |  |  |  |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | y Deloi  | e illing the form:                      | IIa        | 21      |          |  |  |  |
|          | Did the appropriation become without and that of interest and in O. and a second   |          |   | 12a        | х       |          |  |  |  |
| 12a<br>b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  |          | liete2                                  | 12b        | X       |          |  |  |  |
|          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")  |          |   | 120        |         |          |  |  |  |
| ·        |  | ,        |   | 12c        | х       |          |  |  |  |
| 12       | in Schedule O how this was done  Did the organization have a written whistleblower policy?   |          |   | 13         | X       |          |  |  |  |
| 13       |  |          |   | 14         | X       |          |  |  |  |
| 14<br>15 | 1 ,  |          |   | 14         | - 23    |          |  |  |  |
| 13       | Did the process for determining compensation of the following persons include a review and approva<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          | reheungur                               |            |         |          |  |  |  |
| _        | The organization's CEO, Executive Director, or top management official   |          |   | 150        |         | Х        |  |  |  |
|          |  |          |   | 15a<br>15b | х       |          |  |  |  |
| D        | Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |          |   | 130        | 43      |          |  |  |  |
| 162      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger  | nont w   | ith a                                   |            |         |          |  |  |  |
| ioa      | Associates and the shadow the cost O   |          |   | 16a        |         | Х        |  |  |  |
| h        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate   |          |   | 104        |         |          |  |  |  |
| b        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev |          |   |            |         |          |  |  |  |
|          |  |          |   | 16b        |         |          |  |  |  |
| Sec      | exempt status with respect to such arrangements? tion C. Disclosure  |          |   | ווייי      |         | <u> </u> |  |  |  |
| 17       | List the states with which a copy of this Form 990 is required to be filed NONE  |          |   |            |         |          |  |  |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an   | d 990-   | T (Section 501(c)(3)s                   | onlv) :    | availah | ole      |  |  |  |
|          | for public inspection. Indicate how you made these available. Check all that apply.  | 55       | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) | ,/,        |         | -        |  |  |  |
|          | Own website Another's website X Upon request Other (explain  | n in Sch | nedule (1)                              |            |         |          |  |  |  |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor   |          | ,                                       | financ     | ial     |          |  |  |  |
|          | 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 body  | oks and  | l records                               |            |         |          |  |  |  |
|          | DAVID SOLEIL - 678-902-2493  |          |   |            |         |          |  |  |  |
|          | 125 E TRINITY PLACE, NO. 206, DECATUR, GA 30030-33   | 360      |   |            |         |          |  |  |  |

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

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

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

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

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

| Check this box if neither the organization r       |                   | Jiga                           | IIIZa   |                    |              | ipei                            | Salt                    |                                      |                        | <b>(</b> E)   |
|--|-------------------|--------------------------------|---|--------------------|--------------|---------------------------------|-------------------------|--------------------------------------|------------------------|---------------|
| (A)  | (B)               |                                | (C)<br>Position   |                    |              |                                 |                         | (D)                                  | (E)                    | (F)           |
| Name and Title                                     | Average hours per |                                | not c   | heck more than one |              |                                 | Reportable compensation | Reportable compensation from related | Estimated<br>amount of |               |
|  | week              |                                | box, unless person is both an officer and a director/trustee) |                    |              |                                 |                         |                                      | from                   | other         |
|  | (list any         | ctor                           | tor   |                    |              |                                 |                         | the                                  | organizations          | compensation  |
|  | hours for         | r dire                         |   |                    |              | ped                             |                         | organization                         | (W-2/1099-MISC)        | from the      |
|  | related           | stee o                         | rustee  |                    |              | ensa                            |                         | (W-2/1099-MISC)                      |                        | organization  |
|  | organizations     | altru                          | onal t  |                    | ployee       | s com                           |                         |                                      |                        | and related   |
|  | below<br>line)    | Individual trustee or director | Institutional trustee   | Officer            | Key employee | Highest compensated<br>employee | Former                  |                                      |                        | organizations |
| (1) LYN DEVON                                      | 1.00              | =                              | =   | 0                  | ~            | 王亚                              | Œ                       |                                      |                        |               |
| BOARD MEMBER                                       |                   | Х                              |   |                    |              |                                 |                         | 0.                                   | 0.                     | 0.            |
| (2) PHILIP LYMBERY                                 | 1.00              |                                |   |                    |              |                                 |                         |                                      |                        |               |
| BOARD MEMBER                                       |                   | Х                              |   |                    |              |                                 |                         | 0.                                   | 0.                     | 0.            |
| (3) BROOKE SCHOOLEY                                | 1.00              |                                |   |                    |              |                                 |                         |                                      |                        |               |
| BOARD MEMBER                                       |                   | Х                              |   |                    |              |                                 |                         | 0.                                   | 0.                     | 0.            |
| (4) KATHRYN FLANAGAN                               | 1.00              |                                |   |                    |              |                                 |                         | _                                    | _                      | _             |
| BOARD MEMBER                                       | 1 00              | Х                              |   |                    |              | _                               |                         | 0.                                   | 0.                     | 0 .           |
| (5) AOIFE JUNOR                                    | 1.00              |                                |   |                    |              |                                 |                         |                                      |                        | •             |
| BOARD MEMBER                                       | 10.00             | Х                              |   |                    |              |                                 |                         | 0.                                   | 0.                     | 0 .           |
| (6) RACHEL DRESKIN EXECUTIVE DIRECTOR (FROM 10/18) | 40.00             |                                |   | х                  |              |                                 |                         | F2 007                               | 0.                     | 1 721         |
| (7) LEAH GARCES                                    | 40.00             |                                |   | ^                  |              |                                 |                         | 53,097.                              | 0.                     | 4,731.        |
| EXECUTIVE DIRECTOR (TO 9/18)                       | 40.00             |                                |   | х                  |              |                                 |                         | 64,402.                              | 0.                     | 1,288.        |
| EXECUTIVE DIRECTOR (10 3/10)                       |                   |                                |   | ^                  |              |                                 |                         | 04,402.                              | 0.                     | 1,200         |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   | 1                              |   |                    |              |                                 |                         |                                      |                        |               |
|  |                   |                                |   |                    |              |                                 |                         |                                      |                        |               |
|  | <b>—</b>          | 1                              | ı   | ı                  | l            | 1                               | I                       | 1                                    | İ                      |               |

| . u. | Section A. Officers, Directors, Trus  | tees, Key Emp          | oloy                           | <u>ees,</u>               | anc      | HI9          | gnes                            | t C      | ompensated Employee            | s (continued)                         |          |                            |                 |          |
|------|---|------------------------|--------------------------------|---------------------------|----------|--------------|---------------------------------|----------|--------------------------------|---------------------------------------|----------|----------------------------|-----------------|----------|
|      | (A) Name and title  | (B)<br>Average         | <b>D</b> 100                   |                           |          |              |                                 |          | (D) (E)  Reportable Reportable |                                       |          | ( <b>F)</b><br>e Estimated |                 |          |
|      | Name and the  | hours per              | box                            | , unles                   | ss per   | rson i       | than d<br>is both               | an       | compensation                   | compensation                          | <b>I</b> |                            |                 |          |
|      |   | week<br>(list any      |                                | cer an                    | d a d    | irecto       | or/trus                         | tee)     | from                           | from related                          |          |                            | other           |          |
|      |   | hours for              | directo                        |                           |          |              | P                               |          | the organization               | organizations<br>(W-2/1099-MISC       |          |                            | oensa<br>om the |          |
|      |   | related                | tee or                         | ustee                     |          |              | ensate                          |          | (W-2/1099-MISC)                | (,                                    | , I      |                            | anizati         |          |
|      |   | organizations<br>below | al trus                        | onal tr                   |          | oloyee       | comp                            |          |                                |                                       |          |                            | relate          |          |
|      |   | line)                  | Individual trustee or director | In stit utio nal tru stee | Officer  | Key employee | Highest compensated<br>employee | Former   |                                |                                       |          | orga                       | nizatio         | ons      |
|      |   |                        | _                              | _                         |          |              | 1 0                             |          |                                |                                       | $\top$   |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       | +        |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       | $\dashv$ |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       | +        |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       | $\perp$  |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       | +        |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       | $\dashv$ |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
| 1b   | Sub-total   | 1                      |                                |                           |          |              |                                 | <b>▶</b> | 117,499.                       |                                       | 0.       | (                          | 5,01            | 19.      |
|      | Total from continuation sheets to Part VI   |                        |                                |                           |          |              |                                 |          | 0.                             |                                       | 0.       |                            |                 | 0.       |
|      | Total (add lines 1b and 1c)   |                        |                                |                           |          |              |                                 | <u> </u> | 117,499.                       |                                       | 0.       | (                          | 5,02            | 19.      |
| 2    | Total number of individuals (including but no compensation from the organization                | ot limited to th       | ose                            | liste                     | d ab     | ove          | e) wh                           | o re     | eceived more than \$100,       | 000 of reportable                     |          |                            |                 | 0        |
|      | compensation from the organization  |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            | Yes             | No       |
| 3    | Did the organization list any former officer,   | director, or tru       | ıste                           | e, ke                     | y en     | nplo         | yee,                            | or l     | highest compensated en         | nployee on                            |          |                            |                 |          |
|      | line 1a? If "Yes," complete Schedule J for s  |                        |                                |                           |          |              |                                 |          |                                |                                       |          | 3                          |                 | X        |
| 4    | For any individual listed on line 1a, is the su<br>and related organizations greater than \$150 | •                      |                                | •                         |          |              |                                 |          | ·                              | •                                     |          | 4                          |                 | Х        |
| 5    | Did any person listed on line 1a receive or a   |                        |                                | •                         |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      | rendered to the organization? If "Yes," com   |                        |                                |                           |          |              |                                 |          |                                |                                       |          | 5                          |                 | Х        |
|      | tion B. Independent Contractors   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
| 1    | Complete this table for your five highest co<br>the organization. Report compensation for       | •                      | -                              |                           |          |              |                                 |          |                                | · · · · · · · · · · · · · · · · · · · | nsatio   | on tro                     | m               |          |
|      | (A)   |                        |                                |                           |          |              |                                 |          | (B)                            |                                       |          | (C                         |                 |          |
|      | Name and business   | address                | NC                             | ONE                       | <u> </u> |              |                                 |          | Description of s               | ervices                               | Co       | mper                       | sation          | <u> </u> |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 | $\dashv$ |                                |                                       |          |                            |                 |          |
|      |   |                        |                                |                           |          |              |                                 |          |                                |                                       |          |                            |                 |          |
| 2    | Total number of independent contractors (i  |                        | ot lin                         | nited                     | d to     | thos<br>)    |                                 | ted      | above) who received mo         | ore than                              |          |                            |                 |          |
|      | \$100,000 of compensation from the organia  | zalion 📂               |                                |                           |          |              |                                 |          |                                |                                       | F        | orm 9                      | 990 (2          | 2018)    |

