THE SEMINAR NETWORK, INC.
FORM 990
TAX YEAR 2018
PUBLIC
DISCLOSURE

# **Return of Organization Exempt From Income Tax**

orm **990** 

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

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

A For the 2018 calendar year, or tax year beginning 08/01, 2018, and ending 12/31, 20 18 D Employer identification number C Name of organization B Check if applicable: THE SEMINAR NETWORK, INC. Doing Business As THE SEMINAR NETWORK TRUST 46-3508366 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 1320 N. COURTHOUSE ROAD, SUITE 500 (571) 290-6811 Initial return City or town, state or province, country, and ZIP or foreign postal code Amended ARLINGTON, VA 22201 G Gross receipts \$ 75,081,933. return Application pending F Name and address of principal officer: BRIAN MENKES H(a) Is this a group return for Yes Χ Nο subordinates' 1320 N COURTHOUSE ROAD STE 500, ARLINGTON, VA 22201 Yes No H(b) Are all subordinates included? X | 501(c)(3) Tax-exempt status: 501(c) ( 4947(a)(1) or If "No," attach a list. (see instructions) Website: ► N/A H(c) Group exemption number DE Form of organization: X | Corporation L Year of formation: 2013 M State of legal domicile: Other > Summary Part I 1 Briefly describe the organization's mission or most significant activities: THE SEMINAR NETWORK, SUPPORT TO A GROWING NETWORK OF SOCIAL ENTREPRENEURS - THOSE Governance TACKLING THE MAJOR CHALLENGES (SEE SCHEDULE O FOR CONTINUATION) 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 3. 0. Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0. 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 27,427,504. 74,954,608. **COPY FOR** 0. Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 134,271 127,325. 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 75,081,933. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 27,561,775. 12 8,083,040. 6,541,447. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Ō. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_\_\_\_\_\_ 17,110. 10,453. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,100,150. 6,551,900. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,461,625. 68,530,033. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 102,264,595. 34,412,710. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 1,862,387. 1,357,524. 21 32,550,323. 100,907,071. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/15/2019 Sign Signature of officer Here ROBERT HEATON TREASURER Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid MICHAEL J ENGLE self-employed P00482834 Preparer Firm's name 

BKD, LLP Firm's EIN ▶ 44-0160260 **Use Only** 816-221-6300 Firm's address > 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

# Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

	riom, visit www.ns.gov/c me providers/c me n		, 							
	c 6-Month Extension of Time. Only subm									
-	tions required to file an income tax return othe			0-C filers), partnerships,	, RE	MICs,	and trusts			
nust use F	orm 7004 to request an extension of time to f	ile income	tax returns.							
				Enter filer's identifying	ıg nu	mber,	see instructions			
Type or	Name of exempt organization or other filer, see in	structions.		Employer identification nu	number (EIN) or					
Type or										
orint	THE SEMINAR NETWORK, INC.			46-350836	6	5				
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	Social security number (S	SN)							
iling your	1320 N. COURTHOUSE ROAD, SUITE 500									
eturn. See	City, town or post office, state, and ZIP code. For	r a foreign ad	Idress, see instructions.	•						
nstructions.	ARLINGTON, VA 22201									
	lature Code for the return that this application	in for /file	a concrete application f	ar aaah ratura)			0 1			
inter the R	eturn Code for the return that this application	is for (file	a separate application to	or each return)	• •		—			
Application	1	Return	Application				Return			
s For	•	Code	Is For				Code			
	or Form 990-EZ	01	Form 990-T (corporate	tion)			07			
		02	<del>                                     </del>	11011)			08			
Form 990-E		1	Form 1041-A	ام یامانیامایما						
	(individual)	03	Form 4720 (other tha	—		09				
Form 990-F		04	Form 5227	—		10				
	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069	11						
-orm 990-	Γ (trust other than above)	06	Form 8870				12			
	BRIAN MENKES									
Ine book	ks are in the care of $\blacktriangleright$ 1320 N. COURTHO	USE ROAL	D, SULTE 500 ARL	INGTON VA ZZZUI						
Telephor	ne No. ► 703 875-0254 ganization does not have an office or place of		Fax No. ▶							
If this is	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number	(GEN)		If <sup>1</sup>	this is			
	le group, check this box ▶ 🔃 . I		art of the group, check	this box ▶ [		and a	ttach			
a list with th	ne names and EINs of all members the extens	ion is for.								
1 I requ	est an automatic 6-month extension of time u	ntil	11/15, 20	19 , to file the exempt	org	janiza	tion return			
for the	e organization named above. The extension is	for the or	ganization's return for:							
	_									
▶	calendar year 20 or									
► X	tax year beginning08/0	1 , 20 1	8 , and ending	12/31 ,	20	18 .				
					_					
2 If the	tax year entered in line 1 is for less than 12 m	onths, che	ck reason: Initial r	eturn Final returi	n					
	Change in accounting period									
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the	tentative tax, less any						
	fundable credits. See instructions.			,	3a	\$	0.			
	s application is for Forms 990-PF, 990-T,	4720. o	r 6069, enter anv re	efundable credits and	_	-				
	ated tax payments made. Include any prior yea				3b	\$	0.			
	ce due. Subtract line 3b from line 3a. Include					Ť				
	ronic Federal Tax Payment System). See instru		,		3с	s	0.			
	ou are going to make an electronic funds withdrawa		oit) with this Form 8868. se	ee Form 8453-EO and Form						
nstructions.		. ( 201 000	,		50.					
	Act and Paperwork Reduction Act Notice, see instr	ructions.			Forr	n 886	<b>8</b> (Rev. 1-2019)			
							- (			

