TSN INSTITUTE 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.

OMB No. 1545-0047

20 18

Open to Public Inspection

A F	or th	e 201	8 calendar year, or tax year begir	nning	, 2018,	and endin	<u>g</u>			, 20	<u> </u>	
ь.			C Name of organization					D Employer ide	entifica	ation num	ber	
D CI	neck if ap	oplicable:	TSN INSTITUTE									
	Addre		Doing Business As					47-3175	931			
Х	7 -	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite		E Telephone nu	umber			
	Initial	return	1320 N. COURTHOUSE RD	, STE 500				(571) 29	0 – 68	311		
	Termi		City or town, state or province, country, a	and ZIP or foreign postal code								
	Amen	ided	ARLINGTON, VA 22201					G Gross receipt	ts \$	2,	501	,630.
	return Applio	cation	F Name and address of principal officer:	BRIAN MENKES				H(a) Is this a grou			Yes	X No
	_ pendi	ng	1320 N. COURTHOUSE RD		JGTON. V	VA 22201		subordinates' H(b) Are all subordi		dudod2	Yes	No
_	Tay-ev	empt st			4947(a)(1) d			If "No," attac			ı	
		te: ►		(IIISert IIO.)	4947 (a)(1) (51 527						
				Association Other		1 Veer of	f = === = = 1	H(c) Group exemption: 2014 M				DE
				Association Other		L Year of	iormai	IION: ZOIT IVI	State	or regar do	miclie:	——
	art I		mmary		CD E A TE	7 7 17017 (1	TITO NT	EEEMODIK GOI	MN/I T [ממשם מ		
	1		/ describe the organization's mission of				OF IN	EIWORK COI				
Governance			EASHING THE POTENTIAL OF									
rna			REPRENEURS, AND PHILANTH									
)Ve			this box 🕨 🔛 if the organization d	•	•			1	1 1			
	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3			2.
ა გ			er of independent voting members of t						4			1.
Activities	5	Total	number of individuals employed in cale	endar year 2018 (Part V, Iir	ne 2a)				5			33.
흦			number of volunteers (estimate if necess						6			0.
Ă	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a			0
			nrelated business taxable income from						7b			3,185
										Curr	rent Y	ear
4	8	Contri	ibutions and grants (Part VIII, line 1h)						0.	2	,500	0,000
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COPY	Y FOR			0.			
	10	Invest	ment income (Part VIII, column (A), line	se 3 1 and 7d)	PUBLIC IN	ISPECTION		43	1.			1,630
8			revenue (Part VIII, column (A), lines 5,						0.			0
								43		2	501	L,630
			revenue - add lines 8 through 11 (must						0.		, 501	
			s and similar amounts paid (Part IX, colu									
		Benefits paid to or for members (Part IX, column (A), line 4)						200 44	1	0.41	2 0 6 0	
ses			es, other compensation, employee bene					309,44		,043	3,060	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)					0.			
쏪	b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶	289,611	·			_			
	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				186,11	_			1,115
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	5)			495,56		1		1,175
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				-495,13	0.		567	7,455
s or							Begin	ning of Current Y	'ear	End	of Yea	ar
sets	20	Total	assets (Part X, line 16)					357,97	5.	2	,151	L,769
AS	21	Total	liabilities (Part X, line 26)					150,12	0.	1	,302	2,923
Net Assets or Fund Balances	22	Net as	ssets or fund balances. Subtract line 21	from line 20				207,85	5.		848	3,846
	rt II	Sig	gnature Block									
Und	der per	nalties o	of perjury, I declare that I have examined thi	is return, including accompa	nying schedu	les and statem	nents, a	and to the best of	my k	nowledge	and b	elief, it is
true	, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of whice	ch preparer has	s any kr	nowledge.				
								11/1	5/20	19		
Sig	n		Signature of officer					Date	-,			
Hei	e		BRIAN MENKES		DIRECT	"OP						
			Type or print name and title		DIRECT	. 010						
		<u> </u>	Type preparer's name	Preparer's signature		Date			P	TIN		
Paid	I		• • •	i reparer a signature		Date		Check	"		2024	
	arer	MTC:	HAEL J ENGLE					self-employe		P00482		
•	Only		s name ▶ BKD, LLP					· · · · · · · · · · · ·		016026		
			saddress > 1201 WALNUT, SUITE 1700					Phone no.	816-	-221-6	300	
May	the II	RS dis	cuss this return with the preparer show	n above? (see instructions) <u></u>					XY		No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.						Forr	n 990	0 (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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	Tomi, visit www.ns.gov/e me providers/e me r		·					
Automation	c 6-Month Extension of Time. Only subm	it original	(no copies needed).					
All corporat	tions required to file an income tax return othe	r than Fori	m 990-T (including 1120	O-C filers), partnerships,	REN	/IICs, and	d trusts	
must use F	orm 7004 to request an extension of time to f	ile income	tax returns.					
				Enter filer's identifying	nun נ	nber, see	instructions	
T.,,,,,	Name of exempt organization or other filer, see in	structions.		Employer identification nur	mber	(EIN) or		
Type or								
print	FREEDOM C4, INC. 47-3175				_			
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SS	N)			
filing your	1320 N. COURTHOUSE RD, STE 50	20 N. COURTHOUSE RD, STE 500						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	ARLINGTON, VA 22201							
Entar tha R	eturn Code for the return that this application	is for (file	a sanarata annlication fo	or each return)			0 1	
LING! the iv	etain code for the retain that this application	13 101 (1110	a separate application to	or cachinetanny i i i i i i i				
Application	1	Return	Application				Return	
Is For		Code	Is For				Code	
Form 990 c	or Form 990-EZ	01	Form 990-T (corporati	on)			07	
Form 990-E		02	Form 1041-A	- /			08	
	(individual)	03	Form 4720 (other than	n individual)			09	
Form 990-F		04	Form 5227	,				
	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069				10 11	
	Γ (trust other than above)	06	Form 8870				12	
	ROBERT HEATON							
• The bool	ks are in the care of ► 1320 N. COURTHO	USE RD.	STE 500 ARLINGTO	ON VA 22201				
- 1110 000					_			
Telenhor	ne No. ▶ 703 875-1658		Fax No. ▶					
	ganization does not have an office or place of	— husiness ir	the United States, chec	ek this hox	_			
	for a Group Return, enter the organization's for						is	
for the who	le group, check this box	f it is for no	art of the group, check t	his hoy		nd atta	ch	
	ne names and EINs of all members the extensi		art of the group, check to		`	ina attat	J11	
	est an automatic 6-month extension of time un		11/15 201	9 to file the event	ora		n return	
	e organization named above. The extension is			, to file the exempt	orga	ariiZatioi	rietaiii	
וטו נוופ	e organization named above. The extension is	ioi ille oig	ganization's return for.					
X	calandar year 20.18 or							
	calendar year 20 <u>18</u> or tax year beginning	20	and anding	,	20			
		, 20	, and ending	, , 2		<u> </u>		
2 If the	tox year antored in line 1 is far less than 12 m	antha aha	ok roogen: Initial re	sturn				
	tax year entered in line 1 is for less than 12 m	ionins, chec	ck reason miliai re	eturn Final return				
	Change in accounting period application is for Forms 990-BL, 990-PF, 9	00 T 4720	or 6060 optor the	tontativo tax loss any	$\overline{}$			
	• •	90-1, 4720	o, or occa, enter the		2-	¢.	0.	
	nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
					.	•	0.	
	ated tax payments made. Include any prior yea				3b	<u>\$</u>	0.	
			ent with this form, if rec				0	
	ronic Federal Tax Payment System). See instru		(4)(4) 4) F 0000		3c		0.	
	ou are going to make an electronic funds withdrawa	ı (airect deb	it) with this form 8868, se	e Form 8453-EO and Form	887	9-EU for	payment	
instructions.						0000		
For Privacy	Act and Paperwork Reduction Act Notice, see instr	uctions.			⊢orm	8000 (F	Rev. 1-2019)	