#### COMPASSION IN WORLD FARMING, INC. 46-1822635 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... **b** Membership dues c Fundraising events ..... d Related organizations e Government grants (contributions) **f** All other contributions, gifts, grants, and 609,511. similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 609,511. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue ..... g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 12,878. 12,878. 5 (i) Real (ii) Personal 6 a Gross rents

8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold \_\_\_\_\_\_ **b c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 622,389. 12,878. Total revenue. See instructions Form **990** (2018) 13070131 148922 7855554-7855554 2018.05030 COMPASSION IN WORLD FARMI 78555541

832009 12-31-18

**b** Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss)

7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)

d Net gain or (loss)

(i) Securities

(ii) Other

#### 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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 185,000. individuals. See Part IV, lines 15 and 16 ...... 185,000. Benefits paid to or for members ..... Compensation of current officers, directors, 72,749. 36,375. 123,518. 14,394. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 481,218. 310,114. 82,334. 88,770. Other salaries and wages 7 Pension plan accruals and contributions (include 13,488. 13,488. section 401(k) and 403(b) employer contributions) 1,270. 712. 279. 279. Other employee benefits 9 43,180. 24,030. 9,950. 9,200. 10 Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 264,385. 264,385. Advertising and promotion 12 37,533. 18,765. 9,384. 9,384. Office expenses 13 15,658. 7,829. 7,829. Information technology 14 15 Royalties 18,169. 12,719. 2,725. 2,725. 16 Occupancy 72,596. 54,447. 18,149. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 3,871. 2,710. 1,161. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 33,084. 16,542. 66,168. 16,542. PROFESSIONAL FEES PRINTING & REPRODUCTION 59,421. 53,479. 5,942. 29,498. 14,749. 14,749. DUES AND SUBSCRIPTIONS 2,094. 2,094. 13,960. 9,772. d MEALS AND ENTERTAINMENT 10,038. 8,481. 1,557.e All other expenses 1,438,971. 800,159. 189,352. 449,460. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X | Balance Sheet

| Part X   | Balance Sheet   |                                 |     |                           |
|--|---|---------------------------------|-----|---------------------------|
|  | Check if Schedule O contains a response or note to any line in this Part X        |                                 |     |                           |
|  |   | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
| 1  | Cash - non-interest-bearing   | 876,241.                        | 1   | 988,471.                  |
| 2  | Savings and temporary cash investments  |                                 | 2   |                           |
| 3  | Pledges and grants receivable, net  | 2,121,158.                      | 3   | 1,302,880                 |
| 4  | Accounts receivable, net  |                                 | 4   |                           |
| 5  | Loans and other receivables from current and former officers, directors.          |                                 |     |                           |
|  | trustees, key employees, and highest compensated employees. Complete              |                                 |     |                           |
|  | Part II of Schedule L   |                                 | 5   |                           |
| 6  | Loans and other receivables from other disqualified persons (as defined under     |                                 |     |                           |
|  | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                                 |     |                           |
|  | employers and sponsoring organizations of section 501(c)(9) voluntary             |                                 |     |                           |
| <sub>o</sub>   | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                                 | 6   |                           |
| Assets 7   | Notes and loans receivable, net   |                                 | 7   |                           |
| 8   A  | Inventories for sale or use   |                                 | 8   |                           |
| 9  | Prepaid expenses and deferred charges   | 8,560.                          | 9   | 16,575                    |
|  | Land, buildings, and equipment: cost or other                                     | ,                               |     | •                         |
|  | basis. Complete Part VI of Schedule D   |                                 |     |                           |
| b  |   |                                 | 10c |                           |
| 11   | Investments - publicly traded securities  |                                 | 11  |                           |
| 12   | Investments - other securities. See Part IV, line 11                              |                                 | 12  |                           |
| 13   | Investments - program-related. See Part IV, line 11                               |                                 | 13  |                           |
| 14   | Intangible assets   |                                 | 14  |                           |
| 15   | Other assets. See Part IV, line 11  |                                 | 15  |                           |
| 16   | Total assets. Add lines 1 through 15 (must equal line 34)                         | 3,005,959.                      | 16  | 2,307,926                 |
| 17   | Accounts payable and accrued expenses   | 14,911.                         | 17  | 85,120                    |
| 18   | Grants payable  |                                 | 18  | 50,000                    |
| 19   | Deferred revenue  | 2,962.                          | 19  | 1,302                     |
| 20   | Tax-exempt bond liabilities   |                                 | 20  |                           |
| 21   | Escrow or custodial account liability. Complete Part IV of Schedule D             |                                 | 21  |                           |
| ဖွ 22  | Loans and other payables to current and former officers, directors, trustees,     |                                 |     |                           |
| i <u>i</u>   | key employees, highest compensated employees, and disqualified persons.           |                                 |     |                           |
| Liabilities  | Complete Part II of Schedule L  |                                 | 22  |                           |
| □   <sub>23</sub>  | Secured mortgages and notes payable to unrelated third parties                    |                                 | 23  |                           |
| 24   | Unsecured notes and loans payable to unrelated third parties                      |                                 | 24  |                           |
| 25   | Other liabilities (including federal income tax, payables to related third        |                                 |     |                           |
|  | parties, and other liabilities not included on lines 17-24). Complete Part X of   |                                 |     |                           |
|  | Schedule D  | 45.050                          | 25  | 125 120                   |
| 26   | Total liabilities. Add lines 17 through 25  | 17,873.                         | 26  | 136,422.                  |
|  | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                  |                                 |     |                           |
| es   | complete lines 27 through 29, and lines 33 and 34.                                | 0 (14 022                       |     | 1 005 051                 |
| 27   | Unrestricted net assets   | 2,614,933.                      | 27  | 1,885,851                 |
| 을   28   | Temporarily restricted net assets   | 373,153.                        | 28  | 285,653.                  |
| 뒫   29   | Permanently restricted net assets   |                                 | 29  |                           |
| ₫  | Organizations that do not follow SFAS 117 (ASC 958), check here                   |                                 |     |                           |
| p  | and complete lines 30 through 34.   |                                 |     |                           |
| 8 30   | Capital stock or trust principal, or current funds                                |                                 | 30  |                           |
| Net Assets or Fund Balances 22 28 29 30 31 32 33 33 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35 | Paid-in or capital surplus, or land, building, or equipment fund                  |                                 | 31  |                           |
| 32   | Retained earnings, endowment, accumulated income, or other funds                  | 2 000 000                       | 32  | 0 171 504                 |
| 00   | Total net assets or fund balances   | 2,988,086.                      | 33  | 2,171,504.                |
| 34   | Total liabilities and net assets/fund balances                                    | 3,005,959.                      | 34  | 2,307,926.                |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

**Employer identification number** Name of the organization COMPASSION IN WORLD FARMING, 46-1822635 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% 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 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

# 

(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.)