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Pa		Statement of Program Service			
_			a response or note to any line in this Par	<u> </u>	
1	-	scribe the organization's missic		MED AE	
			EEKS TO FUND INITIATIVES AI		
			PUBLICIZING ACROSS A RANGE AFFECTING THE NATION AND TH		
		RY AMERICAN.	AFFECIING THE NATION AND IN	E METT-BEING	
2	prior Forn		ificant program services during the ye		Yes X No
2	•		schedule O. g, or make significant changes in I	now it conducts any program	
3	services?		- 		Yes X No
4		•	ervice accomplishments for each of i	ts three largest program services, a	s measured by
	expenses	. Section 501(c)(3) and 501(c	)(4) organizations are required to reported.		
4a	(Code:		,541,447. including grants of \$ 6		0)
			ROVIDES SUPPORT TO A GROWIN		
			E TACKLING THE MAJOR CHALLE		
			CIAL AND ECONOMIC ISSUES AN AND SUPPORT NEEDED TO MAKE		
			LE IMPROVE THEIR LIVES.	A FAR	
	GREATER	C IMPACT TO HELP PEOPL	LE IMPROVE THEIR LIVES.		
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(			, ( +	
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
44	Other pro	gram services (Describe in Sch	edule ()		
-TU	(Expense:	= -	· · · · · · · · · · · · · · · · · · ·	s.\$	
46	· ·	gram service expenses		, ψ ,	

Form **990** (2018)

Form 990 (2018)

Part IV Checklist of Required Schedules Page 3

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	_
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		+
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		+
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		t
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Ť
•	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	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Ť
-	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			Ť
	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	
0	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		
1	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		
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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		
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a		_
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 .			_
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_
	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		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
9	If "Yes," complete Schedule G, Part III	19		
<b>1</b> 2	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		Х
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		X
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		X
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	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 .			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
		Form	990	(2018)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (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 0.						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
h	If "Yes," enter the name of the foreign country: ▶						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization						
ou	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х			
h	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).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
u	and services provided to the payor?	7a		Х			
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
·	required to file Form 8282?	7c		Х			
Ч	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h					
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X			
	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	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						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
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		X			
	If "Yes," see instructions and file Form 4720, Schedule N.			37			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						

THE SEMINAR NETWORK, INC. 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 S

Sect	ion 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							
	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 <u>1b</u>							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	37					
	any other officer, director, trustee, or key employee?	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct			v				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X				
6	Did the organization have members or stockholders?	0		21				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X				
	one or more members of the governing body?	<i>1</i> a						
b	3	7b		X				
	stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
•	The governing body?	8a	Х					
a b	Each committee with authority to act on behalf of the governing body?	8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X				
b	1 , , ,							
12a	1 , , , ,	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			3.5				
	rise to conflicts?	12b		X				
С		40-		X				
	describe in Schedule O how this was done	12c	X	^				
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	21					
15	Did the process for determining compensation of the following persons include a review and approval by							
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X				
a	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	. 55						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
ıva	with a taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Secti	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ VA ,							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	(Sec	tion 5	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and				
	financial statements available to the public during the tax year.	ı_ <b>.</b>						
20	State the name, address, and telephone number of the person who possesses the organization's books and record ROBERT HEATON 1320 N. COURTHOUSE ROAD, SUITE 500 ARLINGTON, VA 22201 571-290-6811	is 🟲						

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

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	in the drift related	J. 94	u					any carron one	.,	
(4)	(B)				C) sition			(D)	<b>(E)</b>	<b>(F)</b>
<b>(A)</b> Name and Title	(B) Average	(do r	not cl			e than c	ne	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and Title	hours per		do not check oox, unless pe					compensation	compensation from	amount of
	week (list any		officer and a dir			rector/trustee)		from	related	other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)BRIAN HOOKS	1.00									
DIRECTOR	41.00	Х						0.	899,870.	33,445.
(2)CHARLES G. KOCH	1.00									
DIRECTOR	1.25	Х						0.	0.	0 .
(3)CHARLES CHASE KOCH	1.00									
DIRECTOR	1.25	Х						0.	0.	0 .
(4)DALE GIBBENS	1.00									
DIRECTOR	4.00	Х						0.	23,063.	0
(5)MARK HOLDEN	1.00									
DIRECTOR	6.00	Х						0.	0.	0
(6)BRIAN MENKES	2.00									
PRESIDENT/SECRETARY	4.00			Х				0.	0.	0
(7)ROBERT HEATON	1.00									
TREASURER	42.00			Х				0.	401,231.	47,276
(8)										
(9)										
(10)										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										

Form **990** (2018)

