Case: 1:19-cv-02786-CAB Doc #: 11-1 Filed: 02/07/20 1 of 4. PageID #: 103

					}			Sho	rt Form				1	OMB No. 1545-1150
3	ا يا د د	For	" <u>9</u> 9	00-EZ	Re	eturn of	Orgai	nization	Exemp	t From	Income	Tax		(904)
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations											lions)	(2017	
		Do not enter social security numbers on this form as it may be made public.												Open to Public
		Dep	artment o	of the Treasury nue Service	<b>▶</b> ir	nformation a	bout For	n 990-EZ an	d its Instruct	ions is at w	vw.frs.gov/fo	m990.	-	Inspection
				2016 calenda					just 1		and ending		July 3	, 20 17
		B (	Check of m	opticable.	C Name of o	rganizabori	A C				-	D Emp	loyer (d	lantification number
			Autress (	hange	Foun	dation	1 41	x the	Murke	tolacc	of ide	Al Inc		1-1969574
		-	Namo ch					is not delivered	to atreet addr	<del>(</del> 828)	Room/suile	E Telej	ohone n	umber
		-	inial retu	m n∕teminated	P.O. Box 38									18) 038-9934
			Amended		-		ice, country	, and ZIP or for	eign postal co	de				mpton
$\sim$				n ponding	Clinton Twr				<del></del>				nber	<u> </u>
2	,			ting Method:	✓ Cash	Accrual	Other (	specify) 🕨	·		H			if the organization is not
Z,	<b>)</b>		Vobsite		FreedomFro		« Flee			1 40 477 1441	——————————————————————————————————————			ach Schedule B 0-EZ, or 990-PF).
ţ				npt status (che organization:			Trust		(Insert no.) L ssociation	] 4947(a)(1) o ☐ Other	r [ ]527 [	h Omio	30, 33	D-LZ, 01 980-1-17.
		LA	dd line	s 5b, 6c, and	7b to line 9 to						nore, or if tota	al assets		
				umn (B) below									<b>⊳</b> g	
			art I								es (see the	instru	ctions	for Part I)
				Check if	the organiz	zation used	l Schedu	lle O to res	pond to an	y question	in this Part	I	. <u> </u>	
1 2017			1	Contributio	ns, gifts, gr	rants, and s	lmilar am	ounts recei	ved				1	15,828
			2	Program se				ment fees a	nd contract	s			2	0
j . auj			3	Membershi	•	l assessme	nts .		• • • •				3	.0
			4	Investment		non.		* * * *	$\sigma_{i,j} \leftarrow \sigma_{i,j} + \sigma_{i,j}$			• •	4	0
OEC			5a	Gross amo						. <u>5a</u>	<u> </u>	0		
$\overline{\Box}$			b	Less: cost					/Cribteant lie	. <b>5b</b> ne 5b from (	igo Eol	0	5c	
SCANNED			6 6	Gaming and	d fundralsir	ig overlieu	W				ine paj .     .	• •	00	0
NA.		en	a	Gross Inco \$15,000) .	<b>TRECEIVE</b>	<b>BENIT</b>	ttach Sc P.DEPT	hedule G	If greater	than 6a	1 .	0.		
S	ŗ.	Revenue	b	Gross incor	me from fur	ndraising ev	ents (not	Including	\$	0 01	contributio	ns		
		He		from fundra	alsing even	ts reported	on line 1	) (attach So	chedule G l	f the				
		1		sum of suc	-					. 6b		0		
			C	Less: direct						, [6c]	l Character	0		
	K		d	Net Income line 6c)	e or (loss) i	rom gamin		noraising ev	ents (add i	ines oa and	រ	DURACE	6d	0
			7a	Gross sales	of invento	ry, less retu	rns and a	llowances		. 7a		0		
	番		b	Less: cost of	<b>~</b>				. , , .	. 7b	<u></u>	0	المعدد عامر	
•	Ċί		C	Gross profit			inventor	y (Subtract	line 7b from	ı.line.Za)——	IN ICD	T	7c	0
)	: []		8	Other reven			ule O) .	7- mmd D	• • • •	REC	V. Harring.	ျပ္ဆု	8 9	0
•			9 10	Total rever			ŧ, au, uu,	iti, anu o	Y.	1		<u> </u>	10	15,828 700
	네		11	Benefits pa		,			1/-	NOV 1	8 2017	1	11	0
<u></u>	W	0	12	Calmilan all		anallan anc	Lamelou	an hannfile			1 A 4 A 4 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5	<u> </u> 놀[	12	
OTEC NO CUN	出	8	13	Professiona	l fees and	other paym	ents to in	dependent	contractors	OGD	<u>en, ut</u>		13	16,600
<b>(</b> )	1927 PM	ö	14	Occupancy	, rent, utiliti	es, and ma	intenance	•		- · · · ·			14	137
<i>ت</i> د	A	М	15	Printing, pu									15	0
ij			16	Other exper									16	0
I			17	Total exper	nsos. Add i	ines 10 thro	ough 16	• • •	<del></del>	<u>* . • . • . • . • . • . • . • . • . • . </u>		. ▶	17	17,437
3		23	18	Excess or (c									18	-1,609
V		Net Assets	19	Net assets end-of-year									19	غمو ۾
as as		₹	~~	Other chang									20	5,991
V		Ž	20	Net assets									21	4,382
4.	•		21	Net assets (							No tostol	1		Form 990-EZ (2016)