| Sec  | ction A. Public Support                      |                           |                        |                        |                            |                      |                 |
|------|--|---------------------------|------------------------|------------------------|----------------------------|----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2014                  | <b>(b)</b> 2015        | (c) 2016               | (d) 2017                   | (e) 2018             | (f) Total       |
| 1    | Gifts, grants, contributions, and            |                           |                        |                        |                            |                      |                 |
|      | membership fees received. (Do not            |                           |                        |                        |                            |                      |                 |
|      | include any "unusual grants.")               |                           |                        |                        |                            |                      |                 |
| 2    | Tax revenues levied for the organ-           |                           |                        |                        |                            |                      |                 |
|      | ization's benefit and either paid to         |                           |                        |                        |                            |                      |                 |
|      | or expended on its behalf                    |                           |                        |                        |                            |                      |                 |
| 3    | The value of services or facilities          |                           |                        |                        |                            |                      |                 |
|      | furnished by a governmental unit to          |                           |                        |                        |                            |                      |                 |
|      | the organization without charge              |                           |                        |                        |                            |                      |                 |
| 4    | Total. Add lines 1 through 3                 |                           |                        |                        |                            |                      |                 |
| 5    | 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)                                   |                           |                        |                        |                            |                      |                 |
| 6    | Public support. Subtract line 5 from line 4. |                           |                        |                        |                            |                      |                 |
|      | ction B. Total Support                       |                           |                        |                        | •                          | •                    |                 |
| Cale | ndar year (or fiscal year beginning in)      | (a) 2014                  | <b>(b)</b> 2015        | (c) 2016               | (d) 2017                   | (e) 2018             | (f) Total       |
| 7    | Amounts from line 4                          |                           |                        |                        |                            |                      |                 |
|      | Gross income from interest,                  |                           |                        |                        |                            |                      |                 |
|      | dividends, payments received on              |                           |                        |                        |                            |                      |                 |
|      | securities loans, rents, royalties,          |                           |                        |                        |                            |                      |                 |
|      | and income from similar sources              |                           |                        |                        |                            |                      |                 |
| 9    | Net income from unrelated business           |                           |                        |                        |                            |                      |                 |
|      | activities, whether or not the               |                           |                        |                        |                            |                      |                 |
|      | business is regularly carried on             |                           |                        |                        |                            |                      |                 |
| 10   | Other income. Do not include gain            |                           |                        |                        |                            |                      |                 |
|      | or loss from the sale of capital             |                           |                        |                        |                            |                      |                 |
|      | assets (Explain in Part VI.)                 |                           |                        |                        |                            |                      |                 |
| 11   | <b>Total support.</b> Add lines 7 through 10 |                           |                        |                        |                            |                      |                 |
| 12   | Gross receipts from related activities,      | etc. (see instruction     | ons)                   |                        |                            | 12                   |                 |
| 13   | First five years. If the Form 990 is for     | r the organization's      | first, second, thir    | d, fourth, or fifth ta | ax year as a sectior       | n 501(c)(3)          |                 |
|      | organization, check this box and stop        | here                      |                        |                        |                            |                      | <b>&gt;</b>     |
| Sec  | ction C. Computation of Publi                | ic Support Per            | centage                |                        |                            |                      |                 |
| 14   | Public support percentage for 2018 (I        | ine 6, column (f) di      | vided by line 11, c    | olumn (f))             |                            | 14                   | <u>%</u>        |
| 15   | Public support percentage from 2017          | Schedule A, Part          | II, line 14            |                        |                            | 15                   | <u>%</u>        |
| 16a  | 33 1/3% support test - 2018. If the          | organization did no       | t check the box o      | n line 13, and line    | 14 is 33 1/3% or m         | ore, check this bo   | x and           |
|      | stop here. The organization qualifies        | as a publicly suppo       | orted organization     |                        |                            |                      | ▶□              |
| b    | 33 1/3% support test - 2017. If the          | organization did no       | t check a box on       | line 13 or 16a, and    | l line 15 is 33 1/3%       | or more, check th    | is box          |
|      | and stop here. The organization qual         | lifies as a publicly s    | supported organization | ation                  |                            |                      | ▶□              |
| 17a  | 10% -facts-and-circumstances test            | - 2018. If the org        | anization did not o    | check a box on line    | e 13, 16a, or 16b, a       | and line 14 is 10%   | or more,        |
|      | and if the organization meets the "fac       | ts-and-circumstand        | ces" test, check th    | nis box and stop I     | <b>here.</b> Explain in Pa | rt VI how the orgar  | nization        |
|      | meets the "facts-and-circumstances"          | test. The organizat       | ion qualifies as a     | publicly supported     | l organization             |                      | ▶□              |
| b    | 10% -facts-and-circumstances test            | - <b>2017.</b> If the org | anization did not      | check a box on line    | e 13, 16a, 16b, or 1       | 17a, and line 15 is  | 10% or          |
|      | more, and if the organization meets the      | ne "facts-and-circur      | mstances" test, ch     | neck this box and      | stop here. Explair         | n in Part VI how the | e               |
|      | organization meets the "facts-and-circ       | cumstances" test.         | The organization o     | qualifies as a public  | cly supported orga         | nization             | ▶□              |
| 18   | Private foundation. If the organization      | on did not check a l      | box on line 13, 16     | a, 16b, 17a, or 17t    | b, check this box a        | nd see instructions  | s <b>&gt;</b>   |
|      |  |                           |                        |                        | Sche                       | edule A (Form 990    | or 990-EZ) 2018 |

#### 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.)

| Se        | ction A. Public Support  |                      |                      |                        |                     |                      |                         |
|-----------|--|----------------------|----------------------|------------------------|---------------------|----------------------|-------------------------|
| Cale      | endar year (or fiscal year beginning in)   | (a) 2014             | <b>(b)</b> 2015      | (c) 2016               | (d) 2017            | <b>(e)</b> 2018      | (f) Total               |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not  |                      |                      |                        |                     |                      |                         |
|           | include any "unusual grants.")   | 374,850.             | 474,629.             | 1471330.               | 2012507.            | 609,511.             | 4942827.                |
| 2         | 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 |                      |                      |                        |                     |                      |                         |
| 3         | Gross receipts from activities that are not an unrelated trade or business under section 513   |                      |                      |                        |                     |                      |                         |
| 4         | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                      |                      |                        |                     |                      |                         |
| 5         | The value of services or facilities furnished by a governmental unit to the organization without charge  |                      |                      |                        |                     |                      |                         |
| 6         | Total. Add lines 1 through 5   | 374,850.             | 474,629.             | 1471330.               | 2012507.            | 609,511.             | 4942827.                |
|           | a Amounts included on lines 1, 2, and 3 received from disqualified persons   |                      |                      |                        |                     |                      | 0.                      |
| i         | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                      |                      |                        |                     |                      | 0.                      |
| •         | Add lines 7a and 7b  |                      |                      |                        |                     |                      | 0.                      |
| _8        | Public support. (Subtract line 7c from line 6.)  |                      |                      |                        |                     |                      | 4942827.                |
| Se        | ction B. Total Support   | 1                    |                      |                        | <u> </u>            |                      |                         |
|           | endar year (or fiscal year beginning in)   | (a) 2014             | <b>(b)</b> 2015      | (c) 2016               | (d) 2017            | (e) 2018             | (f) Total               |
|           | Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                     | 374,850.             | 474,629.             | 1471330.               | 2012507.            | 12,878.              | 12,897.                 |
| ŀ         | Unrelated business taxable income (less section 511 taxes) from businesses   |                      |                      |                        |                     |                      |                         |
|           | acquired after June 30, 1975   |                      |                      |                        | 19.                 | 12,878.              | 10 007                  |
|           | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                      |                      |                        | 19.                 | 12,070.              | 12,897.                 |
| 12        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                      |                      |                        |                     |                      |                         |
| 13        | Total support. (Add lines 9, 10c, 11, and 12.)   | 374,850.             | 474,629.             | 1471330.               | 2012526.            | 622,389.             | 4955724.                |
| 14        | First five years. If the Form 990 is for   | r the organization's | first, second, third | d, fourth, or fifth ta | x year as a section | 1 501(c)(3) organiza | ition,                  |
|           | check this box and stop here   |                      |                      |                        |                     |                      | <b>&gt;</b>             |
|           | ction C. Computation of Publi  |                      |                      |                        |                     | I                    | 00.74                   |
|           | Public support percentage for 2018 (I  |                      |                      | .,,                    |                     | 15                   | $\frac{99.74}{99.99}$ % |
| 16<br>Se  | Public support percentage from 2017 ction D. Computation of Inves  |                      |                      |                        |                     | 16                   | 99.99 %                 |
|           | •  |                      |                      | 22 12 column (f)       |                     | 17                   | .26 %                   |
|           | Investment income percentage for 20  |                      |                      |                        |                     | 18                   | .01 %                   |
| 18<br>19: | Investment income percentage from a 33 1/3% support tests - 2018. If the   |                      |                      | on line 14 and line    |                     |                      |                         |
| 196       | more than 33 1/3%, check this box ar   |                      |                      |                        |                     |                      | ▶ 🔽                     |
| ı         | 33 1/3% support tests - 2017. If the   | organization did n   | ot check a box on    | line 14 or line 19a    | , and line 16 is mo | re than 33 1/3%, a   | nd                      |
|           | line 18 is not more than 33 1/3%, che  |                      |                      |                        |                     |                      |                         |
| חכי       | Drivate foundation If the organization   | on did not chack a l | nov on line 1/1 10/  | a or 10h chack th      | ie nov and eac incl | tructions            |                         |