JSA

Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: CREATE A UNIQUE NETWORK COMMITTED TO UNLEASHING THE POTENTIAL OF PRINCIPLED, NEXT-GENERATION ENTREPRENEURS, AND PHILANTHROPISTS TO CREATE A FREE AND OPEN SOCIETY WITH OPPORTUNITIES FOR ALL. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,448,054. including grants of \$ o.) (Revenue \$ INVESTING AND SUPPORTING PRINCIPLED, NEXT-GENERATION ENTREPRENEURS, AND PHILANTHROPISTS TO CREATE A FREE AND OPEN SOCIETY WITH OPPORTUNITIES FOR ALL.) (Revenue \$ 4b (Code: including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: **4d** Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 1,448,054.

JSA 8E1020 1.000

Form 990 (2018)

Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	_		
ŭ	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	па		21
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
•	·	110		21
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		Х
الم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.1		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.5
_	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			3.7
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.7
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.5
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			**
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Page **4**

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	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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		X
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):	00-		Х
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		
D	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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	
	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			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
55	19? Note. 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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	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	X	

Form 990 (2018) Page 5

rai	Statements Regarding Other IRS Fillings 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 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	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
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		77	
	solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01	v	
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
_	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>9</u> 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	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 12b			
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
b	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			7,7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
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.			

TSN INSTITUTE 47-3175931 Page 6 Form 990 (2018) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management

			163	140
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	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	3		X
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	X	
a	The governing body?	8a 8b	21	X
ь 9	Each committee with authority to act on behalf of the governing body?	OD.		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion 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		Х
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		37
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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		
b	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	01(c)
	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 into	erest	oolicy	, and
	financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ROBERT HEATON 1320 N. COURTHOUSE RD, STE 500 ARLINGTON, VA 22201 571-290-6811

Form **990** (2018)

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TSN INSTITUTE 47-3175931 Form 990 (2018)

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 nor any related organization compensated any current officer, director, or trustee.

(C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of week (list any officer and a director/trustee) from related other Individual t or director hours for organizations compensation Officer employee Institutional trustee Highest compensated organization (W-2/1099-MISC) related from the employee (W-2/1099-MISC) organizations organization below dotted and related trustee organizations line) 1.00 (1)DALE GIBBENS 4.00 DIRECTOR/PRESIDENT/TREASURER X Χ 0 23,063 0. (2)BRIAN MENKES 1.00 DIRECTOR/SECRETARY 6.00 Χ Х 0 0. 0. (3) ROBERT HEATON 1.00 TREASURER 4.00 Х 0 0 0. (4)WILLIAM RUGER 40.00 VICE PRESIDENT-RESEARCH/POLICY 49.00 X 43,763 283,168 33,228. (5)DEREK JOHNSON 40.00 EXECUTIVE DIRECTOR 50.00 X 30,363 286,417 33,689 (6) (7) (8) (9) (10)(11) (12)(13)

Form **990** (2018)

(14)

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Part VII Section A. Officers, Directors, Tru	ıstees. Ke	v Em	ola	vee	es. a	and F	lial	hest Compensat	ed Emplo	vees (co	ontinue		age o
(A) Name and title	(B) Average hours per week (list any hours for	(do n box, office	ot ch unles	Pos neck ss pe	ition more rson lirecte	than o is both or/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Es am com	(F) timated count of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga	anization d related unization	t
								74 106	500	640			1.77
1b Sub-total c Total from continuation sheets to Part VII, Se							>	74,126. 0.	592	,648.		66,9	0.
d Total (add lines 1b and 1c)	-		-				•	74,126.	592	,648.		66,9	
Total number of individuals (including but not I reportable compensation from the organization	imited to tl		iste				re	ceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than										4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											5		X
Section B. Independent Contractors												•	
 Complete this table for your five highest com- compensation from the organization. Report of year. 													
(A) Name and business address						(B) Description of se	services (C) Compensation						

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

2 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 respon	nse 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	2,500,000.				
	h	Total. Add lines 1a-1f		2,500,000.			
Program Service Revenue	2a b c d		Business Code				
roç	f	All other program service revenue		0.			
Other Revenue	3	Investment income (including divider and other similar amounts)	nds, interest,	1,630.			1,630.
	6a b	Income from investment of tax-exempt bond Royalties	•	0.			
	c d 7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other	0.			
	d 8a	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.	0.			
ō	C D	Less: direct expenses b Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	10a	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances		0.			
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory	<u> </u>	0.			
		Miscellaneous Revenue	Business Code				
	11a b c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.	<u> ▶</u>	2,501,630.			1,630.

