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Return of Organization Exempt From Income Tax

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.

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► Go to www.irs.gov/Form990 for instructions and the latest information. م بدا م به مانی م



<u>A r</u>		and and a search beginning and	ending						
B c	heck if pplicab	e: C Name of organization		D Employer identification number					
	Addre	e STATE POLICY NETWORK							
	Name	e Doing business as	57-0952531						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final Final	1655 N. FORT MYER DRIVE	360	(703) 243	3-1655				
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	20,348,540.				
	Amen return	ded ARLINGTON, VA 22209		H(a) Is this a group re	turn				
	Applie tion	F Name and address of principal officer: TRACIE J. SHARP	for subordinates						
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in					
1 1	ax-ex	empt status: 🚺 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) d	or 📃 527		list. (see instructions)				
J٧	Vebsi	te: 🕨 WWW.SPN.ORG		H(c) Group exemption	n number 🕨				
ΚF	orm o	organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other ►	L Year	of formation: 1992 N	State of legal domicile: SC				
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: CATA	LYZE T	HRIVING, DUF	ABLE				
nce		FREEDOM MOVEMENTS IN EVERY STATE, ANCHORE	D WITH	I HIGH-PERFO	RMING				
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.				
Nel	3	Number of voting members of the governing body (Part VI, line 1a)		3	10				
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9				
80 00	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			41				
/itie	6	Total number of volunteers (estimate if necessary)			20				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_		Net unrelated business taxable income from Form 990-T, line 39		1000 P	0.				
		1 4 4 a	NV-L	Prior Year	Current Year				
Ð	8	Contributions and grants (Part VIII, line 1h)		16,370,304.	16,371,171.				
Revenue	9	Program service revenue (Part VIII, line 2g)		338,375.	357,450.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		106,727.	164,998.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	56,718.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,815,406.	16,950,337.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,008,289.	2,594,538.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,369,150.	3,892,357.				
use.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		90,000.	127,500.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,430,70							
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,859,007.	8,315,557.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,326,446.	14,929,952.				
	19	Revenue less expenses. Subtract line 18 from line 12		3,488,960.	2,020,385.				
s or			Ве	ginning of Current Year	End of Year				
Assets Balanc	20	Total assets (Part X, line 16)		8,902,563.	11,064,699.				
t As	21	Total liabilities (Part X, line 26)		517,155.	684,520.				
Inet		Net assets or fund balances. Subtract line 21 from line 20		8,385,408.	10,380,179.				
Pa	art II	Signature Block							

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

Sign	Signature of officer			Date					
Here	TRACIE J. SHARP, PRESI	DENT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	FRANK H. SMITH		06/26/	/20 self-employed F	00639053				
Preparer	Firm's name 🕒 MARCUM LLP			Firm's EIN 🕨 11-	1986323				
Use Only	Firm's address 🖕 1899 L STREET, N	W, SUITE 850							
WASHINGTON, DC 20036 Phone no. (202) 227-400									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								
a .	ARE ADDRESS OF AREADING AND A CONTINUE ADDRESS AND A CONTINUE ADDRES								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) STATE POLICY NETWORK	57-0952531	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. X
1	Briefly describe the organization's mission: STATE POLICY NETWORK'S (SPN) MISSION IS TO CATALYZE THRI FREEDOM MOVEMENTS IN EVERY STATE, ANCHORED WITH HIGH-PER]
	INDEPENDENT THINK TANKS.		
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.	Yes [
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.	Yes [X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	ers, the total expenses, and	d
4a	(Code:)(Expenses \$5,095,941. including grants of \$2,525,518.) (Rever STATE POLICY ANALYSIS AND EDUCATION - IDENTIFY EMERGING SOLUTIONS TO STATE PROBLEMS; WORK ALONGSIDE THINK TANKS MOMENTUM FOR WIDE-SPREAD EDUCATION ABOUT THOSE SOLUTIONS REFORM LEADERS. THE GOAL OF THIS PROJECT IS TO CREATE A OF LEADERS ADVANCING FREE MARKET IDEAS IN THE STATES.	AND INNOVATIV TO BUILD 5, AND DEVELOP)
		3	
	A LA CORD A LA CORD		
4b	(Code:)(Expenses \$ 2,819,026. including grants of \$ 69,020.) (Rever LEADERSHIP DEVELOPMENT INITIATIVE - SPN'S LEADERSHIP DEV INITIATIVE IDENTIFIES AND DEVELOPS LEADERS, HELPING STRE NETWORK OF SPN AFFILIATES, AND INSPIRING AND TRAINING AF EDUCATE CITIZENS. SPN OFFERS OVER 40 SERVICES TO THINK T ONE-ON-ONE EVALUATION AND ADVISING, RETREATS, KNOWLEDGE TRAINING, LEADERSHIP MENTORING, AND PEER NETWORKING.	YELOPMENT INGTHEN THE FILIATES TO PANKS, LIKE)
4c	(code:)(Expenses \$2,765,401. including grants of \$) (Rever ANNUAL MEETING - SPN'S ANNUAL MEETING REGULARLY ATTRACTS 1,300 PARTICIPANTS, REPRESENTING THINK TANKS FROM NEARLY STATES, AS WELL AS NATIONAL RESEARCH ORGANIZATIONS AND C FOUNDATIONS. THE ANNUAL MEETING FEATURES SEVERAL DOZEN E SESSIONS IN TRACTS INCLUDING LEADERSHIP DEVELOPMENT, OUT COMMUNICATION, OPERATIONS, AND POLICY, ALONG WITH HIGHLY PLENARY SESSIONS FOCUSED ON CRITICAL TOPICS LIKE ORGANIZ AND INNOVATION.	MORE THAN ALL FIFTY HARITABLE DUCATIONAL REACH, -ATTENDED	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,007,501. including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 12,687,869.		<u></u>
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 Form 990 (2019)
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 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
L.	Part VI	<u>11a</u>	~	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	4.4%		х
•		11b		<u>_</u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a				
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
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		Х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)