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     |          | Yes   | No   |
|-----|----------|-------|------|
|     |          |       |      |
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|     |          |       |      |
|     |          |       |      |
|     | 2        |       |      |
|     | 3a       |       |      |
|     | Sa       |       |      |
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|     | 3b       |       |      |
|     | 0-       |       |      |
|     | 3c       |       |      |
|     | 4a       |       |      |
|     |          |       |      |
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|     | 5a       |       |      |
|     |          |       |      |
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|     | 90       |       |      |
|     | 9a       |       |      |
|     | 9b       |       |      |
|     |          |       |      |
|     | 9с       |       |      |
|     |          |       |      |
|     | 10a      |       |      |
|     | iva      |       |      |
|     | 10b      |       |      |
| , Q | 90 or 99 | n-F7) | 2018 |

| ı u | Supporting Organizations (continued)  |           |     |          |
|-----|---|-----------|-----|----------|
|     |   |           | Yes | No       |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |           |     |          |
| а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                      |           |     |          |
|     | below, the governing body of a supported organization?  | 11a       |     |          |
| b   | A family member of a person described in (a) above?   | 11b       |     |          |
|     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.             | 11c       |     | <u> </u> |
| Sec | tion B. Type I Supporting Organizations   |           |     |          |
|     |   |           | Yes | No       |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                               |           |     |          |
|     | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the                |           |     |          |
|     | tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported                         |           |     |          |
|     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                            | 1         |     |          |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported                               |           |     | l        |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                        |           |     |          |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                       |           |     |          |
|     | supervised, or controlled the supporting organization.  | 2         |     | i        |
| Sec | tion C. Type II Supporting Organizations  |           |     |          |
|     |   |           | Yes | No       |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                  |           |     |          |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                     |           |     |          |
|     | or management of the supporting organization was vested in the same persons that controlled or managed                            |           |     |          |
|     | the supported organization(s).  | 1         |     |          |
| Sec | tion D. All Type III Supporting Organizations   |           |     |          |
|     |   |           | Yes | No       |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                    |           |     |          |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax             |           |     |          |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the            |           |     |          |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?                  | 1         |     |          |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                  |           |     |          |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                |           |     |          |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).                       | 2         |     |          |
| 3   | By reason of the relationship described in (2), 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                        |           |     | l        |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                      |           |     |          |
|     | supported organizations played in this regard.  | 3         |     |          |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations   |           |     |          |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). |           |     |          |
| а   | The organization satisfied the Activities Test. Complete line 2 below.  |           |     |          |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.                                     |           |     |          |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti            | ructions, |     |          |
| 2   | Activities Test. Answer (a) and (b) below.  |           | Yes | No       |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                |           |     | 1        |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                        |           |     | 1        |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,                          |           |     | l        |
|     | how the organization was responsive to those supported organizations, and how the organization determined                         | _         |     |          |
|     | that these activities constituted substantially all of its activities.  | 2a        |     |          |
| b   | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more               |           |     | 1        |
|     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                      |           |     |          |
|     | reasons for the organization's position that its supported organization(s) would have engaged in these                            |           |     |          |
| _   | activities but for the organization's involvement.  | 2b        |     |          |
| 3   | Parent of Supported Organizations. Answer (a) and (b) below.  |           |     |          |
| а   | 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? <i>Provide details in Part VI</i> .  | 3a        |     |          |
| b   | 1 71 3 7  | ٥.        |     |          |
|     | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.                 | 3b        |     |          |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                   | ng Organi:      | zations                    |                                |
|------|--|-----------------|----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyi  | ng trust on N   | ov. 20, 1970 (explain in F | Part VI.) See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must of    | omplete Sec     | tions A through E.         |                                |
| Sect | ion A - Adjusted Net Income  |                 | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1               |                            |                                |
| 2    | Recoveries of prior-year distributions   | 2               |                            |                                |
| _3   | Other gross income (see instructions)  | 3               |                            |                                |
| _4   | Add lines 1 through 3  | 4               |                            |                                |
| 5    | Depreciation and depletion   | 5               |                            |                                |
| 6    | Portion of operating expenses paid or incurred for production or               |                 |                            |                                |
|      | collection of gross income or for management, conservation, or                 |                 |                            |                                |
|      | maintenance of property held for production of income (see instructions)       | 6               |                            |                                |
| 7    | Other expenses (see instructions)  | 7               |                            |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                   | 8               |                            |                                |
| Sect | ion B - Minimum Asset Amount   |                 | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |                 |                            |                                |
|      | instructions for short tax year or assets held for part of year):              |                 |                            |                                |
| а    | Average monthly value of securities  | 1a              |                            |                                |
| b    | Average monthly cash balances  | 1b              |                            |                                |
| С    | Fair market value of other non-exempt-use assets                               | 1c              |                            |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d              |                            |                                |
| е    | Discount claimed for blockage or other   |                 |                            |                                |
|      | factors (explain in detail in Part VI):  |                 |                            |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2               |                            |                                |
| 3    | Subtract line 2 from line 1d   | 3               |                            |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,   |                 |                            |                                |
|      | see instructions)  | 4               |                            |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5               |                            |                                |
| 6    | Multiply line 5 by .035  | 6               |                            |                                |
| 7    | Recoveries of prior-year distributions   | 7               |                            |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8               |                            |                                |
| Sect | ion C - Distributable Amount   |                 |                            | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1               |                            |                                |
| 2    | Enter 85% of line 1  | 2               |                            |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3               |                            |                                |
| 4    | Enter greater of line 2 or line 3  | 4               |                            |                                |
| 5    | Income tax imposed in prior year   | 5               |                            |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |                 |                            |                                |
|      | emergency temporary reduction (see instructions)                               | 6               |                            |                                |
| 7    | Check here if the current year is the organization's first as a non-functional | ally integrated | d Type III supporting orga | anization (see                 |

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instructions).

| Par   | LV      | Type III Non-Functionally Integrated 509(                 | a)(3) Supporting Orga        | nizations (continued)                  |   |
|-------|---------|---|------------------------------|--|---|
| Secti | on D -  | Distributions   |                              |  | Current Year                              |
| 1     | Amou    | nts paid to supported organizations to accomplish exer    |                              |  |   |
| 2     | Amou    | nts paid to perform activity that directly furthers exemp |                              |  |   |
|       | organ   |   |                              |  |   |
| 3     | Admir   | nistrative expenses paid to accomplish exempt purpose     | s of supported organizations | 3                                      |   |
| 4     | Amou    | nts paid to acquire exempt-use assets                     |                              |  |   |
| 5     | Qualif  | ied set-aside amounts (prior IRS approval required)       |                              |  |   |
| 6     | Other   | distributions (describe in Part VI). See instructions.    |                              |  |   |
| 7     | Total   | annual distributions. Add lines 1 through 6.              |                              |  |   |
| 8     | Distrik | outions to attentive supported organizations to which th  | e organization is responsive |  |   |
|       | (provi  | de details in <b>Part VI</b> ). See instructions.         |                              |  |   |
| 9     | Distrik | outable amount for 2018 from Section C, line 6            |                              |  |   |
| 10    |         | s amount divided by line 9 amount                         |                              |  |   |
| Secti |         | Distribution Allocations (see instructions)               | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1     | Distrib | outable amount for 2018 from Section C, line 6            |                              |  |   |
| 2     | Unde    | rdistributions, if any, for years prior to 2018 (reason-  |                              |  |   |
|       | able c  | ause required- explain in Part VI). See instructions.     |                              |  |   |
| 3     |         | s distributions carryover, if any, to 2018                |                              |  |   |
| а     | From    | 2013  |                              |  |   |
| b     | From    | 2014  |                              |  |   |
| С     | From    | 2015  |                              |  |   |
|       | From    |   |                              |  |   |
|       | From    |   |                              |  |   |
|       |         | of lines 3a through e                                     |                              |  |   |
|       |         | ed to underdistributions of prior years                   |                              |  |   |
|       |         | ed to 2018 distributable amount                           |                              |  |   |
| i     |         | over from 2013 not applied (see instructions)             |                              |  |   |
| i     |         | inder. Subtract lines 3g, 3h, and 3i from 3f.             |                              |  |   |
| 4     |         | outions for 2018 from Section D,                          |                              |  |   |
| -     | line 7: | . '   |                              |  |   |
| а     |         | ed to underdistributions of prior years                   |                              |  |   |
|       |         | ed to 2018 distributable amount                           |                              |  |   |
|       |         | inder. Subtract lines 4a and 4b from 4.                   |                              |  |   |
| 5     |         | ining underdistributions for years prior to 2018, if      |                              |  |   |
| _     |         | Subtract lines 3g and 4a from line 2. For result greater  |                              |  |   |
|       | ,       | tero, explain in <b>Part VI.</b> See instructions.        |                              |  |   |
| 6     |         | ining underdistributions for 2018. Subtract lines 3h      |                              |  |   |
| •     |         | b from line 1. For result greater than zero, explain in   |                              |  |   |
|       |         | /I. See instructions.                                     |                              |  |   |
| 7     |         | ss distributions carryover to 2019. Add lines 3j          |                              |  |   |
| '     | and 4   | - I   |                              |  |   |
| 8     |         | down of line 7:   |                              |  |   |
|       |         |   |                              |  |   |
|       |         | s from 2014   |                              |  |   |
|       |         | s from 2015   |                              |  |   |
|       |         | s from 2016   |                              |  |   |
|       |         | ss from 2017  |                              |  |   |
| е     | ⊨xces   | s from 2018   |                              |  |   |

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|      | Part<br>line 1<br>Secti | IV, Sect<br>I; Part I\ | ion A, l<br>/, Sect<br>nes 5, 6 | lines 1, 2,<br>ion D, line | 3b, 3c,<br>es 2 and | 4b, 4c, 5a<br>3; Part IV | , 6, 9a, 9b<br>Section I | o, 9c, 11a<br>E, lines 1 | a, 11b, a<br>c, 2a, 2l | and 11c;<br>b, 3a, an | Part IV<br>d 3b; F | r; Part II, line 173<br>/, Section B, line<br>Part V, line 1; Pa<br>part for any add | es 1 and 2<br>art V, Sect | ; Part IV, Se<br>ion B, line 1 | ection C, |
|------|-------------------------|------------------------|---------------------------------|----------------------------|---------------------|--------------------------|--------------------------|--------------------------|------------------------|-----------------------|--------------------|--|---------------------------|--------------------------------|-----------|
| PART | III,                    | SEC                    | TIO                             | N A,                       | LINE                | 1                        |                          |                          |                        |                       |                    |  |                           |                                |           |
| THE  | INFOR                   | MATI                   | ON I                            | REPOR                      | TED                 | IN TH                    | E 201                    | .7 CO                    | LUMN                   | IS                    | FOR                | A SHORT  | TAX                       | YEAR                           |           |
| FROM | JANU.                   | ARY                    | 1 -                             | MARC                       | H 31                | , 201                    | 8 DUE                    | TO                       | A CH                   | ANGE                  | IN                 | ACCOUNT  | ING P                     | ERIOD.                         |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |
|      |                         |                        |                                 |                            |                     |                          |                          |                          |                        |                       |                    |  |                           |                                |           |