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Part			y En	plo			and I	Hıg					
	(A)	(B)				C)			(D)	(E)		(F	)
	Name and title	Average	(do r	ot o		sition	e than c	ono	Reportable	Report		Estim	
		hours per week (list any	,				is both		compensation from	compensation from related		amou oth	
		hours for					or/trust		the	organiza		comper	
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099		from	
		organizations below dotted	vidu	it it	cer	em	nest	ner	(W-2/1099-MISC)			organiz and re	
		line)	of all tr	onal		ploy	con					organiz	
			uste	trug		ee	)   						
			Ф	tee			nsate						
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		L											
		T											
		T											
1b S	ıb-total							<b>&gt;</b>	0.	1,324	,164.	80	721.
	otal from continuation sheets to Part VII, S					• •		<b>&gt;</b>	0.		0.		0.
d To	otal (add lines 1b and 1c)							<b>&gt;</b>	0.	1,324	,164.	80	721.
	otal number of individuals (including but not							o re	ceived more than	\$100,000	of		
re	portable compensation from the organization	n ▶	0.										
												Y	es No
<b>3</b> D	d the organization list any former offic	er, directo	r. or	tru	uste	e. I	kev e	ame	olovee, or highes	t compens	sated		
	mployee on line 1a? If "Yes," complete Sched											3	X
	or any individual listed on line 1a, is the												
	ganization and related organizations gro												
	dividual									0 101	54011	4 2	Х
	d any person listed on line 1a receive or									on or indiv	idual		
	r services rendered to the organization? <i>If "</i> Yo											5	Х
	on B. Independent Contractors	co, comple	.5 501			. , 51	34011	701	<del></del>	<u> </u>			<u> </u>
	omplete this table for your five highest com	pensated in	ndene	ende	ent i	cont	tracto	rs t	hat received more	than \$10	0.000 of	f	
	empensation from the organization. Report of												
	ear.	·					•		-	J			
	(A)							Τ	(B)			(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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# Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to ar	ny line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	74,954,608.				
	h	Total. Add lines 1a-1f		74,954,608.			
Program Service Revenue	2a b c d e f	All other program service revenue					
<u>-</u>	g	Total. Add lines 2a-2f	<u></u>	0.		1	
	3	Investment income (including divide and other similar amounts) Income from investment of tax-exempt bor	nd proceeds	103,029.			103,029.
	6a b c d	Royalties (i) Real  Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)	(ii) Personal	0.			
	b c d	assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)		24,296.			24,296.
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
U	c	Net income or (loss) from fundraising event		0.			
		Gross income from gaming activities. See Part IV, line 19	<b>a</b> 0.				
		Less: direct expenses					
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances		0.			
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory.	<b>b</b> 0.	0.			
		Miscellaneous Revenue	Business Code				
	11a b c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		0.			
	12	Total revenue. See instructions		75,081,933.			127,325.

46-3508366

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). (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 6,541,447. 6,541,447. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 0 11 Fees for services (non-employees): 0 a Management 0 0 . c Accounting 0 d Lobbying 0. e Professional fundraising services. See Part IV, line 17, 0 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 578 578 12 Advertising and promotion 0. 13 Office expenses 179. 179. 14 Information technology 0 . 15 0 16 0 . Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 0 Interest 0 Payments to affiliates 0 22 Depreciation, depletion, and amortization 0 Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6,584. 6,584. aBANK FEES bCREDIT CARD PROCESSING FEES 3,112 3,112 С e All other expenses 6,551,900 6,541,447. 10,453 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the

0

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any line in this Pa	art X		
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		275,753.	1	279,361.
	2	Savings and temporary cash investments		11,515,476.	2	33,254,303.
	3	Pledges and grants receivable, net		8,844,174.	3	50,126,909.
	4	Accounts receivable, net	0.	4	0.	
	5	Loans and other receivables from current and former of	officers, directors,			
		trustees, key employees, and highest compensa	ated employees.			
		Complete Part II of Schedule L		0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as de 4958(f)(1)), persons described in section 4958(c)(3)(B), and con and sponsoring organizations of section 501(c)(9) voluntary em	0.	6	0.	
ts	_	organizations (see instructions). Complete Part II of Schedule L.		0.	7	0.
Assets	7	Notes and loans receivable, net		0.	8	0.
Ã	8	Inventories for sale or use		0.	9	0.
	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or		<u> </u>	9	0.
	IVa	other basis. Complete Part VI of Schedule D				
	h	Less: accumulated depreciation 10b		0	10c	0.
	11			1,309,237.	11	6,135,952.
	12	Investments - other securities. See Part IV, line 11		0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.	
	14		0.	14	0.	
	15	Intangible assets Other assets. See Part IV, line 11		12,468,070.	15	12,468,070.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		34,412,710.	16	102,264,595.
_	17	Accounts payable and accrued expenses.		0.	17	40,774.
	18	Grants payable		0.	18	0.
	19			0.	19	0.
	20		eferred revenue x-exempt bond liabilities			
	21	Escrow or custodial account liability. Complete Part IV of S	Schedule D	0. 1,862,387.	20 21	0. 1,316,750.
(n	22	Loans and other payables to current and former of		27002700.1	41	2732077301
Liabilities		trustees, key employees, highest compensated				
ij		disqualified persons. Complete Part II of Schedule L		0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third p		0.	23	0.
	24	Unsecured notes and loans payable to unrelated third part		0.	24	0.
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24).				
		of Schedule D	•	0.	25	0.
	26	Total liabilities. Add lines 17 through 25.		1,862,387.	26	1,357,524.
es		Organizations that follow SFAS 117 (ASC 958), check h complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		32,550,323.	27	100,907,071.
Fund Balances	28	Temporarily restricted net assets		0.	28	0.
둳	29	Permanently restricted net assets		0.	29	0.
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere 🕨 🗌 and			
	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment for	und		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or or	other funds		32	
Net	33	Total net assets or fund balances		32,550,323.	33	100,907,071.
_	34	Total liabilities and net assets/fund balances		34,412,710.	34	102,264,595.
						Form <b>990</b> (2018)