Exhibit #1



Case: 1:19-cv-02103-SO Doc #: 47-1 Filed: 10/26/20 2 of 8. PageID #: 528

Case: 1:19-cv-02786-CAB Doc #: 11-1 Filed: 02/07/20 2 of 4. PageID #: 104

Form !	990-EZ (2016)					Page 2
Pa						
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year	<u>.                                    </u>	(B) End of year
22	Cash, savings, and investments		[	5,991		4,382
23	Land and buildings		[		23	0
24	Other assets (describe in Schedule O)		[		24	0
25	Total assets		<i>.</i> . [	5,991		4,382
26	Total liabilities (describe in Schedule O)		· . · ·		26	0
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	6,991	27	4,382
Par						· Company
	Check if the organization used Schedule			Part III 🔲	(Rea	Expenses used for section
	is the organization's primary exempt purpose?				5016	c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli-	shments for each o	f its three largest p	rogram services,	orga othe	nizations; optional for
as m	leasured by expenses. In a clear and concise m	anner, describe th	e services provided	i, the number of	oute	rs )
	ons benefited, and other relevant information for ea				ļ	·
28	The Foundation for the Marketplace of Ideas, Inc., as			ing constitutional		
	rights. Payment was made for record requests, attor	ney's fees, and litiga	tion-related costs.	****************		]
				·····		
		includes foreign gra			28a	16,500
29	The Foundation for the Marketplace of Ideas, Inc., se		observers to Charlot	lesville, Virginia,	]	
	to monitor the controversial rally that occurred there		~~~~~~~	********		1
			*************			1
	<u> </u>	includes foreign gra		A	29a	200
30	The Foundation for the Marketplace of Ideas, Inc., us					ţ
	Texas A&M University, the University of Michigan, an	id Michigan State Un	iversity which were p	osted on the		
	organization's website. The money was sent to the u					
		includes foreign gra	ints, check here .	<u></u>	30a	657
31	Other program services (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·	1	
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	<u>, , , , , , , , , , , , , , , , , , , </u>	31a	<del></del>
32	Total program service expenses (add lines 28a t				32	17,357
Par					ารเทนด	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV	·; ·	<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	Ò	ther compensation
			(if not pakt, enter -0-)	deferred compensation	4-	
Kyle	J. Bristow, Esq.		}		1	
Exec	utive Director	15			0	0
Jason	ı L. Van Dyke, Esq.	[				
Direc	tor of Legal Advocacy	22			<u> </u>	0
Bryai	A. Reo		Į			
Direc	tor of Public Research	2	0		0	0
Richa	rd B. Spencer		ĺ			
Board	i Member	0	[C	<u> </u>	0	<u>0</u>
Wille	m D. Johnson, Esq.		•	ı		
Board	Member	0	<u> </u>	<b> </b>	<u> </u>	0
Jasoi	Robb, Esq.			i		
Board	i Member	0	<u> </u>		0	0
Brett	A. Klimkowsky		ŀ	ì		
Boan	i Member	0	0		0	0
Mich	nel Peinovich				1	
Board	1 Member	0	0		0	0
	s Edwards					
	i Member	0	0		0	0
	Sorba					
	1 Member	0	0	<u> </u>	0	0
*****	stus Invictus				-	
	Member	0	0		0	0
******			L	<u> </u>		
************					For	n 990-EZ (2016)