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a r	response or note to any lin	e in this Part IX	<u> </u>	
Do not include amounts reported on lines 6b, 7 8b, 9b, and 10b of Part VIII.	7b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization	ns			
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domest individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	'			
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members				
5 Compensation of current officers, director trustees, and key employees				
6 Compensation not included above, to disqualifie				
persons (as defined under section 4958(f)(1)) are persons described in section 4958(c)(3)(B)	nd			
7 Other salaries and wages		1,101,968.	146,929.	220,394.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contribution	10 224	14,501.	1,933.	2,900.
9 Other employee benefits	260 122	195,092.	26,012.	39,018.
10 Payroll taxes	0/1 212	70,735.	9,431.	14,147.
11 Fees for services (non-employees):				
a Management	2,054.	1,541.	205.	308.
b Legal				
c Accounting	0 007		2,287.	
d Lobbying	^			
e Professional fundraising services. See Part IV, line 1				
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, colu	ımn			
(A) amount, list line 11g expenses on Schedule O.)		53,919.	7,189.	10,784.
12 Advertising and promotion				
13 Office expenses		19.	3.	4.
14 Information technology		367.	49.	74.
15 Royalties	0.			
16 Occupancy	0 620	7.000	0.64	1 446
17 Travel	9,639.	7,229.	964.	1,446.
18 Payments of travel or entertainment expense				
for any federal, state, or local public officials	E7E	121	FO	86.
19 Conferences, conventions, and meetings	• •	431.	58.	00.
20 Interest	• •			
21 Payments to affiliates	• •			
22 Depreciation, depletion, and amortization	2 000	2,252.	300.	450.
23 Insurance	• •	27232.	300.	130.
24 Other expenses. Itemize expenses not covere above (List miscellaneous expenses in line 24e.				
line 24e amount exceeds 10% of line 25, colum				
(A) amount, list line 24e expenses on Schedule C				
aBANK FEE	1,150.		1,150.	
b	_			
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24	1,934,175.	1,448,054.	196,510.	289,611.
Joint costs. Complete this line only if the organization reported in column (B) joint cost from a combined educational campaign at fundamental comparison and fundamental comparisons.	sts nd			
fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	if 0.			