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Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75,0	81,9 51,9				
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3									
4									
5	5 Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6				0.			
7	Investment expenses	7				0.			
8	Prior period adjustments	8				0.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10	1	00,9	07,0	71.			
Part									
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
If the organization changed its method of accounting from a prior year or checked "Other," explain in									
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a						
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght						
	of the audit, review, or compilation of its financial statements and selection of an independent according	ounta	nt?	2c					
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in						
	Schedule O.								
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in						
	the Single Audit Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b					

Form **990** (2018)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Pai	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplete	e this pa	art.) See instructions			
Γhe	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).			
2		A school described in section	on 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).							
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed i	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and st	ate:							
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C	complete Part II.)							
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	(b)(1)(A)(v).			
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public		
	_	described in section 170(b)		•						
8		A community trust describe	ed in <b>section 170(b</b>	o)(1)(A)(vi). (Complete	Part II.)					
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix) (	operated	d in conjunction with a	land-grant college		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or		
	_	university:								
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt facent income and un	unctions - subject to on the subject to one of the subject to the	certain e able incc	xception me (les	ns, and (2) no more tha s section 511 tax) from	n 331/3 %of its		
1		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	ction 509(a)(4).			
2		An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes		
		of one or more publicly su	pported organizati	ons described in sect	ion 509	( <b>a)(1)</b> oi	r section 509(a)(2). ${ m S}$	ee section 509(a)(3).		
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.		
а	L	<b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving		
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	f the directors or truste	es of the		
	_	_ supporting organization. <b>\</b>	ou must complet	e Part IV, Sections A	and B.					
b	L	<b>Type II.</b> A supporting org	anization supervise	ed or controlled in co	nnection	with its	s supported organization	on(s), by having		
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported		
	_	organization(s). <b>You must</b>	•							
С	L							lly integrated with,		
	_	_ its supported organization								
d	L	Type III non-functionally			-					
		that is not functionally inte	-		-		•	d an attentiveness		
	Г	requirement (see instructi	•	-						
е	L	Check this box if the orga						I, Type III		
£	E۳	functionally integrated, or	,,	, , ,		J				
t		ter the number of supported ovide the following information	•							
9		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
	(',' '	ame of supported organization	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see		
				above (see instructions))	Yes	nent?	instructions)	instructions)		
					163	140				
A)										
B)										
C)										
D)										
E)										
Γota	 ul									

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

Page 2 Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support				•	,	
Cale	ndar 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.")	108,500.	237,000.	1,210,000.	18,597,754.	21,454,608.	41,607,862.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	100 700	007.000		10 505 554	03. 454. 500	0.
4	Total. Add lines 1 through 3	108,500.	237,000.	1,210,000.	18,597,754.	21,454,608.	41,607,862.
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)						25,069,030.
_6	Public support. Subtract line 5 from line 4						16,538,832.
	tion B. Total Support		Г		Т	T T	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	108,500.	237,000.	1,210,000.	18,597,754.	21,454,608.	41,607,862.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			496.	81,338.	103,029.	184,863.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						41,792,725.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup	<u> </u>					
		•		44 (0)		44	39.57 <b>%</b>
14	Public support percentage for 2018 (li		•			15	<del></del>
15	Public support percentage from 2017 331/3% support test - 2018. If the org						
ıva	box and <b>stop here.</b> The organization q	_					
h	331/3% support test - 2017. If the org	•		•			• • • • —
-	this box and <b>stop here.</b> The organization	•			•		
17a	10%-facts-and-circumstances test - 2			_			
	10% or more, and if the organization	_					
	Part VI how the organization meets t					-	-
	organization			_			
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organizati						-
	supported organization						▶ □
18	Private foundation. If the organization						
	instructions						▶ 📙

Schedule A (Form 990 or 990-EZ) 2018 Page **3** 

# 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.)

Sec	tion A. Public Support			, i	'	,	
Cale	ndar 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.")						
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						
-	organization's benefit and either paid to						
	.						
_	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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	J	•	, ,			` ` ` ' _
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lin			13 column (f))		17	%
17 18	Investment income percentage from 2017 S						
18						18	
туа	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	
20	Private foundation. If the organization of	ala not check	a box on line	14, 19a, or 19b	o, cneck this b	ox and see instr	uctions -

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page 4

#### 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

- 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.**
- 10 a 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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·	3a		
nd he			
	3b		
B)	3с		
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n	4b		
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				- 3
Part l	V 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)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
	7 2 3 3 3 3 3 3 3		Yes	No
4	Did the directors, trustoco, or membership of one or more supported organizations have the newer to			
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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Secur	on 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		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the experiencian provide to each of its supported experiencians by the last day of the fifth month of the		Yes	No
ı	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 <b>Part VI</b> 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			
	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		
Section	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		
	or its supported organizations: if Tes, describe in Fait VI the Fole played by the organization in this regard.	<u>3D</u>		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A. Adjusted Not Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
			(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):	4.		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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-functionally	y integra	ated Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