Case: 1:19-cv-02103-SO Doc #: 47-1 Filed: 10/26/20 3 of 8. PageID #: 529

Case: 1:19-cv-02786-CAB Doc #: 11-1 Filed: 02/07/20 3 of 4. PageID #: 105

Form 99	0-EZ (2016)	, ,		ege 💀
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	0	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '	<u>/</u>	<u> </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		<b>J</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>√</b>
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		J
90	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
36	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0		<b></b>	ليــــا
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			لـــا
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u>_</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	'		
2	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			J
	excess benefit fransaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓.,
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1		]
	40c reimbursed by the organization	}		
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			لرسا
	transaction? If "Yes," complete Form 8696-T	40⊕		
41	List the states with which a copy of this return is filed ► Michigan		2 202	<u> </u>
42a	The organization's books are in care of Participation business and the care of	48-83		
	Located at ▶ P.O. Box 381164, Clinton Twp., MI ZIP + 4 ▶	480		<b>A</b> 1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1401	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	L	
	If "Yes," enter the name of the foreign country: ▶	1 1		]
	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and			}
	Financial Accounts (FBAR).	40-		
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		L¥
_	If "Yes," enter the name of the foreign country:		1	▶ □
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041 - Check here		. •	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
A A	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	[ <u> </u>		
44a	completed instead of Form 990-EZ	44a		J
-	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	┝▔▔		<del></del> i
b	completed instead of Form 990-EZ	44b		·
	Did the organization receive any payments for indoor tanning services during the year?	44c		1
Ç	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
d	explanation in Schedule O	44d		
444	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45a	Did the organization have a controlled entity within the meaning of section 312(0)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		į	
	Form 990-EZ (see instructions)	45b		1
	Com 500 ca. (500 mod dodonoj		'	(2016)

Case: 1:19-cv-02103-SO Doc #: 47-1 Filed: 10/26/20 4 of 8. PageID #: 530

Case: 1:19-cv-02786-CAB Doc #: 11-1 Filed: 02/07/20 4 of 4. PageID #: 106

Form 990	0-EZ (20	16)						P	age 4
46 '	Did th	e organization engage, directly or in ididates for public office? If "Yes," o	directly, in political c	ampaign activities of	n behalf of o	r in oppositio	on	Yes	No
Part \	/1	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sci	s <b>only</b> s must answer que	stions 47–49b and	152, and co			or line	 es
47	Did th	ne organization engage in lobbying if "Yes," complete Schedule C, Par	activities or have a :			during the t	ax 47	Yes	No ✓
49a b	Did th	organization a school as described in the organization make any transfers to s," was the related organization a se tolete this table for the organization's byees) who each received more than	o an exempt non-cha ection 527 organization five highest compens	ritable related organ n?	ization?  her than offic	cers, directo	49a 49b rs, truste	es, an	d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(a) Reportable compensation (Forms W-2/1099-MISC	contributions benefit plans	t benefits, s to employee , and deferred neatton	(e) Estimate other con		
None									
************							<u> </u>		<del></del>
******									
24	Comp \$100,	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	s five highest compenies at the second compenies of th	ensated independen ine, enter "None."			received		than
None	(a)	Name and business address of each independ	ent convector	(b) Type of se	14100	ιω,			
*******							<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
52	Did t	number of other independent contra he organization complete Schedu leted Schedule A	de A? Note: All se	ction 501(c)(3) org	anizations r		a ►[/] Yes		No
Under po	enallies rect, an	of penury, I declare that I have examined this id complete. Declaration of preparer (other than	return, including accompan n officer) is based on all info	ying schedules and staten rmation of which prepare	nents, and to the r has any knowle	e best of my kno edge	owiedge and	3 Dellei,	11 13
Sign Here	<u></u>	Signature of officer  Kyle J. Bristow; Executive Directo  Type or print name and title			Da	te	1 0731		
Paid Prepa		Pnnt/Type preparer's name Firm's name ►	Preparer's signature	<u> </u>	Date Fin	Check ☐ self-employ m's EIN ▶			
Use (	- "	Firm's address > discuss this return with the prepare	shown above? See i	nstructions	Ph	опе по.	Yes		<b>No</b> (2016)