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Part X Balance Sheet

Cash - non-interest-bearing			Check if Schedule O contains a response or note to any line in this Pa	art X		
1 Cash - non-interest-bearing						
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schadule L 6 Loans and other receivables from other disqualified persons (as defined under section 4988f()(1)), persons described in section 4988f()(1)), persons described in section 4988f()(1)), persons described in section 4988f()(3)(8), and contributing employees and sponsoring organizations of section 501((6)) voluntary employees sand sponsoring organizations of section 501((6)) voluntary employees sand sponsoring organizations of section 501((6)) voluntary employees sand sponsoring organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges . 10 a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10 b Less: accumulated depreciation . 11 Investments - publicity traded securities . 20 per securities. See Part IV, line 11 . 21 Investments - program-related. See Part IV, line 11 . 22 loans tempthen to the resecurities. See Part IV, line 11 . 23 linestments - other securities. See Part IV, line 11 . 24 loans tempthen to the resecurities. See Part IV, line 11 . 25 Other assets. See Part IV, line 11 . 26 Total assets. Add lines 1 through 15 (must equal line 34) . 27 accounts payable and accrued expenses . 28 Grants payable . 29 Deferred revenue . 20 Tax-exempt bond liability. Complete Part IV of Schedule D . 20 Tax-exempt bond liability complete Part IV of Schedule D . 21 Comparison and other payables to unrelated third parties . 22 Loans and other payables to unrelated third parties . 29 Comparison that full of Schedule L . 20 Complete lines 27 through 25, and lines 33 and 34. 21 Unrestricted net assets . 22 Comparison that fullows FAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 22 Tetrained earnings, endowm						,
3 Pledges and grants receivable, net		1	Cash - non-interest-bearing			
A Accounts receivable, net 191, 4 99. 5 Loans and other receivable from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0, 5 0. 6 Loans and other receivables from current and former officers, directors, and spinarizations of section of 4958(f)(11), persons described in section 4958(c)(3)(8), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 0, 7 0. 7 Notes and loans receivable, net 10f Schedule L 0, 7 0. 8 Inventories for sale or use 0, 8 0. 9 Prepaid expenses and deferred charges 137, 9 0. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 10b 0. 10c 0. 11 Investments - publicity traded securities 10a 10b 0. 10c 0. 12 Investments - other securities. See Part IV, line 11 0, 13 0. 13 Investments - program-related. See Part IV, line 11 0, 13 0. 14 Intangible assets 0, 14 0. 15 Other assets. See Part IV, line 11 0, 15 0. 16 Total assets. Add lines 1 through 15 (must equal line 34) 357, 975 16 2, 151, 769 17 Accounts payable and accrued expenses 15, 1120 17 1, 302, 923 18 Grants payable 0, 18 0. 19 0. 18 Grants payable 0, 18 0. 20 0. 19 Deferred revenue 0, 19 0. 20 Tax-exempt bond liabilities 0, 21 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0, 21 0. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and diagulating parts of the payables to current and former officers, directors, trustees, key employees, highest compensated employees, and designations that follow SFAS 117 (ASC 958), check here x and complete lines 27 through 29, and lines 33 and 34. 20 Capital tiabilities. Add lines 17 through 25. 0, 28 0. 21 Temporarily restricted net asse		2	Savings and temporary cash investments			
1		3	Pledges and grants receivable, net	- 1		
trustees, key employees, and highest compensated employees Complete Part II of Schedule L Lams and other receivables from other disqualitied persons (as defined under section 455(K)(1)), persons described in section 455(K)(3), and contributing employees and sponsoring organizations of section 651(k)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L No. 7 0. Inventories for sale or use Prepaid expenses and deferred charges No. 8 0. Prepaid expenses and deferred charges No. 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D Less: accumulated depreciation No. 10b No. 10c		4	Accounts receivable, net	191.	4	99.
Complete Part II of Schedule L 6 Loars and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(8) voluntary employers beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net contributing employers and sponsoring organizations (see instructions), Complete Part II of Schedule L 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part Vi of Schedule D 10a Land, buildings, and equipment cost or other basis. Complete Part Vi of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 150,120, 17 1,302,923. 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensed employees, and disqualified persons. Complete Part IV of Schedule D 20 Total inabilities. Add lines 17 through 25 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unsecured mortgages and notes payable to unrelated third parties 28 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 20 Qa Doganizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 28 Temporarily restricted net assets 20 Qa Doganizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 29 Permanently restricted net assets 20 Qa Doganizations, endowment, accumulated income, or other funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowme		5	Loans and other receivables from current and former officers, directors,			
## 4958(f)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L						
## 4958(f)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		_	Complete Part II of Schedule L	0.	5	0.
and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(R), and contributing employers			
Notes and loans receivable, net 0. 7 0.			and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary			
9	Ø					
9	set	7		- 1		
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 10c 0 0 11 0 0 12 0 0 11 10 12 10 12 10 12 10 13 10 14 0 14 0 14 0 15 14 0 15 16 15 16 15 16 17 17 17 17 17 17 17	As	8		- 1		
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation		_		137.	9	0.
b Less: accumulated depreciation. 10b 0 . 10c 0 .		10 a				
11 Investments - publicly traded securities 0 . 11 0 . 12 0 . 12 0 . 13 10 13 Investments - other securities. See Part IV, line 11 0 . 12 0 . 13 0 . 14 0 . 14 0 . 14 0 . 14 0 . 14 0 . 15 0 .				0		
12 Investments - other securities. See Part IV, line 11						
13 Investments - program-related. See Part IV, line 11 0. 13 0. 14 Intangible assets 0. 14 0. 15 Other assets. See Part IV, line 11 0. 15 0. 16 Total assets. Add lines 1 through 15 (must equal line 34) 357,975 16 2,151,769 17 Accounts payable and accrued expenses 150,120 17 1,302,923 18 Grants payable 0. 18 0. 19 Deferred revenue 0. 19 0. 20 Tax-exempt bond liabilities 0. 20 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 0. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 22 0. 23 Secured mortgages and notes payable to unrelated third parties 0. 23 0. 24 Unsecured notes and loans payable to unrelated third parties 0. 24 0. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 25 0. 26 Total liabilities. Add lines 17 through 25 150,120 26 1,302,923 27 Organizations that follow SFAS 117 (ASC 958), check here			Investments - publicly traded securities			
14 Intangible assets 0. 14 0.						
15 Other assets. See Part IV, line 11 0. 15 0.				- 1		
16 Total assets. Add lines 1 through 15 (must equal line 34) 357,975. 16 2.151,769. 17 Accounts payable and accrued expenses 150,120. 17 1,302,923. 18 Grants payable 0. 18 0. 19 Deferred revenue 0. 19 0. 20 Tax-exempt bond liabilities 0. 20 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 0. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 22 0. 23 Secured mortgages and notes payable to unrelated third parties 0. 23 0. 24 Unsecured notes and loans payable to unrelated third parties 0. 24 0. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 25 0. 26 Total liabilities. Add lines 17 through 25 150,120. 26 1,302,923. 27 Unrestricted net assets 207,855. 27 848,846. 28 Temporarily restricted net assets 0. 28 0. 29 Permanently restricted net assets 0. 29 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 29 Permanently restricted net assets 0. 29 0. 20 Capital stock or trust principal, or current funds 31 22 20 20 20 20 20 20 2			Intangible assets	- 1		
17				- 1		
18 Grants payable 0 18 0 0 19 0 0 0 19 0 0 0 19 0 0 0 0 0 0 0 0 0						
19 Deferred revenue						
Tax-exempt bond liabilities				- 1		
Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here Ambured and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here Ambured and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 207,855, 33 8448,846.				- 1		
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets 20 Organizations that follow SFAS 117 (ASC 958), check here 28 Temporarily restricted net assets 29 Permanently restricted net assets 0 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 30 Total net assets or fund balances 207,855. 33 848,846.			Factory or custodial account liability Complete Part IV of Schodule D	- 1		
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here	(O			<u> </u>	21	0.
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	ţ <u>i</u>		·			
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	ij			0.	22	0.
24 Unsecured notes and loans payable to unrelated third parties	Ľ	23				
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				0.		
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D						
of Schedule D 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 44 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances O. 25 150,120. 26 1,302,923. 207,855. 27 848,846.			` · · · · · · · · · · · · · · · · · · ·			
Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 150,120. 26 1,302,923. 150,120. 26 1,302,923. 150,120. 26 1,302,923. 27 848,846.			, , ,	0.	25	0.
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 207,855. 33 848,846.		26	Total liabilities. Add lines 17 through 25	150,120.		1,302,923.
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31 31 31 32 32 32 33 848,846.	es		Organizations that follow SFAS 117 (ASC 958), check here			
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31 31 31 32 32 32 33 848,846.	ũ	27	Unrestricted net assets	207,855.	27	848,846.
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31 31 31 32 32 32 33 848,846.	3ali	28	Temporarily restricted net assets	0.		0.
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31 31 31 32 32 32 33 848,846.	ğ	29	Permanently restricted net assets	0.		0.
30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31 32 32 33 848,846.			Organizations that do not follow SFAS 117 (ASC 958), check here and			
32 Retained earnings, endowment, accumulated income, of other tards 32 33 Total net assets or fund balances 207,855. 33 848,846.		30	Capital stock or trust principal, or current funds		30	
32 Retained earnings, endowment, accumulated income, of other tards 32 33 Total net assets or fund balances 207,855. 33 848,846.	sse	31				
33 Total net assets or fund balances 207,855. 33 848,846.		32	Retained earnings, endowment, accumulated income, or other funds			
34 Total liabilities and net assets/fund balances 357,975. 34 2,151,769.	Ne	33	Total net assets or fund balances	207,855.		848,846.
F 000 (2010)	_	34	Total liabilities and net assets/fund balances	357,975.	34	

Form **990** (2018)

Page **12** Form 990 (2018)

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			01,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2			34,1		
3	Revenue less expenses. Subtract line 2 from line 1	3		567,455.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		207,855.			
5	Net unrealized gains (losses) on investments	5		0.			
6	Donated services and use of facilities	6		0.			
7							
8	Prior period adjustments	8		73,536.			
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))						
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 cor	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 or	na				
	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	xplain	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	in	3a			
the Single Audit Act and OMB Circular A-133?						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 audits.							