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

Secti	ection D - Distributions							
1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exer	ed						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified 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	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014							
b	Excess from 2015							
С	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

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

PART II, LINE 1, COLUMN (D)

UNUSUAL GRANTS RECEIVED FOR 2017

\$8,829,750

PART II, LINE 1, COLUMN (E)

UNUSUAL GRANTS RECEIVED FOR 2018

\$53,500,000

NOT SUBJECT TO PUBLIC DISCLOSURE - All information in this schedule (including dollar amounts) is protected against public disclosure because, directly and in combination with other information available in the 990 or elsewhere, it reasonably identifies contributors and discloses taxpayer return information.

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

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

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization THE SEMINAR NETWORK, INC. 46-3508366 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] 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

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).

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)

NOT SUBJECT TO PUBLIC DISCLOSURE - All information in this schedule (including dollar amounts) is protected against public disclosure because, directly and in combination with other information available in the 990 or elsewhere, it reasonably identifies contributors and discloses taxpayer return information.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 THE SEMINAR NETWORK, INC. Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

46-3508366

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

Name of organization THE SEMINAR NETWORK, INC.

Page 3

**Employer identification number** 

		46-3	508366
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is ne	eded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

NOT SUBJECT TO PUBLIC DISCLOSURE - All information in this schedule (including dollar amounts) is protected against public

ame of or	rganization THE SEMINAR NETWORK, IN	C.		Employer identification number					
				46-3508366					
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	ne year from any one completing Part year. (Enter this in	one contributor.  III, enter the total formation once.	Complete columns (a) through (e) an of exclusively religious, charitable, etc.					
(a) No.	Ose adplicate copies of Fart III ii addition	nai space is necuc	·u.						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transfe	er of gift						
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee					
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transfe	er of gift						
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		(a) Transf	or of gift						
		(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		(e) Transfe	er of gift						

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

# 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

Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number
TH	E SEMINAR NETWORK, INC.		46-3508366
Pa	organizations Maintaining Donor Advi	sed Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3.	
2	Aggregate value of contributions to (during year)	10,500,000.	
3	Aggregate value of grants from (during year)	3,003,333.	
4	Aggregate value at end of year.	13,014,969.	
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
5	funds are the organization's property, subject to the	<del>-</del>	
6	Did the organization inform all grantees, donors, a	•	
•	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		1 1
P:	art 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		
	Preservation of land for public use (e.g., reci		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
_	easement on the last day of the tax year.	,,, , , , , , , , , , , , , , , , , ,	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		
_	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, tran		
•	tax year ▶	5.5gagaga	a.ca 2,e e.gaza.e aage
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy reg		tion, handling of
	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, inspec		
	<b>&gt;</b>		Ç
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing c	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's financ	cial statements that describes the
	organization's accounting for conservation easeme	nts.	
Pa	art III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	ir assets held for public exhibition, edu octnote to its financial statements that des	ication, or research in furtherance of scribes these items
b	If the organization elected, as permitted under \$		
~	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati	ng to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b></b> ▶\$
2	If the organization received or held works of a	t, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these item	is:
а	Revenue included on Form 990, Part VIII, line 1		<b> ▶</b> \$
b	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2016											age Z
Pa	rt III Organizations Maintaini										_	
3	Using the organization's acquisition		n, and othe	er recor	ds, checl	k any o	f the follo	wing that are	a sigr	ificant u	se of	f its
	collection items (check all that app	ly):			_							
а	Public exhibition			d _	Loan	or excha	inge progr	ams				
b	Scholarly research			e	Other							
С	Preservation for future gene											
4	Provide a description of the organ	nization's co	ollections ar	nd expla	ain how t	hey fur	ther the c	organization's	exemp	t purpos	e in	Part
	XIII.											
5	During the year, did the organization									_		1
	assets to be sold to raise funds rath			ed as pa	rt of the o	organiza	tion's coll	ection?	L	Yes		No
Pa	art IV Escrow and Custodial Arrangements.											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form											
	990, Part X, line 21.				l: <b>f</b>	4 u ! l 4	:41					
1 а	Is the organization an agent, truste								Г	V V		) <b>.</b>
	included on Form 990, Part X?								L	X Yes		No
b	If "Yes," explain the arrangement i	n Part XIII a	na complet	e tne to	llowing tar	oie:						
	De alecte a halece a							F	Mount	1,86	2 2	07
C	Beginning balance						1c					
d	Additions during the year						1d			13,57		
e	Distributions during the year						1e					
f o-	Ending balance			 	04 for a	[	1f		1:4-0	1,31		_
	Did the organization include an am		•		•				, _	X Yes		No
$\overline{}$	If "Yes," explain the arrangement i	n Part XIII. (	oneck nere	ir the e	xpianation	nas bee	en provide	d on Part XIII			. A	
Pa	rt V Endowment Funds. Complete if the organiza	ation answe	arod "Voc"	on For	m 000 E	Part I\/	lino 10					
	Complete if the organiza						years back	(d) Thusa was	no hook	(a) Faur		
		(a) Curren	it year	(b) Pric	r year	(c) Two	years back	(d) Three yea	IS DACK	(e) Four	years t	
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage				e (line 1g,	column	(a)) held a	as:				
а	Board designated or quasi-endown		%									
b	Permanent endowment	%	0/									
С	Temporarily restricted endowment		%	0/								
2-	The percentages on lines 2a, 2b, a				tion that	مام مین		iniotorod for th				
3a	Are there endowment funds not in	the possess	sion of the c	organiza	illon inai	are nei	and adii	imstered for tr	ie	Г	es	No
	organization by:									3a(i)		
	(i) unrelated organizations									3a(ii)		
<b>L</b>	(ii) related organizations If "Yes" on line 3a(ii), are the relate									3b		
4	* * *	•								30		
4 Pa	Describe in Part XIII the intended urt VI Land, Buildings, and Equ		organizatioi	1 2 EHUU	wiiieiil iul	iuo.						
E	Complete if the organize	ation answ	ered <u>"Ye</u> s"	on Fo	<u>rm 9</u> 90, l	Part IV,	line 11a	See Form 9	90, Pa	rt X, line	<u> 10</u> .	
	Description of property	(	a) Cost or othe		(b) Cost			ccumulated	(d	) Book val	ue	
	Land		(investmer	n)	(0	ther)	de	preciation				
та b	Buildings											
0	Leasehold improvements											
d	Equipment											
	Other							+				
<u>e</u> Tota	II. Add lines 1a through 1e. (Column		gual Form 9	90. Part	X. colum	n (B). lin	e 10c.)	<b>•</b>				
		, =,	,	,	.,	1-/,	/					