Case: 1:19-cv-02786-CAB Doc #: 11-1 Filed: 02/07/20 1 of 4. PageID #: 103

end-of-year figure reported on pnor year's return)							5	Short For	m				į	OMB-No: 1545-1150
Department of the Teasury	•	. For	gc	M-EZ	Retu	rn of Org	anizat	ion Exen	not Fr	om l	ncome	Tax		(00 a
Inspection   Ins												alions)		
A For the 2016 calendary year, or tax year beginning   August 1   2016, and winding   July 31   20 17													1	Open to Public
A For the 2016 callendary servery or taxy and religion in the survivors governments.  A Form the 2016 callendary servery or taxy and religion in the survivors of the survivors				CIL - Transvers	►Don	ot enter soci	ıl security ı	numbers on th	is form a	s it may	he made	public:	V V	
Brown and process and process of the process of t		inte	emal Revo	nuo Service	<b>►</b> Infor	nation about	Form 990-E	Z and its instr	uctions i	et ww	w.irs.gov/	form990.		A. C. A.
Material charges   Material ch		A	For the	2016 calend	عتنين سينين عند كتوبر			August 1		2016,	and ending			
Name change   Name change   No.   No.   Name   Name change   No.   Name   Name change   No.   Name		B	,		G Name of organi	Linn	Con 11	د ماه که د			A			
International control   P.O. Box 381184   City or town, also or province, country, and 2P or foreign postal code   Faculty		님					400 11	ne ymuri	7.7	WC.	Boom/orito		×	
Present elements   Proceedings   Process   P		H					man is not de	a perus o) persyll	(daress) v		Lifestinging	E 168		
Amende area   Clinton Twop., Mt 48038   Accrusit   Ac			Final rolin	m∕terminated			untry, and ZIF	or foreign posta	code	<u>.</u>		E Gr		
Contributions, gifts, grants, and similar amounts received to the past past past past past past past past		님						ar recordes bracein					7	•
Website:   www.freedomfront.org   Tare-resemble status felock only one) -   501(o)(s)   \$ (nsert ns.)   \$ (4947(o)(t) or   527   \$ (form 990, 990-EZ, or 990-PP).	3						er (specify)	<b>&gt;</b>						·
K Form of organization:	//		A CONTRACTOR					***************************************	<del></del>					
L. Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.    Part II	677	JI	Tax-exer	npt status (che	eck only one) — 🗹	] 501(c)(3)	501(c) (	) ◀ (însert no.	4947	(a)(1) or	<b>□</b> 527	(Form	990, 99	0-EZ, or 990-PF).
Part II   Column (8) below) are \$500,000 or more, file Form (90) instead of Form 990-EZ   Part II	•													
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received.  1 Tis, aze  1 Program service revenue including government fees and contracts  2 Program service revenue including government fees and contracts  3 Membership dues and assessments.  3 Or Investment income  5a Gross amount from sale Control of the sale and sales expenses.  5 Gain or (loss) from Mithigh States other than inventory (Subtract line 5b from line 5a).  6 Gaming and fundralsing events of the sale and sales expenses.  6 Gaming and fundralsing events of the sale and sales expenses of the sale and sales expenses.  6 Gaming and fundralsing events (not including \$ Or of contributions from fundralsing events (not including \$ Or of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  6 Less: direct expenses from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c).  7 Gross sales of inventory, toss returns and allowances.  7 Or												otal asset:	3	
Check if the organization used Schedule O to respond to any question in this Part I    Contributions, gifts, grants, and similar amounts received.   1   15,828		-									and the second second	an innin	- q	Stor Day ()
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   2   0   0	~													
2   Program service revenue including government resist and contracts   2   0   0	017		1 4							300111	ii (tilo i di			