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)

Schedule of Contributors

OMB No. 1545-0047

or 990-PF) ► Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization TSN INSTITUTE 47-3175931 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(4) (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** $\lfloor X
floor$ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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 Name of organization TSN INSTITUTE Employer identification number 47-3175931

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is r	
(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.)

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

Page 3

Name of or	rganization TSN INSTITUTE		lentification number 175931
Part II	Noncash Property (see instructions). Use duplicate copies of	of Part 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 disclosure because, directly and in combination with other information available in the 990 or elsewhere, it reasonably identifies Schedule B (Form 990, 990-EZ, or 990-PF) (2018) **contributors and discloses taxpayer return information.**Name of organization TSN TNSTITITE

lame of or	ganization TSN INSTITUTE	_	-	Employer identification number
D - " (III	Francisch and bei son absoluble at			47-3175931
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copie	the year from any of ons completing Part e year. (Enter this int	one contributor. Co III, enter the total of formation once. See	omplete columns (a) through (e) and f exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No. from	(b) Duynoss of gift	(a) Hao	né miés	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use	or gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe		ship 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, ar	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe	-	ship of transferor to transferee

SCHEDULE J (Form 990)

Compensation InformationFor 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TSN INSTITUTE

Department of the Treasury

Internal Revenue Service

Employer identification number 47-3175931

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
Ū	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 Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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.			
5	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
7	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.	7		Х
8	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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2018

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	ation reportable compensation compensation		benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
WILLIAM RUGER	(i)	43,763.	0.	0.	2,771.	2,878.	49,412.	0.
VICE PRESIDENT-RESEARCH/POLICY	(ii)	188,168.	95,000.	0.	13,529.	14,050.	310,747.	0.
DEREK JOHNSON	(i)	30,363.	0.	0.	2,856.	2,871.	36,090.	0.
2 EXECUTIVE DIRECTOR	(ii)	126,417.	160,000.	0.	13,944.	14,018.	314,379.	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)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							_

Schedule J (Form 990) 2018 Page 3

Part III Supplemental Information

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

SCHEDULE J, PART II & FORM 990, PART VII

WILLIAM RUGER AND DEREK JOHNSON WERE COMPENSATED BY CHARLES KOCH

INSTITUTE (CKI), A RELATED 501(C)(3) ORGANIZATION. CKI USES COMPENSATION

SURVEY OR STUDY 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

Name of the organization

TSN INSTITUTE

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

Employer identification number 47-3175931

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 AND LEGAL COUNSEL FOR REVIEW. ALL

QUESTIONS ARE ADDRESSED AND ANY MODIFICATIONS ARE MADE, IF NECESSARY.

IF TIME ALLOWS, THE FORM 990 AND ALL REQUIRED SCHEDULES WILL BE

PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS PROPOSED

TRANSACTIONS WHERE INTERESTED PERSONS (I.E., BOARD MEMBERS AND

OFFICERS) MAY HAVE A FINANCIAL INTEREST IN A TRANSACTION BEING

CONSIDERED BY THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF. THE

BOARD OR COMMITTEE THEREOF HAS VARIOUS OPTIONS TO ADDRESS THE

PROPOSED TRANSACTION AND WHETHER IT PRESENTS A CONFLICT OF INTEREST,

INCLUDING EVALUATING THE FAIRNESS OF THE TRANSACTION, WHETHER TO

APPOINT A DISINTERESTED PERSON(S) OR COMMITTEE TO EVALUATE THE

TRANSACTION, CONSULTING LEGAL COUNSEL, ETC.

FORM 990, PART VI, SECTION C, LINE 19
TSN INSTITUTE MAKES DOCUMENTS AVAILABLE IN ACCORDANCE WITH IRS RULES.

SCHEDULE R (Form 990)

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 TSN INSTITUTE

Department of the Treasury

Internal Revenue Service

Employer identification number 47-3175931

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
_(3)					
_(4)					
<u>(6)</u>					

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	Section 5	g) 512(b)(13) rolled iity?	
						Yes	No	
(1) CHARLES KOCH FOUNDATION 48-0918408								
1320 N. COURTHOUSE RD STE 500 ARLINGTON, VA 22201	GRANT MAKING	KS	501(C)(3)	PF	N/A		X	
(2) CHARLES KOCH INSTITUTE 27-4967732								
1320 N. COURTHOUSE RD STE 500 ARLINGTON, VA 22201	EDUCATION	DE	501(C)(3)	2	N/A		X	
(3) STAND TOGETHER, INC. 27-3197768								
1320 N. COURTHOUSE RD STE 200 ARLINGTON, VA 22201	PUBLIC CHARIT	DE	501(C)(3)	7	CKI		X	
(4) THE SEMINAR NETWORK, INC. 46-3508366								
1320 N. COURTHOUSE RD STE 500 ARLINGTON, VA 22201	GRANT MAKING	DE	501(C)(3)	7	N/A		X	
(5)								
(6)	_							
(7)								

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 2

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

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

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I cont ent	tion b)(13) rolled tity?
									Yes	No
(1) MBM CENTER, INC. 83	1-4065996									
1320 N. COURTHOUSE RD STE 500 ARLINGTON, VA 22201		CONSULTING	DE	N/A	C CORP	N/A	N/A	N/A		Х
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