Page 3 Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.	LIIV	D + 11/1   1 - 44    0 - 5 000	D. (V. II 40
	Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11c. See Form 990,	, Part X, line 13.
	(a) Description of investment	(b) Book value	<b>(c)</b> Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
_(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answere	d "Voe" on Form 000	Part IV line 11d See Form 990	Part V line 15
	· · · · · · · · · · · · · · · · · · ·		r, Fart IV, line 11d. See 1 oilli 990	
/4) DENE	FICIAL INT-REMAINDER TRUST	escription		<b>(b)</b> Book value 12,468,070.
	FICIAL INI-REMAINDER IRUSI			12,400,070.
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
(8)				
(9)				10 110 000
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u>	12,468,070
Part X	Other Liabilities.  Complete if the organization answere line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	e	
	ral income taxes	(a) Dook tale		
(2)	Tal moone taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (0atom	(A)	1 6		
	nn (b) must equal Form 990, Part X, col. (B) line 25.			
•	or uncertain tax positions. In Part XIII, provide 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

JSA
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Schedule D (Form 990) 2018 Page 4

Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.
1 Total revenue, gains, and other support per audited financial statements	1
c Recoveries of prior year grants	
Subtract line 2e from line 1	. 3
b Other (Describe in Part XIII.)  c Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Rev	4c 5 turn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	. 1
a Donated services and use of facilities	
e Add lines 2a through 2d	2e 3
b Other (Describe in Part XIII.)	4c 5
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info SCHEDULE D, PART IV, LINES 1B AND 2B	
THE ORGANIZATION DISBURSES CUSTODIAL ACCOUNT FUNDS IN FULL ACCORDANCE	
WITH DONOR-PROVIDED INSTRUCTIONS.	

JSA 8E1271 1.000 Part XIII Supplemental Information (continued)

# SCHEDULE I (Form 990)

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

2018

Schedule I (Form 990) (2018)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificati	ion number
THE SEMINAR NETWORK, INC.						46-350836	56
Part I General Information on Grants and	d Assistanc	е				'	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor omestic Or	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organiza	ation answered "Y	X Yes No
Part IV, line 21, for any recipient the 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	,000. Part II can I	(e) Amount of non- cash assistance	additional space is n  (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICANS FOR PROSPERITY FOUNDATION 1310 N. COURTHOUSE RD STE 700	52-1527494	501(C)(3)	2,670,000.				GENERAL OPERATING SUPPORT
(2) BILL OF RIGHTS INSTITUTE  1310 N. COURTHOUSE RD STE 620	48-0891418	501(C)(3)	475,000.				GENERAL OPERATING SUPPORT
(3) CAUSE OF ACTION INSTITUTE 1875 EYE STE NW STE 800	45-2805977	501(C)(3)	2,250,000.				GENERAL OPERATING SUPPORT
(4) FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATI 510 WALNUT ST NO 1250	04-3467254	501(C)(3)	250,000.				GENERAL OPERATING SUPPORT
(5) RICE UNIVERSITY 6100 MAIN ST-375 HOUSTON, TX 77005	74-1109620	501(C)(3)	333,333.				EDUCATIONAL
(6) STAND TOGETHER, INC. 1320 N. COURTHOUSE RD STE 200	27-3197768	501(C)(3)	363,113.				GENERAL OPERATING SUPPORT
(7) YOUNG AMERICANS FOR LIBERTY FOUNDATION 1320 N. COURTHOUSE RD STE 310	45-3503672	501(C)(3)	200,000.				GENERAL OPERATING SUPPORT
(8)							
(9)							
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>	-	-					7.