Membership dues and assessments			1										-	
A investment income  Gross amount from sale as sales so ther than inventory  b cless: cost or other basis and sales expenses  c Gain or (loss) from NM others, sets other than inventory (Subtract line 5b from line 5a)  a Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  7a 0 0  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 2a)  7b 0 0  8 Other revenue (describe in Schedule O)  9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  20 Salaries, other compensation, and employee benefits  11 Described to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors OGDEN, UT  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  10 Other changes in net assets or fund balances (explain in Schedule O)  21 Other changes in net assets or fund balances (explain in Schedule O)  22 Other changes in net assets or fund balances at end of year, Combine lines 18 through 20  23 Other changes in the														
c Gain or (loss) from Nativorasets other than inventory (Subtract line 5b from line 5a)			4		· .	\$25 a							4	0
c Gain or (loss) from Nativorasets other than inventory (Subtract line 5b from line 5a)	三		5a	Gross amo	unt from sale	assets other	r than inve	ntory		5a			2	
from fundraising events reported on line 1) (attach Schedule G If the sum of such gross income and contributions exceeds \$15,000) . 6b . 0  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d . 0  The Gross sales of inventory, less returns and allowances . 7a . 0  B Cliner revenue (doscribe in Schedule O) . RECENED . 8 . 0  Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			b							1	<u> </u>		9	
from fundraising events reported on line 1) (attach Schedule G If the sum of such gross income and contributions exceeds \$15,000) . 6b . 0  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d . 0  The Gross sales of inventory, less returns and allowances . 7a . 0  B Cliner revenue (doscribe in Schedule O) . RECENED . 8 . 0  Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			1 . "	Gain or (los Gaming an	ss) from [ໄຟ້]]∯o[ຢູ d fundralsing e	passets other	than inver	itory (Subtrac	t line 5b	from li	ne 5a) .		5c	0
from fundraising events reported on line 1) (attach Schedule G If the sum of such gross income and contributions exceeds \$15,000) . 6b . 0  c Less: direct expenses from gaming and fundraising events . 6c . 0  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d . 0  7a Gross sales of inventory, less returns and allowances . 7a . 0  b Less: cost of goods sold . 7b . 0  6 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 2a) . 7c . 0  8 Other revenue (describe in Schedule O) . RECENED . 8 . 0  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	AN	g		Gross inco	RECEIVED	NITY DE	Schedule	G if greate	er than	6a		(	,	
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d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				sum of suc	h gross income	and contrib	utions exc	eeds \$15,000	)	6b			<u>)</u>	
Iline 6c)  Ta Gross sales of inventory, less returns and allowances		<b>.</b> .	C										וַ	
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21 Net assets of fulld balances at end of year. Combine inco to thiodgives	~	25		Net assets	or fund balance	es at beginn	ing of yea	ir (from line 2	7, colum	ın (A))	(must agr	ee with		
21 Net assets of fulld balances at end of year. Combine inco to thiodgives	E'd	Ass												5,991
21 Net assets of fulld balances at end of year. Combine inco to thiodgives	ND.	<u>6</u>	<b>f</b>	Other chan	ges in net asse	ts or fund ba	lances (exp	olain in Sched	lule O) .					0
	NO.	~											21	