T ai	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	00	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 12	
24a	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		
c	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		
	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		Х
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	200		- 23
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	200	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 99			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	х	
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Form 990 (2019) STATE POLICY NETWORK 57-0952531 Page						
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 41					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
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).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 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 gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year7d					
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
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					
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 13b					
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15				x		
	excess parachute payment(s) during the year?					
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.		000			

Form **990** (2019)

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Form 990	(2019)
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Form 990 (2			NETWORK		952531	Pa
Part VI	Governance, Managem	ent, and Di	isclosure For eac	ch "Yes" response to lines 2 through 7b below, and	for a "No" re	sponse
				ses, or changes on Schedule O. See instructions.		

Check if Schedule O contains a response or note to any line in this Part VI							
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		10[
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			[2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, 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	-	-				
а	The governing body?			.	8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
		2		ſ		Yes	
	Did the organization have local chapters, branches, or affiliates?				10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,		101		
44~	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body		o filing the form?	··· [10b 11a		x
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y Deloi		ŀ	11a		21
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>//</i> ">						
	in Schedule O how this was done	, -			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?			[14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
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 arrangen						
	taxable entity during the year?			.	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
Sac	exempt status with respect to such arrangements?				16b		
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , C	0 0	T FL GA I	т	TT,	KS	KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar						
.5	for public inspection. Indicate how you made these available. Check all that apply.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jiny)	avana	
	Own website Another's website X Upon request Other (explain)	n on Sr	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and	financ	ial	
	statements available to the public during the tax year.		. ,				
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records				
	TONY WOODLIEF - (703) 243-1655						
		2209					
932006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2019)
	6						

2019.04000 STATE POLICY NETWORK

Form 990 (2019)	STATE POLICY NETWORK	57-0952531 Page 7
	ation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated
Employee	es, and Independent Contractors	
Check if Sch	nedule O contains a response or note to any line in this Part VII	
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employ	ees
1a Complete this table f	or 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 orgar 	nization's current officers, directors, trustees (whether individuals or organ	izations), 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.

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Position check more than one				Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	ss person is both an			compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	tor/trustee)		from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC)	. 4	organization
	organizations below	ual tr	tional		n ploye	t com	_		a the	and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	NY P A		organizations
(1) TRACIE J. SHARP	40.00	_	-		-	1 8	1	A PLACE	5	
PRESIDENT		х		х		8		376,164.	0.	7,534.
(2) CARL O. HELSTROM, III	1.00		2	1.0	h	-	v	. 46.0		
CHAIRMAN		х	٩.	х	R.,			0.	Ο.	0.
(3) STANFORD D. SWIM	1.00		1	h.,	da.	- (2.4	A. PIR		
SECRETARY	N.	X	1	Х	al.			0.	Ο.	0.
(4) THOMAS L. WILCOX	1.00	\$,		Č.		6				
TREASURER	A G V	Х	3	Х	1	1	.6	0.	0.	0.
(5) THEODORE D. ABRAM	1.00	C.	1	P	10			37		
DIRECTOR		Х	3	A		2	10	0.	0.	0.
(6) LAWSON BADER	1.00		-	20	Ν.	2				
DIRECTOR	1111	Х		Ŷ	191-			0.	0.	0.
(7) JOHN HOOD	1.00		*							
DIRECTOR		Х						0.	0.	0.
(8) ADAM MEYERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BRIDGETT G. WAGNER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KAREN BUCHWALD WRIGHT	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TONY WOODLIEF	40.00									
EXECUTIVE VICE PRESIDENT				X				188,267.	0.	4,938.
(12) REBECCA PAINTER	40.00									
VP OF DEVELOPMENT					Х			218,570.	0.	8,645.
(13) JULIE BURDEN	40.00									
SR. DIR OF EVENTS STRATEGY						X		170,220.	0.	9,044.
(14) CARRIE CONKO	40.00									
VP OF COMMUNICATIONS						X		168,096.	0.	10,154.
(15) LYNN HARSH	40.00									
VP OF STRATEGY						X		141,221.	0.	12,712.
(16) TERESA BROWN	40.00							100 505		
VP OF LEADERSHIP DEVELOPMENT						X	<u> </u>	138,625.	0.	18,429.
(17) KATHLEEN O'HEARN	40.00	-				<u>-</u> -		100 500	•	
SENIOR DIR. OF POLICY ADVANCEMENT						X		129,568.	0.	7,432.