#### Schedule B

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

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

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

**2018** 

Name of the organization Employer identification number

COMPASSION IN WORLD FARMING 46-1822635 INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

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

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

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

#### COMPASSION IN WORLD FARMING, INC.

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.                 |   |
|------------|---|----------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution   |
| 1          |   | \$600,000.                       | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution   |
| 2          |   | \$                               | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution   |
| 3          |   | \$ 100,000.                      | Person X Payroll  |
| (a)        | (b)   | (c)                              | (d)   |
| No4_       | Name, address, and ZIP + 4  | Total contributions  \$ 100,000. | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d) Type of contribution  |
| 5          |   | \$ 75,000.                       | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution   |
| 6          |   | \$ 55,000.                       | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |

#### COMPASSION IN WORLD FARMING, INC.

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 7          |   | \$50,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 8          |   | \$50,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 9          |   | \$\$                       | Person X Payroll   |
| (a)        | (b)   | (c)                        | (d)  |
|            | Name, address, and ZIP + 4  | * 37,500.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 11         |   | \$ <u>37,500.</u>          | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 12         |   | \$                         | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |

### COMPASSION IN WORLD FARMING, INC.

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.                |   |
|------------|---|---------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions      | (d)<br>Type of contribution   |
| 13         |   | \$                              | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions      | (d)<br>Type of contribution   |
| 14         |   | \$                              | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions      | (d) Type of contribution  |
| 15         |   | \$                              | Person X Payroll  |
| (a)        | (b)   | (c)                             | (d)   |
| No. 16     | Name, address, and ZIP + 4  | Total contributions  \$ 10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions      | (d)<br>Type of contribution   |
| 17         |   | \$6,672.                        | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions      | (d)<br>Type of contribution   |
| 18         |   | \$6,000.                        | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |

### COMPASSION IN WORLD FARMING, INC. 46-1822635

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if | additional space is needed. |  |
|------------|---|-----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions     | (d) Type of contribution   |
| 19         |   | \$\$                        | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)        | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions     | (d) Type of contribution   |
| No.        | Name, address, and ZIP + 4  | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions     | (d) Type of contribution   |
|            |   | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)        | (b)   | (c)                         | (d)  |
| No.        | Name, address, and ZIP + 4  | Total contributions         | Person Payroll Complete Part II for noncash contributions.             |
| (a)        | (b)   | (c) Total contributions     | (d)  |
| No.        | Name, address, and ZIP + 4  | \$                          | Person Payroll Complete Part II for noncash contributions.             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions  | (d) Type of contribution   |
|            |   | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.)   |

#### COMPASSION IN WORLD FARMING, INC.

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part | t II if additional space is needed.       |                      |
|------------------------------|---|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | <br>  \$                                  |                      |

Name of organization **Employer identification number** COMPASSION IN WORLD FARMING, INC. 46-1822635 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

|    | ) (see separate instructions), then<br>Section 501(c)(4), (5), or (6) organizat   | ions: Complete Part III  |  |  |   |
|----|---|--|--|--|---|
|    | ne of organization  | ions. Complete Fait III.   |  | Emp  | loyer identification number   |
|    | COMPASS   | ION IN WORLD FARM  | ING, INC.  |  | 46-1822635  |
| Pa |   | anization is exempt under  |  | r is a section 527 or  | ganization.   |
| 2  | Provide a description of the organiz<br>Political campaign activity expendit<br>Volunteer hours for political campai  | ures   | . •  | <b>&gt;</b>  | S   |
| Pa | art I-B Complete if the org   | anization is exempt under  | section 501(c)(3)  |  |   |
| 1  | Enter the amount of any excise tax  | •  |  |  | 8   |
|    | Enter the amount of any excise tax  |  |  |  |   |
| 3  | If the organization incurred a sectio   | n 4955 tax, did it file Form 4720 fo   | r this year?   |  | Yes No  |
| 4a | Was a correction made?  |  |  |  | Yes No  |
| b  | If "Yes," describe in Part IV.  |  |  |  |   |
| Pa | art I-C Complete if the org   | anization is exempt under  | r section 501(c), e  | except section 501(c   | <del>e)(3).</del>   |
| 3  | Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If | . Add lines 1 and 2. Enter here and  1120-POL for this year?  nployer identification number (EIN) tion listed, enter the amount paid tomptly and directly delivered to a second comptly and directly delivered to a second comptly and directly delivered. | of all section 527 polition the filing organiza separate political organ | ical organizations to which tion's funds. Also enter the distance of the dista | Yes No h the filing organization e amount of political  |
|    | <b>(a)</b> Name   | (b) Address  | (c) EIN  | (d) Amount paid from<br>filing organization's<br>funds. If none, enter -0  | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0 |
|    |   |  |  |  |   |
|    |   |  |  |  |   |
|    |   |  |  |  |   |
|    |   |  |  |  |   |
|    |   |  |  |  |   |
|    |   |  |  |  |   |

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

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Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2018 COMPASSION IN WORLD FARMING, INC. 46-18226 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description   | (a)  |  | (b)         |         |
|--|--|--|-------------|---------|
| of the lobbying activity.  | Yes  | No   | Amo         | ount    |
| During the year, did the filing organization attempt to influence foreign, national, state, or   |  |  |             |         |
| local legislation, including any attempt to influence public opinion on a legislative matter   |  |  |             |         |
| or referendum, through the use of:   |  |  |             |         |
| a Volunteers?  |  | X  |             |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  | X  |  |             |         |
| c Media advertisements?  |  | X  |             |         |
| d Mailings to members, legislators, or the public?   |  | X  |             |         |
| e Publications, or published or broadcast statements?  |  | X  |             |         |
| f Grants to other organizations for lobbying purposes?   |  | X  |             |         |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |  | X  |             |         |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |  | X  |             |         |
| i Other activities?  |  | X  |             |         |
| j Total. Add lines 1c through 1i   |  |  |             | 0.      |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |  | X  |             |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |  |  |             |         |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |  |  |             |         |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |  |  |             |         |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section   | n 501(c)(5   | 5), or sec   | tion        |         |
| 501(c)(6).   |  |  |             |         |
|  |  |  | Yes         | No      |
|  |  |  |             |         |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |  | 1  |             |         |
| <ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> </ul>  |  |  |             |         |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the</li> </ul>   | e prior year?  | <b>2</b>   | 1:          |         |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B   Complete if the organization is exempt under section 501(c)(4), section</li> </ul>  | e prior year?<br>n <b>501(c)(</b> 5                                | 2<br>3<br>5), or sec   |             | 2 io    |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the</li> </ul>   | e prior year?<br>n <b>501(c)(</b> 5                                | 2<br>3<br>5), or sec   |             | e 3, is |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered   | e prior year?<br>n 501(c)(5<br>'No," OR                            | 2<br>3<br>5), or sec<br>(b) Part   |             | e 3, is |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."   | e prior year?<br>n 501(c)(5<br>'No," OR                            | 2<br>3<br>5), or sec<br>(b) Part   |             | e 3, is |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> </ul>  | e prior year?<br>n 501(c)(5<br>'No," OR                            | 2<br>3<br>5), or sec<br>(b) Part   |             | 9 3, is |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)</li> </ul>   | e prior year?<br>n 501(c)(§<br>No," OR                             | 2 3<br>5), or sec<br>(b) Part  |             | e 3, is |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> </ul>  | e prior year?<br>n 501(c)(§<br>No," OR                             | 2 3<br>5), or sec<br>(b) Part  |             | 3, is   |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).</li> <li>Current year</li> </ul>  | e prior year?<br>n 501(c)(t<br>'No," OR                            | 2<br>3<br>5), or sec<br>(b) Part   |             | 3, is   |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>  | e prior year?<br>n 501(c)(t<br>'No," OR                            | 2 3<br>5), or sec<br>(b) Part  |             | e 3, is |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>  | e prior year/<br>n 501(c)(5<br>'No," OR                            | 2<br>3<br>5), or sec<br>(b) Part   |             | e 3, is |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | e prior year?<br>n 501(c)(s<br>l'No," OR                           | 2<br>3<br>5), or sec<br>(b) Part   |             | e 3, is |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).</li> <li>Current year</li> <li>Carryover from last year</li> <li>Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomials.</li> </ul>   | e prior year?<br>n 501(c)(s<br>l'No," OR                           | 2<br>3<br>5), or sec<br>(b) Part   |             | e 3, is |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Fart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomial expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>   | e prior year?<br>n 501(c)(s<br>l'No," OR                           | 2 3 3 5), or sec (b) Part 1 2a 2b 2c 3   |             | 3, is   |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).</li> <li>Current year</li> <li>Carryover from last year</li> <li>Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomials.</li> </ul>   | e prior year?<br>n 501(c)(s<br>l'No," OR                           | 2 3 3 5), or sec (b) Part 2 2 2 2 2 3 3 4 4                                      |             | e 3, is |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the Fart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomial expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>   | e prior year?<br>n 501(c)(t)<br>No," OR                            | 2 3 3 5), or sec (b) Part 2 2 2 2 3 3 4 5  | III-A, line | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV  Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.   | e prior year?<br>n 501(c)(t)<br>No," OR                            | 2 3 3 5), or sec (b) Part 2 2 2 2 3 3 4 5  | III-A, line | e 3, is |
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#### **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 Open to Public Inspection

Name of the organization

COMPASSION IN WORLD FARMING, INC.