Exhibit #1



Case: 1:19-cv-02103-SO Doc #: 47-1 Filed: 10/26/20 6 of 8. PageID #: 532

Case: 1:19-cv-02786-CAB Doc #: 11-1 Filed: 02/07/20 2 of 4. PageID #: 104

Form 9	990-EZ (2016)					Page Z
Par	Balance Sheets (see the instructions f	or Part II)				p1
	Check if the organization used Schedule	O to respond to ar	y question in this F	Part II		<u></u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			5,991		4,382
23	Land and buildings		[_		23	<u>0</u>
24	Other assets (describe in Schedule O)		· · · · · [_		24	0
25	Total assets			5,891		4,382
26				0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	ı line 21)	6,991	27	4,382
Par	Statement of Program Service Accom	plishments (see th	e instructions for P	Part ((1)	1	Ermannen
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part III 🔲	íBar	Expenses rured for section
Whal	t is the organization's primary exempt purpose?	Educational / Civil R	ghts Advocacy	<u>.,</u>	501	c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise months on the control of the co	anner, describe the ch program title.	e services provided	, the number of	orga	unizations; optional for are)
28	The Foundation for the Marketplace of Ideas, inc., as rights. Payment was made for record requests, attor	sisted with high profi ney's fees, and litiga	le legal cases involvi lion-related costs.	ng constitutional		
	(Grants \$ 0) If this amount	includes foreign ara	nts, check here .	<b>□</b>	28a	16,500
on	The Foundation for the Marketplace of Ideas, Inc., se					
29	to monitor the controversial rally that occurred there					
	to mountal rise courroyer and raily meet oversign meter	4.0.4.0.0.0.		*************************		
	(Grants \$ 0) If this amount	includes foreign ara	ints, check here	<b>▶</b> ∏	298	200
aν	The Foundation for the Marketplace of Ideas, Inc., us					
30	Texas A&M University, the University of Michigan, ar	d Wichigan State I in	versity which were n	osted on the	1	j
	organization's website. The money was sent to the u	minarcities' for the co	sts of the records.		)	}
	(Grants \$ 0) If this amount	includes foreign ar	ints, check here	• []	30a	657
4	Other program services (describe in Schedule O)	mordues foreign gre				
Ji	(Grants \$ 0) If this amount		ints, check here	▶□	31a	0
32	Total program service expenses (add lines 28a	hrough 31a)	(INO) ONGOIT NOIS I		12	
	IV Liet of Officers Directors Trustees and Kei	Employees (list each	one even if not come	ensated-see the in		
Par	IV List of Officers, Directors, Trustees, and Key	Employees (list eacl	one even if not comp	ensated—see the in		
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to a	one even if not comp by question in this i (c) Reportable	pensated—see the in Part IV	nstru	ctions for Part IV)
	IV List of Officers, Directors, Trustees, and Key	Employees (list eacl	one even if not comp by question in this I	pensated—see the in Part IV	ostru os (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to a (b) Average hours per week	one even if not comp by question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	ostru os (e)	ctions for Part IV)
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Kyle Exec Jaso Direc Brya Direc Richa Boan Jaso Boan Brett Boar	Check if the organization used Schedule  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo tor of Public Research and B. Spencer d Member n Robb, Esq. d Member A. Klimkowsky d Member	Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not compay question in this is compensation (Forms W-2/1099-MISC) (if not pakt, enter -0-)	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
Kyle Exec Joso Direc Bryan Direc Richa Boan Willic Boan Jaso Boan Brett Boan Mich	Check if the organization used Schedule  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo tor of Public Research and B. Spencer d Member nn D. Johnson, Esq. d Member n Robb, Esq. d Member A. Klimkowsky d Member ael Peinovich	Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not compay question in this is compensation (Forms W-2/1099-MISC) (if not pakt, enter -0-)	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
Kyle Exec Joso Direc Bryan Direc Richa Boan Willie Boar Jaso Boan Brett Boan Mich Boan	Check if the organization used Schedule  (a) Name and title  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo tor of Public Research ard B. Spencer d Member am D. Johnson, Esq. d Member n Robb, Esq. d Member A. Klimkowsky d Member ael Peinovich d Member	Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not compay question in this is compensation (Forms W-2/1099-MISC) (If not pakt, enter -0-)	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