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Form 990 (2019)

Form 990 (2019) STATE POI									57-09	9525	531	Pa	age 8
Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		, ,				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee					an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	an	(F) timate nount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr orga and	pensa om the anizati d relate inizatio	e ion ed
										-+			
						-	ç		$\tilde{0}_{L}$				
			2			8	J,	C. C. C.	•				
1b Subtotal					Ş.	-		1,530,731.		0.	78	3,88	88.
c Total from continuation sheets to Part VII, Section A								0.		3,88	0.		
 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 								;			11		
3 Did the organization list any former officer,	A TRACT THE REAL PROPERTY OF											Yes	No X
 line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization		3	x	_ <u>A</u>
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	isatio	, on fr	om	any	unre	late	ed organization or individ	dual for services		5		x
Section B. Independent Contractors													
1 Complete this table for your five highest con the organization. Report compensation for t	•	•						the organization's tax y	•	oensati			
(A) Name and business		F	<u></u>		<u>T a</u>			(B) Description of s		Co	(C omper	s) Isatio	n
HEART+MIND STRATEGIES, LL VALLEY DRIVE, RESTON, VA	20191				TS.	E	_	POLICY RESEAD CONSULTING	RCH AND		162,869.		59.
ENGAGE, 814 KING STREET, SUITE 400, ALEXANDRIA, VA 22314 LINKAGE CONSULTING							MEDIA AND COMMUNICATIONS CONS.			146,285.		85.	
2707 CHEVERLY AVENUE, CHE AMERICAN PHILANTHROPIC, L		MD	2	07	85		_	POLICY CONSU DONOR RETENT			144,000.		00.
119 N. HIGH STREET, WEST POLITICAL CAPITAL, LLC	CHESTER	,	PA	1	93	80	_	MESSAGING CO DONOR RETENT				3,24	
513 W. CAMPBELL AVENUE, P 2 Total number of independent contractors (in					thos	e lis		MESSAGING CO above) who received mo			130	0,00	00.
\$100,000 of compensation from the organization 11											000 //		

Form **990** (2019)

					ICY	NETWORK			57-0952	531 Page 9
Pa	rt V		Statement of Re	venue						
			Check if Schedule O o	contains a re	sponse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt	Unrelated	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b d e f a b c d e	Membership dues Fundraising events Related organizations Government grants (contri- All other contributions, gifts, similar amounts not included in Noncash contributions included in Total. Add lines 1a-1f ANNUAL CONFERENCE	1 ibutions) grants, and above 1 lines 1a-1f		Business Code 900099	16,371,171. 357,450.	function revenue	business revenue	sections 512 - 514
			All other program service Total. Add lines 2a-2f				357,450.	· `		
	3 4	<u>y</u>	Investment income (incluc other similar amounts) Income from investment of	ding dividend	s, intere	est, and	120,618.	No.	le .	120,618.
		b c	Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) F 6a 6b 6c	Real	(ii) Personal				
evenue		b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 3,44 7b 3,39	eurities 2,583. 8,203. 4,380.	BEN				
É			Net gain or (loss)		<u></u>		44,380.			44,380.
Other	8	a b	Gross income from fundraisir including \$ contributions reported on Part IV, line 18 Less: direct expenses	ng events (not c line 1c). See	of 8a 8b					
			Net income or (loss) from			▶				
		b	Gross income from gamin Part IV, line 19 Less: direct expenses		9a 9b					
	10	a b	Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	less returns	<u>10a</u> <u>10</u> a	a				
					nory	Business Code				
Miscellaneous Revenue	11	b	REIMBURSEMENTS			900099	56,718.			56,718.
scel		с С								
Mi			All other revenue				56,718.			
	12	e	Total revenue. See instruction				16,950,337.	357,450.	0.	221,716.
93200		20-:					. , -			Form 990 (2019)

STATE POLICY NETWORK

16050626 150872 SPN

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SPN____1

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STATE POLICY NETWORK Form 990 (2019) Part IX Statement of Functional Expenses