**Employer identification number** 46-1822635

Schedule D (Form 990) 2018

| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part II  | Par  | Organizations Maintaining Donor Advised                        | l Funds or Other Similar Funds             | or Accounts. Complete if the                   |
|---|------|--|--|--|
| 1 Total number at end of year 2 Aggregate value of contributions to (auring year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all chorns and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermisable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of states where property subject to conservation easements is located by a visit of the National Register  Number of states where property subject to conservation easements in located by and such as a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year by and section 170ph)(4(B)(B)(0)  and section 170ph)(4(B)(0)  In Part XIII, describe how the organization reports conservation easements of section 170ph)(4(B)(B)(0)  and section 170ph)(4(B)(B)(0)  In Part XIII, describe how the organization reports conservation easements in its reve  |      | organization answered "Yes" on Form 990, Part IV, line         | e 6.                                       |  |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all orders and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  1 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of pans pace 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Total number of conservation easements  3 Total arceage restricted by conservation easements  4 Number of conservation easements in cluded in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  5 Number of conservation easements in confided, transferred, released, extinguished, or terminated by the organization during the tax year?  4 Number of states where property subject to conservation easement is located Positions, and enforcing conservation easements during the year Position and value and  |      |  | (a) Donor advised funds                    | (b) Funds and other accounts                   |
| 3 Aggregate value of grants from (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor during the tree organization is property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of natural habitat  Protection of natural habitat  Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  4 Total acreage restricted by conservation easements  5 Number of conservation easements on a certified historic structure included in (a)  8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  1 Number of states where property subject to conservation easement is located   2 So Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  2 Amount of expenses incurred of the conservation easements in holds?  3 Amount of expenses incurred of the conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements in this revenue and expenses statement, and balance shee   | 1    | Total number at end of year                                    |  |  |
| 4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a certified historic structure □ Preservation of open space  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements.  1 Total acreage restricted by conservation easements.  2 Total acreage restricted by conservation easements.  3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  4 Number of states where property subject to conservation easement is located.  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements that holds?  5 Does the organization have a written policy reparding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements.  5 Does each conservation easement reported on line 2(d) above satisfy the requirements of se   | 2    | Aggregate value of contributions to (during year)              |  |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of perservation easements held by the organization contribution in the form of a conservation easement on the last day of the tax year.  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Total acreage restricted by conservation easements  7 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure is lasted in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  9 Number of states where property subject to conservation easement is located >  10 Staff and volunteer house devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year organization seasement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)  | 3    | Aggregate value of grants from (during year)                   |  |  |
| are the organization's property, subject to the organization's exclusive legal control?   | 4    | Aggregate value at end of year                                 |  |  |
| 6 Did the organization inform all grantlees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferning impermissible private benefit?  Personation Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  I held at the End of the Tax Yea  Total number of conservation easements  Conservation easements are called in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  Number of states where property subject to conservation easement is located P  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  No Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  No Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  No Amount of expenses incurred in monitoring, inspecting, handling of v   | 5    | -  | -  |  |
| for charitable puryoses and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part     Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).  |      |  |  |  |
| Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)  | 6    | Did the organization inform all grantees, donors, and donor ad | lvisors in writing that grant funds can be | e used only                                    |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(6) of conservation easements held by the organization (check all that apply).    Preservation of I and for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of and for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of a certified historic structure   Preservation of open space    2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   2b   Total areage restricted by conservation easements   2b   Total areage restricted by conservation easements   2b   Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   2d   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   2d   Number of states where property subject to conservation easement is located   2d   Number of states where property subject to conservation easement is located   2d   Number of states where property subject to conservation easements it holds?   Yes   Number of states where property subject to conservation easements in holds?   Yes   Number of states where property subject to conservation easements in holds?   Yes   Number of states where property subject to conservation easements in holds?   Yes   Number of states where property subject to conservation easements in holds?   Yes   Number of states where property subject to conservation easements of section 170(h)(4)(B)(0)   Yes   Number of states where property subject to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   S   N   |      | ·  | donor advisor, or for any other purpose    |  |
| Propose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  Protection of natural habitat  Preservation of open space  Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  2a  Held at the End of the Tax Yea  2a  Total acreage restricted by conservation easements  2b  Total acreage restricted by conservation easements  2b  Ze  Ze  Ze  Ze  Ze  Ze  Ze  Ze  Ze  Z  | Day  |  |  |  |
| Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area Protection of natural habitat  Preservation of a certified historic structure Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Itel did at the End of the Tax Yea Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in holds?  A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva   |      |  |  | Part IV, line 7.                               |
| Protection of natural habitat   | 1    |  |  |  |
| Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organiza  |      |  |  | •  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii))  and section 170(h)(4)(B)(iii)?  |      |  | Preservation of a cer                      | rtified historic structure                     |
| day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part V, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items:  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in    |      |  |  |  |
| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easements in the located   Number of states where property subject to conservation easements in the located   Number of states where property subject to conservation easements in the located   Number of states where property subject to conservation easements during the text   Number of states where property subject to conservation, handling of violations, and enforcing conservation easements during the year   Number of states where property subject to property in the requirements of section 170(h)(4)(B)(B)(B)  Number of states where property subject to conservation easements in the requirements in the describes the organization in easements during the year   Number of states where property subject to conservation easements in the requirements of  | 2    |  | ed conservation contribution in the form   |  |
| b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   5 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   5 S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)   9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the fo  |      | •  |  | Held at the End of the Tax Year                |
| c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   3 Number of scenes incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   4 Number of scenes incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   5 Notes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the or  | а    |  |  |  |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further | b    | ,                        |  |  |
| Ilisted in the National Register  |      |  |  |  |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes Notes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Par   | d    | •                        | •  |  |
| A Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  |      |  |  |  |
| Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ▶   | 3    |  | eased, extinguished, or terminated by the  | e organization during the tax                  |
| Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during th  |      | · · ———  |  |  |
| violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Yes Description in 170(h)(4)(B)(ii)  Yes Description in 170(h)(4)(B)(ii)  Yes Description in 170(h)(4)(B)(iii)  Yes Description   |      |  | · · · · · · · · · · · · · · · · · · ·      |  |
| Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Note   | 5    |  |  |  |
| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    S  |      | •  |  |  |
| <ul> <li>▶ \$</li></ul>   | 6    | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing con  | servation easements during the year            |
| <ul> <li>▶ \$</li></ul>   | _    | <u> </u>   |  |  |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   | 7    |  | ing of violations, and enforcing conserva  | ation easements during the year                |
| and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  | _    | ·  |  | (A.) (A.) (D.) (3)                             |
| In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   | 8    |  |  |  |
| include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   | •    |  |  |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  | 9    |  | •  |  |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1    S  |      |  | on's financial statements that describes   | the organization's accounting for              |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1    S   | Par  | t III Organizations Maintaining Collections of                 | Art Historical Treasures or O              | ther Similar Assets                            |
| <ul> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ol> <li>Revenue included on Form 990, Part VIII, line 1</li> <li>Assets included in Form 990, Part X</li> </ol> </li> </ul>   | . u. |  |  | and diminal Addator                            |
| historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   | 10   |  |  | mont and balance sheet works of art            |
| the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   | ıa   |  | •  | ·  |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   |      |  |  | ance of public service, provide, in Fart Alli, |
| treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   | h    |  |  | t and balance sheet works of art, historical   |
| relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   | b    |  | ***  |  |
| (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   |      |  | ucation, or research in furtherance of pu  | iblic service, provide the following amounts   |
| (ii) Assets included in Form 990, Part X  |      | -  |  | <b>•</b> •                                     |
|   |      |  |  |  |
|   | 2    |  |  |  |
| , , , , , , , , , , , , , , , , , , ,   | 2    |  |  | ai gaiii, provide                              |
| the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:   | _    |  |  | <b>•</b> \$                                    |
| a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X   \$ \bullet\$ \$  |      |  |  | _  |

832051 10-29-18

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

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 (investment) |   | (c) Accumulated | (d) Book value |
|---|---|---|-----------------|----------------|
| 1a Land   | ,   | , | •               |                |
| <b>b</b> Buildings                                    |   |   |                 |                |
| c Leasehold improvements                              |   |   |                 |                |
| d Equipment   |   |   |                 |                |
| e Other   |   |   |                 |                |
| Total. Add lines 1a through 1e. (Column (d) must equa | 0.  |   |                 |                |