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

THE SEMINAR NETWORK, INC. 46-3508366

Page 2 Schedule I (Form 990) (2018)

art III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
1					
j					
)					

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

SCHEDULE I, PART I, LINE 2

ALL GRANTS WERE MADE PURSUANT TO THE REQUIREMENT THAT THEY BE

EXPENDED EXCLUSIVELY FOR 501(C)(3) PURPOSES. THE ORGANIZATION REVIEWS

RECIPIENT'S FORM 990, IRS TAX-EXEMPTION LETTER, ARTICLES OF

INCORPORATION, BY-LAWS, AND VALIDATES THE RECIPIENT'S TAX ID NUMBER.

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

**Open to Public** 

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE SEMINAR NETWORK, INC.

Employer identification number 46-3508366

930, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	Part	Questions Regarding Compensation			
930, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel				Yes	No
First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Tay of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indiciate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee Independent compensation consultant Form 990 of other organizations Form 990 of other organizations  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization ines 5 and 6? If "Yes," describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
Travel for companions					
Tax indemnification and gross-up payments		— · · · · · · · · · · · · · · · · · · ·			
Discretionary spending account Personal services (such as maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.  Receive a severance payment from, an equity-based compensation arrangement?  4a					
If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Written employment contract  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment from, an equity-based compensation arrangement?  4a		or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	_		10		
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee	2				
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Written employment contract  Compensation survey or study  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Receive a severance payment from, a supplemental nonqualified retirement plan?  Ab X  Participate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Participate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Participate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Participate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Participate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Participate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Participate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Participate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Participate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Braticipate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Ac X  Braticipate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Braticipate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Braticipate in, or receive payment from, an equity-based compensation arrangement?  Ac X  Braticipate in Part III.  Braticipate in Part III.  Ac X			,		
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Written employment contract  Compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation may or accrue any compensation contingent on the revenues of:  The organization?  Part III.  Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the net earnings of:  Participate in, or receive payment from, an equity-based compensation payment from an equity-based compensation payment from a full file for payment from a full file for	_				
related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  6a	3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
Independent compensation consultant Form 990 of other organizations  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization or change-of-control payment?  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  X		related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Ines 5 and 6? If "Yes," describe in Part III.  For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		Compensation committee Written employment contract			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  X					
roganization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  6a		Form 990 of other organizations  Approval by the board or compensation committee			
Receive a severance payment or change-of-control payment?.  Participate in, or receive payment from, a supplemental nonqualified retirement plan?.  Participate in, or receive payment from, an equity-based compensation arrangement?.  4c X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  To you have any amounts reported on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a,	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
Participate in, or receive payment from, a supplemental nonqualified retirement plan?			_		37
Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  5a	a				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	b				
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	С		4C		Λ
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  X		The storage of lines 4a-c, list the persons and provide the applicable amounts for each item in Fait III.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  X		Only section 501(c)(3) 501(c)(4) and 501(c)(29) organizations must complete lines 5-9			
compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	5				
The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	·				
Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	а	· · · · · · · · · · · · · · · · · · ·	5a		Х
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	b				Х
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X					
compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	6				
Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		compensation contingent on the net earnings of:			
If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	а	The organization?	6a		X
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	b	Any related organization?	6b		X
payments not described on lines 5 and 6? If "Yes," describe in Part III		If "Yes" on line 6a or 6b, describe in Part III.			
Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
in Part III	8				
It "Voo" on line D. did the execui-ation also follow the rebuttable presumption presedure described in	_		8		X
	9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			
	b 7 8	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	6b 7		

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

Schedule J (Form 990) 2018

THE SEMINAR NETWORK, INC. 46-3508366

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRIAN HOOKS	(i)	0.	0.	0.	0.	0.	0.	0.
1DIRECTOR	(ii)	187,370.	712,500.	0.	16,500.	16,945.	933,315.	0.
ROBERT HEATON	(i)	0.		0.	0.	0.	0.	0.
2TREASURER	(ii)	266,231.	135,000.	0.	19,750.	27,526.	448,507.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
4.4	(i) (ii)							
14	(i)							
4.5	(ii)							
15	(i)							
16	(ii)							
16	(")							

THE SEMINAR NETWORK, INC. 46-3508366

Schedule J (Form 990) 2018 Page 3

#### Part | Supplemental Information

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

SCHEDULE J, PART II & FORM 990, PART VII

BRIAN HOOKS WAS COMPENSATED BY CHARLES KOCH INSTITUTE (CKI), A RELATED

501(C)(3) ORGANIZATION. CKI USES A COMPENSATION SURVEY OR STUDY AND

APPROVAL BY THE BOARD TO SET COMPENSATION.

ROBERT HEATON WAS COMPENSATED BY THE SEMINAR NETWORK CHAMBER OF COMMERCE,

INC. (TSNCC), A RELATED 501(C)(6) ORGANIZATION. TSNCC USES FORM 990 OF

OTHER ORGANIZATIONS, WRITTEN EMPLOYEE CONTRACTS AND APPROVAL BY THE BOARD

TO SET COMPENSATION.

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection

Employer identification number

46-3508366

Name of the organization

THE SEMINAR NETWORK, INC.

FORM 990, PART I, LINE 1

OF OUR TIME IN A BROAD RANGE OF SOCIAL AND ECONOMIC ISSUES AND WORKS TO EMPOWER THEM WITH THE TOOLS AND SUPPORT NEEDED TO MAKE A FAR GREATER IMPACT TO HELP PEOPLE IMPROVE THEIR LIVES.