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

Do not	Check if Schedule O contains a respon t include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 G	rants and other assistance to domestic organizations				
aı	nd domestic governments. See Part IV, line 21	2,543,368.	2,543,368.		
2 G	arants and other assistance to domestic				
in	ndividuals. See Part IV, line 22	51,170.	51,170.		
3 G	arants and other assistance to foreign				
0	rganizations, foreign governments, and foreign				
in	ndividuals. See Part IV, lines 15 and 16				
4 B	enefits paid to or for members				
5 C	compensation of current officers, directors,				
tr	ustees, and key employees	804,118.	426,802.	160,662.	216,654
6 C	ompensation not included above to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 0	ther salaries and wages	2,679,040.	2,019,570.	289,874.	369,596
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	34,246.	25,541.	3,283.	5,422
	ther employee benefits	131,267.	85,128.	21,455.	24,684
	ayroll taxes	243,686.	167,802.	36,137.	39,747
	ees for services (nonemployees):			SU25.	
	lanagement		C882	C	
	egal	9,433.	7,273.	1,598.	562
	ccounting	123,722.	90,263.	6,985.	26,474
	obbying	14,000.	14,000.		-
	rofessional fundraising services. See Part IV, line 17	127,500.			127,500
	vestment management fees	5,376.	4,569.	292.	515
	other. (If line 11g amount exceeds 10% of line 25,		1 . S. V		
-	olumn (A) amount, list line 11g expenses on Sch O.)	3,741,747.	3,448,266.	134,696.	158,785
	dvertising and promotion	48,137.	33,190.	1,829.	13,118
	office expenses	49,417.	19,258.	24,801.	5,358
	nformation technology	141,521.	107,334.	22,734.	11,453
	loyalties	88 8907			
		269,425.	168,857.	57,045.	43,523
	ravel	1,082,425.	896,215.	16,935.	169,275
	ayments of travel or entertainment expenses	_,,	,		/ _ / _ / _
	or any federal, state, or local public officials				
	conferences, conventions, and meetings	1,958,761.	1,928,577.	1,426.	28,758
	-	157.	128.	13.	16
	ayments to affiliates		1201		
	epreciation, depletion, and amortization	35,652.	18,413.	12,140.	5,099
	isurance	74,031.	42,967.	20,207.	10,857
	ther expenses. Itemize expenses not covered	/1/0010	1275071	2072071	207007
al al	bove (List miscellaneous expenses on line 24e. If				
	ne 24e amount exceeds 10% of line 25, column (A)				
	mount, list line 24e expenses on Schedule O.)	333,278.	264,471.	352.	68,455
	OSTAGE AND SHIPPING	241,288.	145,959.	741.	94,588
	INFORMATION RESOURCES	91,069.	90,296.	629.	144
_	DUES AND SUBSCRIPTIONS	35,964.	35,489.	300.	175
_		60,154.	52,963.	-2,754.	9,945
	Il other expenses	14,929,952.	12,687,869.	811,380.	<u> </u>
	otal functional expenses. Add lines 1 through 24e	14,343,334.	14,007,009.	011,300.	т, ч о,/03
	bint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
CI	heck here Fight if following SOP 98-2 (ASC 958-720)				Form 990 (20

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STATE POLICY NETWORK

	990 (2 t X	2019) STATE POLICY N Balance Sheet		57-	0952531 Page 11		
		Check if Schedule O contains a response or not	e to anv	line in this Part X			
			<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,836,035.	1	1,885,989.
	2	Savings and temporary cash investments			1,286,470.	2	1,337,928.
	3	Pledges and grants receivable, net			1,134,479.	3	1,691,000.
	4	Accounts receivable, net			273,321.	4	4,098.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali					
	-	under section 4958(f)(1)), and persons described				6	
<i>"</i>	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				. 8	
As	9	_		93,159.	9	280,506.	
		Land, buildings, and equipment: cost or other				-	,
		basis. Complete Part VI of Schedule D	10a	180,272.			
	b	Less: accumulated depreciation	10b	111,692.	84,919.	10c	68,580.
	11	Investments - publicly traded securities			4,194,180.	11	5,796,598.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		1. 10	13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		100 P	15		
	16	Total assets. Add lines 1 through 15 (must equ		10 Th. 1005. 1005. 10	8,902,563.	16	11,064,699.
	17	Accounts payable and accrued expenses		in the second se	421,833.	17	599,375.
	18	Grants payable		. The Theorem	S.V.	18	
	19	Deferred revenue	and the second s	P.S.	19		
	20	Tax-exempt bond liabilities	. 100 F	ALL P	20		
	21	Escrow or custodial account liability. Complete		1010	21		
ß	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	1000	. A TA A TA TA TA TA A			
lide		controlled entity or family member of any of thes				22	
ا ٿ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		and the Western Without Street Street		24	
	25	Other liabilities (including federal income tax, pa		1 THE THE			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			95,322.	25	85,145.
	26	Total liabilities. Add lines 17 through 25			517,155.	26	684,520.
		Organizations that follow FASB ASC 958, che	ck here				
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			7,030,667.	27	8,642,733.
Bal	28	Net assets with donor restrictions			1,354,741.	28	1,737,446.
pu		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
ŗ,		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	quipmer	t fund		30	
As	31	Retained earnings, endowment, accumulated in	come, c	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,385,408.	32	10,380,179.
-	33	Total liabilities and net assets/fund balances			8,902,563.	33	11,064,699.

Form **990** (2019)

Form	1 990 (2019) STATE POLICY NETWORK	57-	0952	531	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	,950),3	<u>37.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,929		
3	Revenue less expenses. Subtract line 2 from line 1	3		,020		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,385		
5	Net unrealized gains (losses) on investments	5		-25	5,6	14.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	10	,380),1	<u>79.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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			2a		X
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis	8				
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 audited on a separate	basis,				
	consolidated basis, or both:					
	X 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 oversight of the				37	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-				
-	Act and OMB Circular A-133?			3a		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	_3b	000	
	all sullar.			Form	990	(2019)
	COM. K.					
	-					