Page 3

Yes No

Schedule I	R (Form 990) 2018
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1	X
b	Gift, grant, or capital contribution to related organization(s)		,	X
	Gift, grant, or capital contribution from related organization(s)		:	X
	Loans or loan guarantees to or for related organization(s)		ı	X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)			X
	Purchase of assets from related organization(s).			X
i	Exchange of assets with related organization(s).			X
i	Lease of facilities, equipment, or other assets to related organization(s)		_	
,	20000 01 100111100, 040111111, 07 011101 00000 10 1011100 0190111201101(0), 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
ı	Performance of services or membership or fundraising solicitations for related organization(s)			X
' m	Performance of services or membership or fundraising solicitations by related organization(s).			X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
	Sharing of paid employees with related organization(s)			X
Ü	onaling of paid employees with related organization(s)			
n	Reimbursement paid to related organization(s) for expenses	1 p	X	
	Reimbursement paid by related organization(s) for expenses			X
ч	Trellinbursement paid by related organization(s) for expenses	-		
,	Other transfer of cash or property to related organization(s)	1r		Х
I S	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction the	esho		
	(a) (b) (c)	(d)		
		d of de		
	type (a-s)	ount in	ivolved	ı
(1)				
· /				
(2)				
<u> </u>				
(3)				
<u> </u>				
(4)				
· /				
(5)				
. ,				
(6)				
2 ^	Schedule F	(Forn	n 990) 2018

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

Schedule R (Form 990) 2018

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) (c) (d) Primary activity Legal domicile (state or foreign country) unrelated, excluded from tax under		(e) (f) Are all partners section 501(c)(3) organizations?		(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		
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Page 4

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "FREEDOM C4, INC.",

CHANGING ITS NAME FROM "FREEDOM C4, INC." TO "CKI POLICY,

INC.", FILED IN THIS OFFICE ON THE FIFTH DAY OF SEPTEMBER, A.D.

2018, AT 5:35 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Authentication: 203388851

Date: 09-10-18

5603508 8100 SR# 20186514480

STATE OF DELAWARE CERTIFICATE OF AMENDMENT FREEDOM C4, INC.

(A NON-STOCK CORPORATION)

The corporation, Freedom C4, Inc. (hereinafter referred to as the "Corporation"), a Delaware non-stock corporation, organized and existing under the laws of the State of Delaware, hereby certifies as follows:

- (1) That at a duly convened meeting of the Corporation's governing body, a vote was taken for the amendment to the Certificate of Incorporation, changing the name of the Corporation referred to in Article I of its Certificate of Incorporation from "Freedom C4, Inc." to "CKI Policy, Inc."
- (2) That said amendment changing the name of the Corporation to "CKI Policy, Inc." was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

WITNESS WHEREOF, the Corporation has caused this certificate to be signed this 5th day of September, A.D. 2018.

By: /s/ Brian Menkes, Secretary (Authorized Officer)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "CKI POLICY, INC.",

CHANGING ITS NAME FROM "CKI POLICY, INC." TO "TSN INSTITUTE",

FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D.

2018, AT 7:13 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Authentication: 203558403

Date: 10-05-18

5603508 8100 SR# 20186858425

STATE OF DELAWARE CERTIFICATE OF AMENDMENT CKI POLICY, INC.

(A NON-STOCK CORPORATION)

The corporation, CKI Policy, Inc. (hereinafter referred to as the "Corporation"), a Delaware non-stock corporation, organized and existing under the laws of the State of Delaware, hereby certifies as follows:

- (1) That at a duly convened meeting of the Corporation's governing body, a vote was taken for the amendment to the Certificate of Incorporation, changing the name of the Corporation referred to in Article I of its Certificate of Incorporation from "CKI Policy, Inc." to "TSN Institute."
- (2) That said amendment changing the name of the Corporation to "TSN Institute" was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

WITNESS WHEREOF, the Corporation has caused this certificate to be signed this 26th day of September, A.D. 2018.

By: /s/ Brian Menkes, Secretary (Authorized Officer)

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 2018.

		For caler	ndar year 2018 or other tax yea	_			_	0 ·	ZW 18		
	artment of the Treasury PGo to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for SNN numbers on this form as it may be made public if your organization is a 501(c)(3).										
A	Check box if	▶ Do	Name of organization (X C		Open to Public Inspection for 501(c)(3) Organizations Only yer identification number						
A _	address changed		Name of organization (A C		(Employees' trust, see instructions.)						
B Ev	empt under section		TSN INSTITUTE								
	501(C)(4)	Print	Number, street, and room or su	47-3	47-3175931						
	408(e) 220(e)	or	Trampor, errosi, and room er oc		ated business activity code						
	408A 530(a)	Type	1320 N. COURTHO	1320 N. COURTHOUSE RD, STE 500							
	529(a)										
C Bo	ok value of all assets										
at e	ok value of all assets end of year ARLINGTON , VA 22201 F Group exemption number (See instructions.) ▶										
	2,151,769. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust										
H E	nter the number of		nization's unrelated trades or					e the only (or first) unrelated			
	ade or business her							•	e than one, describe the		
			end of the previous senten	ce. comp	olete						
	ade or business, the		•			, , , , , , , , , , , , , , , , , , , ,					
			corporation a subsidiary in a	an affiliat	ed gr	oup or a parent-subsidiary o	ontrolled group?		Yes X No		
	-		identifying number of the pa		_						
J T	he books are in care	of ▶RC	BERT HEATON			Telephon	e number ▶ 57	1-290-	-6811		
Pai	t I Unrelated	Trade o	or Business Income			(A) Income	(B) Expen	ses	(C) Net		
1 a	Gross receipts or s	sales									
b	Less returns and allowa	nces	c Bal	ance ►	1c						
2	Cost of goods sol	d (Sched	ule A, line 7)		2						
3	Gross profit. Sub	tract line	2 from line 1c	[3						
4a	Capital gain net in	ncome (a	ttach Schedule D)	L	4a						
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 479	97)	4b						
С	Capital loss dedu	ction for t	rusts		4c						
5	Income (loss) from a p	artnership or	an S corporation (attach statement)		5						
6	Rent income (Sch	edule C)			6						
7	Unrelated debt-fir	nanced in	come (Schedule E)		7						
8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Sch	nedule F)	8						
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Scho	edule G)	9						
10			ncome (Schedule I)		10						
11	Advertising incom	e (Sched	lule J)	🗀	11						
12	,		tions; attach schedule)		12						
13			ough 12		13	0.			<u> </u>		
Pai			Taken Elsewhere (See				, ,	Except f	or contributions,		
			be directly connected						Т		
14			directors, and trustees (Sche								
15											
16											
17			(and implementations)								
18			(see instructions)						522.		
19 20			See instructions for limitation						322.		
21			4562)			1 1		20			
22			on Schedule A and elsewhe					226			
23								22b 23			
23 24			compensation plans								
25			S								
26 26			Schedule I)								
27			chedule J)								
28			chedule)								
29			s 14 through 28						522.		
30			le income before net ope						-522.		
31			g loss arising in tax years b	-							
32			e income. Subtract line 31 fr						-522.		