Kyle Exec Jaso Direc Bryan Direc Rich Boan Willie Boar Mich Boar Mich Boar James	Check if the organization used Schedule  (a) Name and title  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo eter of Public Research ard B. Spencer d Member am D. Johnson, Esq. d Member n Robb, Esq. d Member A. Klimkowsky d Member ael Pelnovich d Member se Edwards	Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not compay question in this is compensation (Forms W-2/1099-MISC) (If not pakt, enter -0-)	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
Kyle Exec Jaso Direc Bryan Direc Rich Boan Willia Boan Mich Boan Mich Boan James Boan	Check if the organization used Schedule  (a) Name and title  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo eter of Public Research ard B. Spencer d Member am D. Johnson, Esq. d Member n Robb, Esq. d Member A. Klimkowsky d Member ael Pelnovich d Member se Edwards d Member	Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not compay question in this is compensation (Forms W-2/1099-MISC) (If not pake, enter -0-)	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0
Kyle Exec Jaso Direc Bryan Direc Rich Boan Willie Boar Mich Boar Jame Boar Ryan	Check if the organization used Schedule  (a) Name and title  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo stor of Public Research ard B. Spencer d Member am D. Johnson, Esq. d Member n Robb, Esq. d Member A. Klimkowsky d Member ael Pelnovich d Member se Edwards d Member se Edwards d Member se Geman Sorba	Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not compay question in this is compensation (Forms W-2/1099-MISC) (If not pake, enter -0-)	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0
Kyle Exec Jaso Direc Bryan Direc Rich Boan Willie Boan Heat Boar Mich Boar Jame Boar Ryan Boar	Check if the organization used Schedule  (a) Name and title  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo ater of Public Research ard B. Spencer d Member am D. Johnson, Esq. d Member n Robb, Esq. d Member A. Klimkowsky d Member ael Peinovich d Member se Edwards d Member se Edwards d Member Sorba d Member	Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not compay question in this is a compensation (c) Reportable compensation (Forms W-2/1099-M/SC) (if not paid, enter -0-)  0  0 0 0 0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0
Kyle Exec Jaso Direc Bryan Direc Richi Boan Millie Boan Jaso Boan Brett Boan Ryan Boan Ryan Boan Augu	Check if the organization used Schedule  (a) Name and title  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo tor of Public Research and B. Spencer d Member am D. Johnson, Esq. d Member n Robb, Esq. d Member A. Klimkowsky d Member ael Peinovich d Member is Edwards d Member s Sorba d Member stus invictus	Employees (list each O to respond to an (b) Average hours per week devoted to position 15 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	one even if not compay question in this is a compensation (c) Reportable compensation (Forms W-2/1099-M/SC) (if not paid, enter -0-)  0  0 0 0 0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0
Kyle Exec Jaso Direc Bryan Direc Richi Boan Willie Boan Hett Boan Brett Boan Augu	Check if the organization used Schedule  (a) Name and title  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo ater of Public Research ard B. Spencer d Member am D. Johnson, Esq. d Member n Robb, Esq. d Member A. Klimkowsky d Member ael Peinovich d Member se Edwards d Member se Edwards d Member Sorba d Member	Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not company question in this is a compensation (c) Reportable compensation (Forms W-2/1099-M/SC) (if not pald, enter-0-)  0  0 0 0 0 0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0
Kyle Exec Jaso Direc Bryan Direc Richi Boan Willie Boan Hett Boan Brett Boan Augu	Check if the organization used Schedule  (a) Name and title  (a) Name and title  J. Bristow, Esq. utive Director n L. Van Dyke, Esq. tor of Legal Advocacy n A. Reo tor of Public Research and B. Spencer d Member am D. Johnson, Esq. d Member n Robb, Esq. d Member A. Klimkowsky d Member ael Peinovich d Member is Edwards d Member s Sorba d Member stus invictus	Employees (list each O to respond to an (b) Average hours per week devoted to position 15 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	one even if not company question in this is a compensation (c) Reportable compensation (Forms W-2/1099-M/SC) (if not pald, enter-0-)  0  0 0 0 0 0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0