932012 01-20-20

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nan	ie of i		7-0952531										
Pa	rt I	Reason for Public (E POLICY NI Charity Status		omplete th	is part.) Se	e instructions		7-0952551				
		I Iization is not a private found											
1		A church, convention of ch					I)(A)(i).						
2	\square	A school described in secti											
3	H	A hospital or a cooperative					i)						
4	H	A medical research organiza)(iii). Enter	the hospital's name.				
•		city, and state:						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and noophan o hame,				
5	\square	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in				
-		section 170(b)(1)(A)(iv). (C		5		, ,							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).						
	X		-					ne general r	oublic described in				
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research org				ed in conju	inction with a	land-grant	college				
		or university or a non-land-g											
		university:				10	-	5					
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, membersl	nip fees, an	d gross receipts from				
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.				
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in											
	_	_lines 12a through 12d that											
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving				
		the supported organization	1017		majority c	of the direc	tors or truste	es of the su	ipporting				
	_	organization. You must o			N 2.								
b		Type II. A supporting org					-		-				
		control or management o	A THE R AND A THE	 All, Wei, Wei, X. 197 	ame perso	ns that co	ntrol or mana	ge the supp	ported				
	_	organization(s). You mus	100 L 100 L 100 PT										
с		_ Type III functionally inte	-					ly integrate	d with,				
	_	its supported organization											
d		Type III non-functionally	•					°.					
		that is not functionally int			-		-	an attentiv	/eness				
~		requirement (see instructi	-										
е		Check this box if the orga functionally integrated, or					турет, туре	п, туре п					
f	Ente												
 f Enter the number of supported organizations g Provide the following information about the supported organization(s). 													
		(i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization listed (v) Amount of monetary							(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)				
Tet													
Tota							1		1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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Schedule A (Form 990 or 990 EZ) 2019 STATE POLICY NETWORK

57-0952531 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fise ly var (or (or (or (or (or (or (or (or (or (o	Sec	ction A. Public Support				-	•	
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								, <u>-</u>
	104		-					
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	h			0				······································
	U.		-					
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17-		• •					
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	110							
· · · · · · · · · · · · · · · · · · ·		-			-		-	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	h		-	-	• • • •			
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	ŭ		-					
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						• •		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	19	-		-				
Schedule A (Form 990 or 990-EZ) 20	10	The organization in the organization	an all not oneon a l		<u>u, 100, 174, 01 171</u>			

Schedule A (Form 990 or 990-EZ) 2019 STATE POLICY NETWORK

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

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

Section A. Public Support		•		•	.	-
Calendar year (or fiscal year beginning in	ı) ▶ (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do n	ot					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513						
 4 Tax revenues levied for the organization's benefit and either paid t 						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit the organization without charge				-		
с с с			-	3	-	
 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, a 					1000	
3 received from disqualified pers			No.	120.4	15	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		2		C11532		
amount on line 13 for the year c Add lines 7a and 7b		A RA				
8 Public support. (Subtract line 7c from line						
Section B. Total Support	0.)	LVP .		COL.		
Calendar year (or fiscal year beginning in	ı) ▶ (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6		1000	1000			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		RE R	802.			
b Unrelated business taxable income (less section 511 taxes) from busines acquired after June 30, 1975	sses	ho				
c Add lines 10a and 10b						
11 Net income from unrelated busin activities not included in line 10b whether or not the business is regularly carried on						
12 Other income. Do not include ga or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and					<u> </u>	<u> </u>
14 First five years. If the Form 990						zation,
check this box and stop here Section C. Computation of P						
15 Public support percentage for 20			column (f))		15	%
16 Public support percentage from 2	2018 Schedule A, Part	III, line 15			16	%
Section D. Computation of Ir	vestment Income	e Percentage				
17 Investment income percentage for					17 18	%
18 Investment income percentage fr19a 33 1/3% support tests - 2019.			on line 14 and line			%
more than 33 1/3%, check this b						
b 33 1/3% support tests - 2018.						······································
line 18 is not more than 33 1/3%						
20 Private foundation. If the organi						
932023 09-25-19						0 or 990-EZ) 2019
		15			•	•

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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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		(Form 990 or 990-EZ) 2019				
Par	tν	Type III Non-Functio	nally Inte	egrated 509	9(a)(3) Supporting Or	ganizations
1		Check here if the organization	on satisfied	the Integral Pa	art Test as a qualifying trus	t on Nov. 20, 1970 (expl
		other Type III non-functional	lv integrate	d supportina c	organizations must complet	e Sections A through E.

57-0952531 Page 6

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	. 4	
с	Fair market value of other non-exempt-use assets	1c	1	
d	Total (add lines 1a, 1b, and 1c)	1d	10. 1	
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	* CI 12.	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	$(\land \land)$	12.2	
	see instructions).	4	A land	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	integra	ted Type III supporting organ	nization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Section A - Adjusted Net Income

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Schedule A (Form 990 or 990-EZ) 2019 STATE POLICY NETWORK

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		P.A.S.	
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	A 10 A		
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount	- 1000 - 1000 - 1000-		
C	Remainder. Subtract lines 4a and 4b from 4.	0V.		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Form 990 or 990-EZ) 2019 STATE Supplemental Information . F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part (See instructions.)	Provide the exp 4b, 4c, 5a, 6, 9 3: Part IV. Sect	a, 9b, 9c, 11a, 11 blanations require ion E. lines 1c. 2a	a. 2b. 3a. and 3b: Par	art II, line 17a or 17b; P ection B, lines 1 and 2;	- 0952531 Pag art III, line 12; Part IV, Section C, an B, line 10; Part V
(See instructions.)		nes 2, 5, and 6. A	lso complete this par	t for any additional info	mation.
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			201	100	
		6		CS PO.	
				732	
		S.L	- ale	4	
	~		S. Yak	N.P.	
	Hor	A A	Contraction of the	-	
	1 by	ALL I	5322		
	1	6N X 0	0 2.		
	1 2	No alles			
~	an .	NA.			