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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

illing of this	Tomi, visit www.ns.gov/c mc providers/c mc r	or charmos	and non proms.					
Automatio	6-Month Extension of Time. Only subm	it original	(no copies needed).					
	tions required to file an income tax return othe		• • •	0-C filers), partnerships, REMICs, a	and trusts			
must use F	orm 7004 to request an extension of time to f	ile income	tax returns.					
	·			Enter filer's identifying number, se	e instructions			
-	Name of exempt organization or other filer, see in	Employer identification number (EIN)	or					
Type or								
print	FREEDOM C4, INC.			47-3175931				
File by the due date for	late for		ctions.	Social security number (SSN)				
filing your	1320 N. COURTHOUSE RD, STE 500							
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.					
	ARLINGTON, VA 22201							
Enter the R	eturn Code for the return that this application	is for (file	a separate application f	or each return)	0 7			
Application	1	Return	Application		Return			
ls For		Code	Is For		Code			
Form 990 c	or Form 990-EZ	01	Form 990-T (corpora	tion)	07			
Form 990-E	BL	02	Form 1041-A	,	08			
Form 4720	(individual)	03	Form 4720 (other tha	Form 4720 (other than individual)				
Form 990-F	PF	04	Form 5227	10				
Form 990-1	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069	Form 6069				
Form 990-1	Γ (trust other than above)	06	Form 8870	12				
	ROBERT HEATON							
The bool	ks are in the care of \blacktriangleright 1320 N. COURTHO	USE RD,	STE 500 ARLINGT	ON VA 22201				
•	ne No. ► 703 875-1658	 '	Fax No. ►	1.41.1				
	ganization does not have an office or place of							
• IT THIS IS	for a Group Return, enter the organization's fo	ur aigit Gro	oup Exemption Number	(GEN) If tr	IIS IS			
	le group, check this box ▶ 🔲 . If ne names and EINs of all members the extensi		art of the group, check		acn			
	est an automatic 6-month extension of time un		11/15 20	19 to file the exempt organizati	ion return			
	e organization named above. The extension is			, to the the exempt organization	On retuin			
101 1110	e organization named above. The extension is	i ioi tile oig	ganization's return for.					
► X	calendar year 20.18 or							
	calendar year 20 <u>18</u> or tax year beginning	20	and ending	20				
	tax your boginning	,	, and ontaing	, 20				
2 If the	tax year entered in line 1 is for less than 12 m	onths, ched	ck reason: Initial r	eturn Final return				
	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				
nonre	fundable credits. See instructions.			3a \$	3,000.			
b If this	s application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any r	efundable credits and				
estima	ated tax payments made. Include any prior yea	ar overpayn	nent allowed as a credi	t. 3b \$	0.			
c Balan	ce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	equired, by using EFTPS				
(Elect	ronic Federal Tax Payment System). See instru	ctions.		3c \$	3,000.			
Caution: If yo	ou are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, s	ee Form 8453-EO and Form 8879-EO f	or payment			
instructions.								

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

Form 990-T (2018) Page 2 **Total Unrelated Business Taxable Income** Part III 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see -522. 33 9,707. 34 34 Amounts paid for disallowed fringes . 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see 35 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum 9,185. 36 1,000. 37 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, 38 8,185. Part IV Tax Computation 1,719. 39 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)...... 40 at Trust Rates. See instructions for tax computation. Income tax 40 the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) 41 Proxy tax. See instructions 41 42 42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions 43 1,719. 44 44 Tax and Payments Part V 45 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 45b General business credit. Attach Form 3800 (see instructions) **d** Credit for prior year minimum tax (attach Form 8801 or 8827)...... 45e Total credits. Add lines 45a through 45d 1,719. 46 Subtract line 45e from line 44 46 47 Form 4255 Form 8611 Form 8697 Form 8866 47 48 1,719. Total tax. Add lines 46 and 47 (see instructions) 48 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. . 49 3,000 50c 50d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total ▶ 50g 3,000. 51 51 52 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 53 1,281. 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax $\triangleright 1$, 281. Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X Χ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return 11/15/2019 DIRECTOR Here BRIAN MENKES with the preparer shown below (see instructions)? X Signature of officer Yes Print/Type preparer's name Date PTIN Preparer's signature **Paid** MICHAEL J ENGLE P00482834 self-employed **Preparer** Firm's name

BKD, LLP 44-0160260 Firm's EIN ▶ **Use Only** Phone no. 816-221-6300 Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246

Form **990-T** (2018)