Case: 1:19-cv-02103-SO Doc #: 47-1 Filed: 10/26/20 7 of 8. PageID #: 533

Case: 1:19-cv-02786-CAB Doc #: 11-1 Filed: 02/07/20 3 of 4. PageID #: 105

Form 99	0-EZ (2016)			age 3
Part				
· · ·	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '	٧	<u></u>
		i	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see Instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
_	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
<b>~</b> =	during the year? If "Yes," complete applicable parts of Schedule N	36		J
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		7
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
2	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,	i		]
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			]
	40c relimbursed by the organization			
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		لر
4.0	List the states with which a copy of this return is filed Michigan	100		
41		48-83	8-9934	1
42a	Located at P.O. Box 381164, Clinton Twp., MI	480		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<del></del> -	Yes	No
		42b		1
	If "Yes," enter the name of the foreign country: ▶			1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		_
-	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in fleu of Form 1041—Check here		. )	• <b></b>
	and enter the amount of tax-exempt interest received or accrued during the tax year			<del></del> -
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			<u>_</u>
	completed instead of Form 990-EZ	44a		<b>-</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	446		
	completed instead of Form 990-EZ	44b 44c		<del>-</del>
C	Did the organization receive any payments for indoor tanning services during the year?			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
		45a		7
45a	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?	77/4		<del></del>
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	- 1	Ì	
	Form 990-EZ (see instructions)	45b		~~ <u>~</u>
	FORM 350-LC (359 maddedons)		\ -Fア	(2016)
	rom		-	U-U-1 U/

Case: 1:19-cv-02103-SO Doc #: 47-1 Filed: 10/26/20 8 of 8. PageID #: 534

Case: 1:19-cv-02786-CAB Doc #: 11-1 Filed: 02/07/20 4 of 4. PageID #: 106

Form 99	0-EZ (	2016)								Page 4
46 `	Did to ca	the organization engage, directly or in andidates for public office? If "Yes," o	ndirectly, in political c	ampaign activities	no a	behalf of o	or in opposi	tion	Yes	No
Part '		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s <b>only</b> is must answer que	stions 47–49b a	nd 5	52, and c	omplete th			· 🖂
47	Did :	the organization engage in lobbying ? If "Yes," complete Schedule C, Par	activities or have a		ction	ı in effect			Yes	No
48 49a b 50	Is the Did to If "Yo Com	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's loyees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organizatio i five highest compen	i)? If "Yes," complicated orgon?	ete S aniz (othe	chedule E ation? .  or than offi		. 44	7 8 9a 9b stees, ar	y y nd key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	- 1	contribution benefit plans	h benefits, s to employee s, and deferred ensation		ated amo	
None										
					_					
									**	
J4684-4								<u> </u>		<del></del>
51	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest compe	insated independ	ent d	contractor	s who each	receive	ed more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of	servic	×e	(c)	Compens	ation	
None					· · · · · · · · · · · · · · · · · · ·				,	<del></del>
			***************************************			<del></del>				<u></u>
										<del></del>
52	Did	number of other independent contra the organization complete Schedul eleted Schedule A	_		, ▶ rgan	zations n	nust attach	a ►☑ Y	es 🔲 1	No_
Under pe hue, com	naliles sct, an	of penjury, I declare that I have examined this med complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all infor	ing schedules and stat mation of which preparation	emen rer hø	ts, and to the s any knowle	best of my kn edge	owledge a	nd bellef,	it is
Sign Here		Signature of officer  Kyle J. Bristow; Executive Director Type or print name and title				Dat	91/5/			
Paid Prepa	rer	Print/Type preparer's name	Preparer's signature		Date		Check D self-employ	od PTIN		
Use C	nly	Firm's name Firm's address Firm's Ad	ahoun shaye? Pas !-	they (miles a			n's EIN ▶ one no.		, F) -	
viay the	, IHS	discuss this return with the preparer	SHOWN BOOVEY 566 (I	iourucii0118 . ,		· · · · ·		Form 9	90-EZ	<b>Vo</b> (2016)