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

57-0952531

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	los I Ora				
Check if your organizatio	n is covered by the General Rule or a Special Rule.				

STATE POLICY NETWORK

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

STATE POLICY NETWORK

Name of organization

Employer identification number

57-0952531

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 DONORSTRUST X Person Payroll 1800 DIAGONAL ROAD, SUITE 280 7,214,900. Noncash (Complete Part II for ALEXANDRIA, VA 22314-2840 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 WALTON FAMILY FOUNDATION, INC. X Person Payroll **1685 BRIERGATE DRIVE** 1,100,000. Noncash (Complete Part II for DULUTH, GA 30097-4323 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 THE SEARLE FREEDOM TRUST X Person Payroll 1,008,768. 1055 THOMAS JEFFERSON STREET, NW L26 Noncash (Complete Part II for WASHINGTON, DC 20007-5237 noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 KAREN WRIGHT HOUSEHOLD X Person Payroll 702,174. Noncash 35 BLACKJACK ROAD X \$ (Complete Part II for MOUNT VERNON, OH 43050 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution THE LYNDE AND HARRY BRADLEY 5 FOUNDATION, INC. X Person Payroll 1400 NORTH WATER STREET, SUITE 300 600,000. Noncash (Complete Part II for MILWAUKEE, WI 53202 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 SARAH SCAIFE FOUNDATION X Person Payroll 450,000. 301 GRANT STREET, SUITE 3900 Noncash \$ (Complete Part II for PITTSBURGH, PA 15219-6402 noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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2019.04000 STATE POLICY NETWORK

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SPN____

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

57-0952531

STATE POLICY NETWORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HRJ CONSULTING 815-17 AVENUE SW, SUITE 200 CALGARY, CANADA AB T2T OA1	\$400,000.	Person X 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
	Rept -	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	FOR PEDRA	\$	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
922452 11.00		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 3

Name of o	rganization

Employer identification number

57-0952531

STATE POLICY NETWORK

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
4	2,915 SHARES OF STOCK		
		\$102,174.	10/25/19
(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
3453 11-06		\$Schedule B /Form 9	

16050626 150872 SPN

Page **4**

ame of orgar	nization		Employer identification number				
TATE P	OLICY NETWORK		57-0952531				
art III 🛛 E	xclusively religious, charitable, etc., contribut	ions to organizations described in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for the y				
fi	rom any one contributor. Complete columns (a ompleting Part III, enter the total of exclusively religious,	 through (e) and the following line entry. charitable, etc., contributions of \$1,000 or less 	For organizations s for the year. (Enter this info. once.) ► \$				
L	Ise duplicate copies of Part III if additional	space is needed.					
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		(0) 000 01 girt					
-			_				
_							
-			-				
		(e) Transfer of gift	•				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
_							
-							
-							
) No. rom							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_			i de la companya de l				
_							
— —							
		(a) Transfer of gift	C1132.				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		ALL C. D					
_		R Prai Ora					
-							
a) No.							
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		De alles					
_	2.2	6 00-	_				
_	- K.D.		_				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	······································						
_							
		<u> </u>	1				
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
_							
-		(e) Transfer of gift					
	T urne 4 and 1 an		Delationable of transformation to transformation				
	Transferee's name, address, a		Relationship of transferor to transferee				
	Transferee's name, address, a		Relationship of transferor to transferee				
-	Transferee's name, address, a		Relationship of transferor to transferee				
-	Transferee's name, address, a		Relationship of transferor to transferee				

(Form 990 or 990-EZ)	For Ora	anizations Exempt From Incor	- me Tax Under section	501(c) and section 527	2019
Department of the Treasury Internal Revenue Service	Complete	if the organization is describe to to www.irs.gov/Form990 fo	ed below. 🕨 Attach t	to Form 990 or Form 990-EZ	
 Section 501(c)(3) or 	ganizations: Com	Form 990, Part IV, line 3, or F plete Parts I-A and B. Do not co	omplete Part I-C.		ctivities), then
 Section 501(c) (other Section 527 organiz 		1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-B.	
U U	•	Form 990, Part IV, line 4, or F	orm 990-E7 Part VI I	line 47 (Lobbying Activities)	then
		ave filed Form 5768 (election u			
		ave NOT filed Form 5768 (elect			
	-	Form 990, Part IV, line 5 (Pro			
Tax) (see separate inst	-				-, ·,
 Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name of organization	// · · · · · · ·	•		Emplo	yer identification number
	STATE P	OLICY NETWORK			57-0952531
Part I-A Compl	ete if the org	anization is exempt und	er section 501(c)	or is a section 527 org	anization.
1 Provide a descripti	on of the organiz	ation's direct and indirect politio	cal campaign activities	in Part IV.	
		ures			
		gn activities			
			_		
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)	(3).	
1 Enter the amount of	of any excise tax	ncurred by the organization une	der section 4955	▶\$_	
2 Enter the amount of	of any excise tax	ncurred by organization manag	ers under section 4955	5▶\$_	
3 If the organization	incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction n	nade?				Yes No
b If "Yes," describe i Part I-C Compl		anization is exempt und	er section 501(c),	, except section 501(c)	(3).
1 Enter the amount of	lirectly expended	by the filing organization for se	ection 527 exempt func	tion activities	
2 Enter the amount of exempt function ad		zation's funds contributed to of	18 A 18 7 CARD 2		
		Add lines 1 and 2. Enter here a			
	-				
		1120-POL for this year?			Yes No
		ployer identification number (El			
made payments. F contributions recei	or each organiza ved that were pro	ion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org	zation's funds. Also enter the panization, such as a separate	amount of political
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Political Campaign and Lobbying Activities