FORM 990, PART VI, SECTION A, LINE 2

VARIOUS OFFICERS AND DIRECTORS HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B THERE ARE NO SUCH COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B

AN INDEPENDENT ACCOUNTING FIRM PREPARED AND REVIEWED THE FORM 990. A

FULL DRAFT OF THE 990 ALONG WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED

TO INTERNAL MANAGEMENT. QUESTIONS ARE ADDRESSED AND ANY MODIFICATIONS ARE
MADE.

FORM 990, PART VI, SECTION B, LINE 12C

THE OFFICERS AND DIRECTORS ARE COVERED UNDER THE CONFLICT OF INTEREST

POLICY. THE ORGANIZATION'S LEGAL COUNSEL REVIEWS TRANSACTIONS FOR

POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION DID NOT COMPENSATE ANY OFFICERS, DIRECTORS OR KEY

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

EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ALL REQUIRED DISCLOSURES AVAILABLE TO THE PUBLIC

UNDER IRS REGULATIONS.

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE SEMINAR NETWORK, INC.

Employer identification number
46-3508366

Part I Identification of Disregarded Entities. Complete if the organia	zation answered "Yes" on	Form 990, Part I	V, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	12(b)(13)
						Yes	No
(1) CHARLES KOCH INSTITUTE 27-496773	2						
1320 N. COURTHOUSE RD STE 500 ARLINGTON, VA 22201	EDUCATION	DE	501(C)(3)	2	N/A	X	
(2) CHARLES KOCH FOUNDATION 48-091840	8						
1320 N. COURTHOUSE RD STE 600 ARLINGTON, VA 22201	GRANT MAKING	KS	501(C)(3)	PF	N/A	X	
(3) THE SEMINAR NETWORK CHAMBER OF COMMERCE 45-373275	0						
2300 WILSON BLVD STE 500 ARLINGTON, VA 22201	PUBLIC ED	DE	501(C)(6)	N/A	N/A		X
(4) TSN INSTITUTE 47-317593	1						
1320 N. COURTHOUSE RD STE 500 ARLINGTON, VA 22201	GRANT MAKING	DE	501(C)(4)	N/A	N/A	X	
(5) CAPITOL LEADERS, INC. 47-343807	9						
2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201	PUBLIC ED	DE	501(C)(3)	7	TSNCC	X	
(6)							
(7)							
· /							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	(h) Disproportionate allocations? (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion )(13) olled
									Yes	No
(1) CHARITABLE REMAINDER TRUST										
		CHARITABLE TRUST	VA	N/A						Х
(2) MBM CENTER, INC.	81-4065996									
1320 N. COURTHOUSE RD STE 500 ARLINGTON, VA 22201		CONSULTING	DE	N/A	C-CORPORATION	N/A	N/A	N/A		Х
(3) CAVHOCO, INC.	46-3335308									
2200 WILSON BLVD STE 500 ARLINGTON, VA 22201		HOLDING COMPANY	DE	N/A	C-CORPORATION	N/A	N/A	N/A		Х
(4) DBLDBL INC.	46-3309110									
2300 WILSON BLVD STE 500 ARLINGTON, VA 22201		CONSULTING	DE	N/A	C-CORPORATION	N/A	N/A	N/A		Х
(5) KNSLT, INC.	46-3325739									
2200 WILSON BLVD STE 500 ARLINGTON, VA 22201		CONSULTING	DE	N/A	C-CORPORATION	N/A	N/A	N/A		Х
(6) THOCO	45-3147042									
2300 WILSON BLVD STE 500 ARLINGTON, VA 22201		HOLDING COMPANY	DE	N/A	C-CORPORATION	N/A	N/A	N/A		Х
(7)										_

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Part \	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1 [	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
a F	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
	Sift, grant, or capital contribution to related organization(s)				1b	X
	Sift, grant, or capital contribution from related organization(s)				1c	X
d L	oans or loan guarantees to or for related organization(s)				1d	X
e L	oans or loan guarantees by related organization(s)				1e	X
f [	Dividends from related organization(s)				1f	Х
	ale of assets to related organization(s)				1g	X
	rurchase of assets from related organization(s)				1h	X
	xchange of assets with related organization(s)				1i	X
j L	ease of facilities, equipment, or other assets to related organization(s)				1j	X
						٠
	ease of facilities, equipment, or other assets from related organization(s)				1k	X
	erformance of services or membership or fundraising solicitations for related organization(s)				11	X
	erformance of services or membership or fundraising solicitations by related organization(s)				1m	X
	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
<b>o</b> S	haring of paid employees with related organization(s)				10	
_					4	X
	teimbursement paid to related organization(s) for expenses				1p	X
q F	eimbursement paid by related organization(s) for expenses				1q	21
	Ather transfer of each or preparty to related ergonization(s)				1r	X
	Other transfer of cash or property to related organization(s)				1s	X
2 1	the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and trans	action thre		
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction	Amount involved		of determ	-
		type (a-s)		anioc	ant involve	eu
(1)						
(2)						
(3)						
(4)						
(5)						
(0)				+		

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

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

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

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# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.