Schedule D (Form 990) 2018

| Part VII Investments - Other Securities.  | IN WORLD FAR              | MING, INC.                  | 40                 | -1822033 Page         |
|---|---------------------------|-----------------------------|--------------------|-----------------------|
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, lin | e 11b. See Form 990, Part   | X, line 12.        |                       |
| (a) Description of security or category (including name of security)  | (b) Book value            | (c) Method of valuat        | ion: Cost or end   | -of-year market value |
| (1) Financial derivatives   |                           |                             |                    |                       |
| (2) Closely-held equity interests   |                           |                             |                    |                       |
| (3) Other   |                           |                             |                    |                       |
| (A)   |                           |                             |                    |                       |
| (B)   |                           |                             |                    |                       |
| (C)   |                           |                             |                    |                       |
| (D)   |                           |                             |                    |                       |
| (E)   |                           |                             |                    |                       |
| (F)   |                           |                             |                    |                       |
| (G)   |                           |                             |                    |                       |
| (H)   |                           |                             |                    |                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. |                           |                             |                    |                       |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, lin | e 11c. See Form 990, Part   | X, line 13.        |                       |
| (a) Description of investment   | (b) Book value            | (c) Method of valuat        | ion: Cost or end   | -of-year market value |
| (1)   |                           |                             |                    |                       |
| (2)   |                           |                             |                    |                       |
| (3)   |                           |                             |                    |                       |
| (4)   |                           |                             |                    |                       |
| (5)   |                           |                             |                    |                       |
| (6)   |                           |                             |                    |                       |
| (7)   |                           |                             |                    |                       |
| (8)   |                           |                             |                    |                       |
| (9)   |                           |                             |                    |                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  |                           |                             |                    |                       |
| Part IX Other Assets.   |                           |                             |                    |                       |
| Complete if the organization answered "Yes" of  |                           | e 11d. See Form 990, Part   | X, line 15.        |                       |
| (a) [   | Description               |                             |                    | (b) Book value        |
| (1)   |                           |                             |                    |                       |
| (2)   |                           |                             |                    |                       |
| (3)   |                           |                             |                    |                       |
| (4)   |                           |                             |                    |                       |
| (5)   |                           |                             |                    |                       |
| (6)   |                           |                             |                    |                       |
| (7)   |                           |                             |                    |                       |
| (8)   |                           |                             |                    |                       |
| (9)   |                           |                             |                    |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.                    | <u>15.)</u>               |                             | <b>&gt;</b>        |                       |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, lin | ie 11e or 11f. See Form 990 | , Part X, line 25. |                       |
| 1. (a) Description of liability   |                           | (b) Book value              |                    |                       |
| (1) Federal income taxes  |                           |                             |                    |                       |
| (2)   |                           |                             |                    |                       |
| (3)   |                           |                             |                    |                       |
| (4)   |                           |                             |                    |                       |
| (5)   |                           |                             |                    |                       |
|   |                           |                             |                    |                       |
| (7)   |                           |                             |                    |                       |
| (8)   |                           |                             |                    |                       |
| (9)   |                           |                             |                    |                       |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| Par      | t XI Reconciliation of Revenue per Audited Financial S   |                               | e per Return.   |                |
|----------|--|-------------------------------|-----------------|----------------|
|          | Complete if the organization answered "Yes" on Form 990, Part IV   | /, line 12a.                  |                 | 600 000        |
| 1        | Total revenue, gains, and other support per audited financial statements   |                               | 1               | 622,389.       |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  | l l                           |                 |                |
| а        | Net unrealized gains (losses) on investments   |                               |                 |                |
| b        | Donated services and use of facilities   |                               |                 |                |
| С        | Recoveries of prior year grants  |                               |                 |                |
| d        | Other (Describe in Part XIII.)   | 2d                            |                 | •              |
| е        | Add lines 2a through 2d  |                               |                 | 0.             |
| 3        | Subtract line 2e from line 1   |                               | 3               | 622,389.       |
| 4        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | 1.1                           |                 |                |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b   |                               |                 |                |
| b        | Other (Describe in Part XIII.)   |                               |                 | 0              |
| _        | Add lines 4a and 4b  |                               |                 | 0.<br>622,389. |
| 5<br>Pai | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line  † XII   Reconciliation of Expenses per Audited Financial | 12.)<br>Statements With Fynen | 5               |                |
| ı aı     | Complete if the organization answered "Yes" on Form 990, Part IV   |                               | ses per riciari | ••             |
|          |  |                               | 1               | 1,438,971.     |
| 1        | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:        |                               | ·····           | 1,430,371.     |
| 2        | ·  | 2a                            |                 |                |
| a        | Donated services and use of facilities   | l l                           |                 |                |
| b        | Prior year adjustments Other Jasses  |                               |                 |                |
| c<br>d   | Other losses Other (Describe in Part XIII.)  | I I                           |                 |                |
| e        | Add lines 2a through 2d  |                               | 2e              | 0.             |
| 3        | Subtract line 2e from line 1   |                               |                 | 1,438,971.     |
| 4        | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |                               |                 |                |
| a        | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                            |                 |                |
| b        | Other (Describe in Part XIII.)   |                               |                 |                |
|          | Add lines 4a and 4b  |                               | 4c              | 0.             |
| 5        | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin   |                               |                 | 1,438,971.     |
| Pai      | t XIII Supplemental Information.   |                               |                 |                |
| lines    | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide   | e any additional information. |                 |                |
|          |  |                               |                 |                |
|          |  |                               |                 |                |
|          |  |                               |                 |                |
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|          |  |                               |                 |                |
|          |  |                               |                 |                |

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

|     | _  |  |   |   |                       |  |  |
|-----|--|--|---|---|-----------------------|--|--|
| COM | MPASSION IN W                            | ORLD FARM                                  | MING. INC   |   |                       | 46-182263  | 35   |
| Par | rt I General Infor                       | mation on A                                | ctivities Out   | side the United States. Comple  | te if the organi      | ization answered "   | Yes" on  |
|     | Form 990, Part IV                        |  |   |   | 3                     |  |  |
| 1   | For grantmakers. Does                    | the organization                           | n maintain record   | ds to substantiate the amount of its gra  | nts and other a       |  |  |
|     | the grantees' eligibility for            | or the grants or a                         | ssistance, and t  | he selection criteria used to award the   | grants or assis       | tance? <u> </u>  | Yes No   |
| 2   | For grantmakers. Desc<br>United States.  | ribe in Part V the                         | organization's <sub>l</sub>   | procedures for monitoring the use of its  | grants and oth        | ner assistance outs  | side the   |
| 3   | Activities per Region. (Th               | ne following Part                          | I, line 3 table ca  | n be duplicated if additional space is no   | eeded.)               |  |  |
|     | (a) Region                               | <b>(b)</b> Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in the region | (d) Activities conducted in the region<br>(by type) (such as, fundraising, pro-<br>gram services, investments, grants to<br>recipients located in the region) | is a prog<br>describe | vity listed in (d) gram service, specific type (s) in the region | (f) Total<br>expenditures<br>for and<br>investments<br>in the region |
|     |  |  |   |   |                       |  |  |
|     |  |  |   |   |                       |  |  |
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|     |  |  |   |   |                       |  |  |
| 3 a | Subtotal                                 | 0  | 0   |   |                       |  | 0.   |
|     | Total from continuation sheets to Part I | 0  | 0   |   |                       |  | 0.   |
| С   | Totals (add lines 3a and 3b)             | 0  | 0   |   |                       |  | 0.   |

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

Schedule F (Form 990) 2018

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

| 1 (a) Name of organization | <b>(b)</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<br>of noncash<br>assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|---|---------------------------------|-----------------------------------|--------------------------|---------------------------------|----------------------------------|---|---|
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 | EU FISH WELFARE                   |                          |                                 |                                  |   |   |
|                            |   | EUROPE                          | PROGRAM                           | 50,000.                  | BANK TRANSFER                   | 0.                               |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   | EUROPE                          | CHINA PROGRAM SUPPORT             | 75,000.                  | BANK TRANSFER                   | 0.                               |   |   |
|                            |   |                                 | CONTRIBUTION TO UK                |                          |                                 |                                  |   |   |
|                            |   |                                 | AND EU PROGRAM                    |                          |                                 |                                  |   |   |
|                            |   | EUROPE                          | SUPPORT                           | 50,000.                  | BANK TRANSFER                   | 0.                               |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 | CONTRIBUTION TO                   |                          |                                 |                                  |   |   |
|                            |   | EUROPE                          | EXTINCTION CONFERENCE             | 10,000.                  | BANK TRANSFER                   | 0.                               |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |
| 2 Enter total number of    | recipient organization                              | l<br>ns listed above that are i | recognized as charities by the f  | foreign country          | recognized as tax-ex            | l<br>empt                        |   | 1   |
|                            |   |                                 | tion 501(c)(3) equivalency letter |                          |                                 |                                  |   | 1   |
|                            |   |                                 |                                   |                          |                                 |                                  |   |   |

|  |                                   |                          | tes. Complete i          | if the organization answered "Yes" | on Form 990, Part                | IV, line 16.                          |  |
|--|-----------------------------------|--------------------------|--------------------------|------------------------------------|----------------------------------|---------------------------------------|--|
| Part III can be duplica  (a) Type of grant or assistar | ated if additional space is neede | (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<br>valuation<br>(book, FMV,<br>appraisal, other) |
|  |                                   |                          |                          |                                    |                                  |                                       |  |
|  |                                   |                          |                          |                                    |                                  |                                       |  |
|  |                                   |                          |                          |                                    |                                  |                                       |  |
|  |                                   |                          |                          |                                    |                                  |                                       |  |
|  |                                   |                          |                          |                                    |                                  |                                       |  |
|  |                                   |                          |                          |                                    |                                  |                                       |  |
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|  |                                   |                          |                          |                                    |                                  |                                       |  |
|  |                                   |                          |                          |                                    |                                  |                                       |  |
|  |                                   |                          |                          |                                    |                                  |                                       |  |

# Schedule F (Form 990) 2018 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 | X 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 | X 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 | X 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 | X 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 | X 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 | X No |

Schedule F (Form 990) 2018

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the 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 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

COMPASSION IN WORLD FARMING, INC.