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

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

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OMB No. 1545-0047

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Schedule C (Form 990 or 990-EZ) 2019 🖇	TATE POLIC	Y NETWORK			952531 Page 2
Part II-A Complete if the orga	inization is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check 🕨 📃 if the filing organizati	on belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	of excess lobbying e	expenditures).			
B Check 🕨 🔄 if the filing organizati	on checked box A an	d "limited control" prov	visions apply.	1	Г
	s on Lobbying Exper tures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ance public opinion (c	irassroots lobbying)		2,800.	
b Total lobbying expenditures to influe				11,200.	
c Total lobbying expenditures (add line				14,000.	
d Other exempt purpose expenditures				14,783,076.	
e Total exempt purpose expenditures				14,797,076.	
f_Lobbying nontaxable amount. Enter	the amount from the	following table in both	i columns.	889,854.	
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000,	000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (ente	er 25% of line 1f)			222,464.	
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zero		ine 1i, did the organiza	tion file Form 4720	() ·	
reporting section 4911 tax for this ye					Yes No
(Some organizations that	at made a section 50	raging Period Under :)1(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.
		ditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	649,736.	778,321.	811,377.	889,854.	3,129,288.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,693,932.
c Total lobbying expenditures	54,051.	94,244.	42,178.	14,000.	204,473.
d Grassroots nontaxable amount	162,434.	194,580.	202,844.	222,464.	782,322.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,173,483.
f Grassroots lobbying expenditures	2,188.	26,167.	1,546.	2,800.	32,701.

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

57-0952531 Page 3

Schedule C (Form 990 or 990-EZ) 2019 STATE POLICY NETWORK 57-09525 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	200			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), or sec	tion	
		3		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		
	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	'No" OR (i	b) Part I		3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
	Current year				
b	Carryover from last year		. 2 b		
С	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per				
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 ai	nd 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2019

16050626 150872 SPN

SCHEDULE D	Supplemental Financial Statements
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information
Name of the organization	
	STATE POLICY NETWORK
	no Maintaining Danay Advised Funda ay Othay Similar Funda a

OMB No. 1545-0047

he latest information. Inspection Employer identification number

 	-
57-0952531	

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		-
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	/
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring	J
Par			Part IV, lir	<u>1e 7.</u>
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	a historio	cally important land area
	Protection of natural habitat	Preservation of	a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a cons	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		1000	2a
b				2b
С	Number of conservation easements on a certified historic stru		····· –	2c
d	Number of conservation easements included in (c) acquired a	a term of the term of term	The second se	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiza	tion during the tax
	year ►	AND AND T		
4	Number of states where property subject to conservation eas	The second se		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it	PT ALTAL TABLEMAN, TABLE		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation	easements during the year
		No.		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easer	nents during the year
•			-)(4)(D)(;)	
8	Does each conservation easement reported on line 2(d) abov			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that (Jescribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or Ot	her Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		nd baland	 ce sheet works
	of art, historical treasures, or other similar assets held for put	· · ·		
	service, provide in Part XIII the text of the footnote to its finar	, ,		
b	If the organization elected, as permitted under FASB ASC 95			heet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				► \$
2	If the organization received or held works of art, historical treat			· · ·
	the following amounts required to be reported under FASB A		5 /1**	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019
	10-02-19			, , , , , , , , , , , , , , , , , , , ,
		30		

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2019.04000	STATE	POLICY	NETWORK

Sche		OLICY NETWO					57-09	52531	. Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical T	reasures, or	^r Other	[.] Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of th	e following that	make sig	gnificant u	se of its	·	,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	exchange progra	ım					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how they furthe	r the organizatio	n's exer	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	or receive donations o	of art, historical tr	easures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if the organiza	tion answered "	Yes" on	Form 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermedi	ary for contributi	ons or other ass	ets not i	ncluded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial accou	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i					and the second s				
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance				- 6.7					
b	Contributions					P				
С	Net investment earnings, gains, and losses		<u> </u>	- e ? ?	<u> </u>					
d	Grants or scholarships			133	-					
е	Other expenditures for facilities		C 7	MAX.	11					
-	and programs		× 14	1 68	P.					
t	Administrative expenses	A BALL		10 m						
g	End of year balance		//							
2	Provide the estimated percentage of the curr	THE ATTACK	e (line 1g, column	(a)) held as:						
a L	Board designated or quasi-endowment	A 10 10 1	_%							
D	Permanent endowment	%	ALX .							
с	Term endowment The percentages on lines 2a, 2b, and 2c sho	A DA CA								
20	Are there endowment funds not in the posse	- NOL - NOL	tion that are hold	and administor	ad for th	o organiza	tion			
Ja	by:	ssion of the organiza		and authinister		e organiza	lion	Г	Yes	No
	(i) Unrelated organizations							3a(i)	103	110
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	. See Form 990	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn	ther (b) C	ost or other sis (other)	(c) Ad	ccumulate preciation	d	(d) Book	value	e
1 a	Land	· ·								
b	Buildings			1						
	Leasehold improvements		1	.18,613.		95,38	8.	23	3,22	25.
d	Equipment			61,659.		16,30			5,3	
	Other		Ī			•			-	
-	Add lines 1a through 1e. (Column (d) must e		X. column (R) line	e 10c.)				68	3,58	30.