Form 990-T (2018)										F	Page 3
Schedule A - Cost of G	oods Sold. Er	ter method	d of invent	ory val	luation	<u> </u>					
1 Inventory at beginning of y	/ear 1			6 Ir	ventory a	at end of yea	ar	6			
2 Purchases							ld. Subtract line				
3 Cost of labor				6	from I	line 5. En	ter here and in				
4a Additional section 263A co	osts			Р	art I, line	2		7			
(attach schedule)	4a						section 263A (v		espect to	Yes	No
b Other costs (attach schedu				р	roperty	produced	or acquired for	resa	ile) apply		
5 Total. Add lines 1 through	, <u>-</u>			to	the orga	anization?	<u> </u>				X
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Pr	operty	Leased V	Vith Real Prope	rty)			
(see instructions)											
Description of property											
(1)											
(2)											
(3)											
(4)											
	2. Rent recei	ved or accrue	ed								
(a) From personal property (if the	percentage of rent	(b) F	rom real and	d persona	al property	(if the	3(a) Deductions d	irectly o	onnected with	the inco	me
for personal property is more th	nan 10% but not	percenta	age of rent fo				in columns 2(a) and 2(b) (attach schedule)				
more than 50%)		50% or	if the rent is								
(1)											
(2)											
(3)											
(4)											
 Total		Total									
(c) Total income. Add totals of c	olumns 2(a) and 2(b). Enter					(b) Total deduction Enter here and or		1		
here and on page 1, Part I, line 6	` ,	,					Part I, line 6, colu				
Schedule E - Unrelated D			e instructi	ions)							
		,	2. Gross		from or	3. [Deductions directly co			le to	
 Description of del 	ot-financed property			le to debt-financed		(a) Straigh	debt-finan (a) Straight line depreciation		(b) Other deductions		
			property (a)		(attach schedule)		(attach schedule)				
(1)											
(2)											
(3)											
(4)											
4. Amount of average	5. Average adju		6	. Column				Ω	. Allocable ded	luctions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			divided			income reportable n 2 x column 6)		umn 6 x total c		ns
property (attach schedule)	(attach sche		by	column	5	(coluiiii	1 2 X coldinii o)		3(a) and 3(l	b))	
(1)					%						
(2)					%						
(3)					%						
(4)					%						
							e and on page 1,	Ente	er here and o	n page	1,
						Part I, lin	ie 7, column (A).	Par	t I, line 7, col	umn (B	3).
Totals					▶						
Total dividends-received deduct											

47-3175931 Page **4** TSN INSTITUTE Form 990-T (2018)

Schedule F-Interest, Ann	uities, Royalties	s, and Re	nts Fro	m Contro	lled Or	ganizat	i ons (see	instruction	ons)		
Exempt Controlled Organizations											
Name of controlled organization	identification number					of specified include		of column 4 that is I in the controlling ion's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations	<u>'</u>									
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			1 cor	11. Deductions directly connected with income in column 10		
(1)											
(2)											
(3)											
(4)											
Totals	ncome of a Sec	tion 501	(c)(7),	 (9), or (17	. ► ') Orga	Enter Part	columns 5 a here and on , line 8, colu I (see ins	page 1, mn (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).	
1. Description of income	2. Amount of	income		3. Deduction directly corticated attach sch	nnected		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A).	ther Th	an Adverti	ising Ir	ncome (see instru	uctions)		Enter here and on page 1, Part I, line 9, column (B).	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income		2 minus column 3). fro		5. Gros from ac is not	5. Gross income from activity that is not unrelated business income 6. Expe attributa colum		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, o	Part I,				Enter here and on page 1, Part II, line 26.				
Schedule J-Advertising In	ncome (see instr	uctions)									
Part I Income From Per			Consoli	idated Bas	sis						
2. Gross		3. Dir advertisin	ect	4. Advertigain or (los 2 minus co a gain, co	dvertising or (loss) (col.		5. Circulation 6. Read income co			7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											
								•		000 T	

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)								
(2)								
(3)								
(4)								
Totals from Part I								
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.		
Totals, Part II (lines 1-5)								
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)								
1. Name	2. Title		3. Percent of time devoted to business	4. Compensation unrelated l				
(1)				%				

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(2) ATCH 1

Total. Enter here and on page 1, Part II, line 14

(3)

(4)

%

%

ATTACHMENT 1

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
DALE GIBBENS 1320 N. COURTHOUSE RD, STE 500 ARLINGTON, VA 22201	DIRECTOR/PRESIDENT/TREASURER	0	0.
BRIAN MENKES 1320 N. COURTHOUSE RD, STE 500 ARLINGTON, VA 22201	DIRECTOR/SECRETARY	0	0.
ROBERT HEATON 1320 N. COURTHOUSE RD, STE 500 ARLINGTON, VA 22201	TREASURER	0	0.
TOTAL COMPENSATION			0.

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "FREEDOM C4, INC.",

CHANGING ITS NAME FROM "FREEDOM C4, INC." TO "CKI POLICY,

INC.", FILED IN THIS OFFICE ON THE FIFTH DAY OF SEPTEMBER, A.D.

2018, AT 5:35 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Authentication: 203388851

Date: 09-10-18

5603508 8100 SR# 20186514480

STATE OF DELAWARE CERTIFICATE OF AMENDMENT FREEDOM C4, INC.

(A NON-STOCK CORPORATION)

The corporation, Freedom C4, Inc. (hereinafter referred to as the "Corporation"), a Delaware non-stock corporation, organized and existing under the laws of the State of Delaware, hereby certifies as follows:

- (1) That at a duly convened meeting of the Corporation's governing body, a vote was taken for the amendment to the Certificate of Incorporation, changing the name of the Corporation referred to in Article I of its Certificate of Incorporation from "Freedom C4, Inc." to "CKI Policy, Inc."
- (2) That said amendment changing the name of the Corporation to "CKI Policy, Inc." was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

WITNESS WHEREOF, the Corporation has caused this certificate to be signed this 5th day of September, A.D. 2018.

By: /s/ Brian Menkes, Secretary (Authorized Officer)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "CKI POLICY, INC.",

CHANGING ITS NAME FROM "CKI POLICY, INC." TO "TSN INSTITUTE",

FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D.

2018, AT 7:13 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Authentication: 203558403

Date: 10-05-18

5603508 8100 SR# 20186858425

STATE OF DELAWARE CERTIFICATE OF AMENDMENT CKI POLICY, INC.

(A NON-STOCK CORPORATION)

The corporation, CKI Policy, Inc. (hereinafter referred to as the "Corporation"), a Delaware non-stock corporation, organized and existing under the laws of the State of Delaware, hereby certifies as follows:

- (1) That at a duly convened meeting of the Corporation's governing body, a vote was taken for the amendment to the Certificate of Incorporation, changing the name of the Corporation referred to in Article I of its Certificate of Incorporation from "CKI Policy, Inc." to "TSN Institute."
- (2) That said amendment changing the name of the Corporation to "TSN Institute" was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

WITNESS WHEREOF, the Corporation has caused this certificate to be signed this 26th day of September, A.D. 2018.

By: /s/ Brian Menkes, Secretary (Authorized Officer)