**Employer identification number** 46-1822635

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:             |
|--|
| PRACTICES, SPECIALIZING IN FARM ANIMAL WELFARE.                            |
| FORM 990, PART VI, SECTION A, LINE 2:                                      |
| AOIFE JUNOR, PHILIP LYMBERY, AND KATHRYN FLANAGAN HAVE A BUSINESS          |
| RELATIONSHIP.  |
| FORM 990, PART VI, SECTION A, LINE 6:                                      |
| COMPASSION IN WORLD FARMING, A UK COMPANY, IS THE SOLE MEMBER OF THE       |
| CORPORATION.   |
|  |
| FORM 990, PART VI, SECTION A, LINE 7A:                                     |
| THE MEMBER OF THE CORPORATION HAS THE EXCLUSIVE RIGHT TO: (I) APPOINT AND  |
| REMOVE THE DIRECTORS OF THE CORPORATION; (II) APPOINT THE CHAIR OF THE     |
| BOARD OF DIRECTORS; AND (III) FILL VACANCIES ON THE BOARD OF DIRECTORS.    |
| FORM 990, PART VI, SECTION A, LINE 7B:                                     |
| THE BOARD OF DIRECTORS OF THE CORPORATION MUST OBTAIN THE APPROVAL OF THE  |
| MEMBER OF THE CORPORATION BEFORE TAKING THE FOLLOWING ACTIONS: (I)         |
| EXECUTING ANY AGREEMENT OF MERGER OR CONSOLIDATION; (II) APPROVING THE     |
| DISSOLUTION OF THE CORPORATION; OR (III) APPROVING THE SALE OR EXCHANGE OF |
| ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION.                 |
| FORM 990, PART VI, SECTION A, LINE 8B:                                     |
| THERE ARE NO COMMITTEES.   |

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 **Employer identification number** Name of the organization COMPASSION IN WORLD FARMING, INC. 46-1822635 FORM 990, PART VI, SECTION B, LINE 11B: REVIEWED BY THE TREASURER OF THE BOARD BEFORE SUBMISSION. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF FORM 990 WILL BE PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING. THE DIRECTOR OF FINANCE OF COMPASSION IN WORLD FARMING REVIEWS THE FORM 990, WHICH IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, AND TRUSTEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AS PART OF THE FINANCIAL STATEMENT PREPARATION. FORM 990, PART VI, SECTION B, LINE 15B: THE ORGANIZATION USES BENCHMARKING DATA TO ESTABLISH THE SALARY OF THE EXECUTIVE DIRECTOR, THE BOARD REVIEWS THE DATA APPROVES THE SALARY, AND DOCUMENTS THIS PROCESS. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE UPON REQUEST IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 6104(D). FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS AVAILABLE ON OUR WEBSITE FOR THE SAME PERIOD AS SET FORTH IN THE INTERNAL REVENUE CODE SECTION 6104(D).

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS RECEIVED THREE BIDS FROM AUDITORS WHICH WERE

THEN EVALUATED. THE BOARD ASSUMES OVERSIGHT RESPONSIBILITY FOR THE

| Schedule O (Form 9  | 990 or 990-EZ) (2018)                  | Page 2                                    |
|---------------------|--|---|
| Name of the organia |  | Employer identification number 46-1822635 |
| AUDIT WITH          | H THE FUNCTIONAL SUPPORT OF THE STAFF. |   |
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## **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

COMPASSION IN WORLD FARMING, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

46-1822635

| Part I Identification of Disregarded Entities. Comple                           | te if the organization answered "Yes | on Form 990, Part IV, line 33                 | 3.                            |                                       |         |                                 |       |                                    |
|---|--------------------------------------|---|-------------------------------|---------------------------------------|---------|---------------------------------|-------|------------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity                | (b) Primary activity                 |   |                               | (e)<br>come End-of-year asse          |         |                                 |       | 9                                  |
|   | _                                    |   |                               |                                       |         |                                 |       |                                    |
|   |                                      |   |                               |                                       |         |                                 |       |                                    |
|   | _                                    |   |                               |                                       |         |                                 |       |                                    |
|   |                                      |   |                               |                                       |         |                                 |       |                                    |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | ations. Complete if the organization | answered "Yes" on Form 990                    | ), Part IV, line 34, b        | pecause it had one                    | or more | related tax-exe                 | mpt   |                                    |
| (a)  Name, address, and EIN  of related organization                            | <b>(b)</b> Primary activity          | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section |         | (f)<br>et controlling<br>entity | contr | g)<br>512(b)(13)<br>rolled<br>ity? |
|   |                                      | J ,,  |                               | 501(c)(3))                            |         |                                 | Yes   | No                                 |
| COMPASSION IN WORLD FARMING - UK N/A RIVER COURT, MILL LANE                     | PREVENTION OF CRUELTY TO             |   |                               |                                       |         |                                 |       |                                    |
| GODLAMING, SURREY, UNITED KINGDOM   | ANIMALS                              | UNITED KINGDOM                                |                               |                                       |         |                                 |       | Х                                  |
|   |                                      |   |                               |                                       |         |                                 |       |                                    |
|   |                                      |   |                               |                                       |         |                                 |       |                                    |
|   |                                      |   |                               |                                       |         |                                 |       |                                    |

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)  | (b)              | (c)                                       | (d)                | (e)  | (f)            | (g)                         | (1      | h)        | (i)             | (j)       | (k)        |
|--|------------------|---|--------------------|--|----------------|-----------------------------|---------|-----------|-----------------|-----------|------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total | Share of end-of-year assets | Disprop | ortionata | Code V-UBI      | General c | Percentage |
|  |                  | country)                                  |                    | sections 512-514)  |                |                             | Yes     | No        | K-1 (Form 1065) | Yes No    | <u> </u>   |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  | 1                |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  | 1                |   |                    |  |                |                             |         |           |                 |           |            |
|  | 1                |   |                    |  |                |                             |         |           |                 |           |            |
|  | 1                |   |                    |  |                |                             |         |           |                 |           |            |
|  | 1                |   |                    | 1  |                |                             |         |           | 1               |           |            |

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>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |     | tion<br>b)(13)<br>rolled<br>tity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|-----|-----------------------------------|
|  |                                | country)                             |                               | ,   |                                 |  |                                | Yes | No                                |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
| -  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
| -  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |
|  |                                |                                      |                               |   |                                 |  |                                |     |                                   |

1a

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

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

| c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  1c  1d  1d  1f  1f  1f  1g  1h  1i  1i  1i  1i  1i  1i  1i  1i  1i | X<br>X<br>X |
|--|-------------|
| d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  1d  1e  1g  1h   | X           |
| f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  1g  1h   |             |
| f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  1g  1h   | X           |
| g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  1h   | X           |
| g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  1h   |             |
| h Purchase of assets from related organization(s)  | X           |
| : Fushance of coords with veleted eventuation(s)   | X           |
| i Exchange of assets with related organization(s)  | X           |
| j Lease of facilities, equipment, or other assets to related organization(s)   | X           |
|  |             |
| k Lease of facilities, equipment, or other assets from related organization(s)   | X           |
| Performance of services or membership or fundraising solicitations for related organization(s)   | X           |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | X           |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | X           |
| o Sharing of paid employees with related organization(s)   | X           |
|  |             |
| p Reimbursement paid to related organization(s) for expenses   | X           |
| q Reimbursement paid by related organization(s) for expenses   | X           |
|  |             |
| r Other transfer of cash or property to related organization(s)  | X           |
| s Other transfer of cash or property from related organization(s)  | X           |
| 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) (b) (c) (d)  Name of related organization Transaction Amount involved Method of determining amount involved  |             |
| type (a-s)   |             |
|  |             |
|  |             |
| 1) COMPASSION IN WORLD FARMING - UK C 185,000. FMV   |             |
|  |             |
| 1) COMPASSION IN WORLD FARMING - UK C 185,000.FMV 2)   |             |
| 2)   |             |
| 2)   |             |
| 2)   |             |
| 2)   |             |
| 2) 3) 4)   |             |
| 2) 3) 4)   |             |
|  |             |

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

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

| (a)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g)<br>Share of<br>end-of-year<br>assets | Dispretion allocat | opor-<br>late<br>tions? |           | General manage partner | (k) Percentage ing ownership |
|--|--------------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|-----------|------------------------|------------------------------|
|  |                                |   |   |                                       |  |                    |                         |           |                        |                              |
|  |                                |   |   |                                       |  |                    |                         |           |                        |                              |
|  |                                |   |   |                                       |  |                    |                         |           |                        |                              |
|  |                                |   |   |                                       |  |                    |                         |           |                        |                              |
|  |                                |   |   |                                       |  |                    |                         |           |                        |                              |
|  |                                |   |   |                                       |  |                    |                         |           |                        |                              |
|  |                                |   |   |                                       |  |                    |                         |           |                        |                              |
|  |                                |   |   |                                       |  |                    |                         |           |                        |                              |
|  |                                |   |   |                                       |  |                    |                         | Oakaatala |                        |                              |