Schedule D (Form 990) 2019

16050626 150872 SPN

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes 37,959 CAPITAL LEASE OBLIGATIONS (2)24,255. DEFERRED RENT (3) DEFERRED LEASE INCENTIVE 22,931 (4) (5) (6) (7)(8) (9) 85,145. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2.

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

Schedule D (Form 990) 2019

932053 10-02-19

1

Schedule D (Form 990) 2019 STATE POLICY NETWORK 5				57-	0952531	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			1	
1	Total revenue, gains, and other support per audited financial statements			1	16,919,	347.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-25,614.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-25,	614.
3	Subtract line 2e from line 1			3	16,944,	<u>961.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,376.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	5,	<u>376.</u>
5					16,950,	<u>337.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	14,924,	576.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a				
b	Prior year adjustments	2b				
с	Other losses	2c	2			
d	Other (Describe in Part XIII.)	2d	100 1			
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	14,924,	576.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	× _ ©	No.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,376.			
b	Other (Describe in Part XIII.)	4b	12			
с	Add lines 4a and 4b			4c		376.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	14,929,	952.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

SPN EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER

31, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE

RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS

TAX-EXEMPT STATUS.

932054 10-02-19

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047					OMB No. 1545-0047		
(Form 990 or 990-EZ)		ete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization	n						Employer ide	ntification number
	STATE P	OLICY NETWORK					57-0952	531
	complete this par	 Complete if the organization answe t 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
· · ·		sed funds through any of the followin	a activ	vities (Check all that apply			
a X Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici		g Special		-	-			
d X In-person so		g opeciai	lanare	lising	events			
		or oral agreement with any individual	(incluc	lina of	ficers directors true	toos	or	
		art VII) or entity in connection with p				ices,	X Yes	No
, , ,		viduals or entities (fundraisers) pursu			•	no fur		
compensated at le	0	(/1		ayreer		ie iui		-
			-		1			1
	a of individual		(iii) fundi	Did			Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by)
or entity (lunc	laiser)			ntrol of utions?	Inom activity		ted in col. (i)	organization
CLEARWORD COMMUNICA	ATIONS -	ADVISE ON MARKETING AND	Yes	No			4	
10302 BRISTOW CENT		FUNDRAISING MATERIALS		x	670,320.	2	90,000.	580,320.
DAVIDSON & COMPANY		ADVISE ON MARKETING AND		1	N P	$\langle \cdot \rangle$	1	, ,
CALIFORNIA STREET,	NW, SUITE	FUNDRAISING MATERIALS	0	x	134,854.	\$	37,500.	97,354.
· · ·	·	<u></u>	1		1000			
		20		2	102			
		- 1 × 1		- 16	Fr. 90			
			- C	1.1	1 Bach			
		- REVE		34	1000			
			N.	1.40	C V			
		and the second sec	¥.	1	2			
			- 61	13				
		25.0	2.4	0				
		1112 9 02	2					
		180 Mar						
			1					
		1	1					
Total					805,174.		127,500.	677,674.
		n is registered or licensed to solicit c	ontrib	utions	,	it ie 4	,	
or licensing.								3.0141011

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NC, ND, NH, NJ NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

Part	dule G (Form 990 or 990-EZ) 2019 STATE E TII Fundraising Events. Complete if the				0952531 Page 2 more than \$15,000
	of fundraising event contributions and gr				
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
nue		(event type)	(event type)	(total number)	- col. (c))
Revenue	1 Gross receipts				
2	2 Less: Contributions				
3	3 Gross income (line 1 minus line 2)				
4	4 Cash prizes				
5	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
Direct E)	7 Food and beverages		. 4		
_	8 Entertainment			1	
	9 Other direct expenses		1 6 1		
			7 mil. 101. 7 T		
1	10 Direct expense summary. Add lines 4 throug	h 9 in column (d)			
1(1	10 Direct expense summary. Add lines 4 throug11 Net income summary. Subtract line 10 from line	h 9 in column (d) line 3, column (d)			
1(1	10 Direct expense summary. Add lines 4 throug11 Net income summary. Subtract line 10 from 1	h 9 in column (d) line 3, column (d)	n 990, Part IV, line 19, or r		
10 11 Part	10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 till Gaming. Complete if the organization	h 9 in column (d) line 3, column (d)			(d) Total gaming (add col. (a) through col. (c
1(1	10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 till Gaming. Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Forr	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
se Revenue	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	h 9 in column (d) line 3, column (d) answered "Yes" on Forr	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
se Revenue	 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	h 9 in column (d) line 3, column (d) answered "Yes" on Forr	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
ct Expenses Revenue	 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 	h 9 in column (d) line 3, column (d) answered "Yes" on Forr	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Direct Expenses Revenue	 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	h 9 in column (d) line 3, column (d) answered "Yes" on Forr	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Direct Expenses Revenue	 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	h 9 in column (d) line 3, column (d) answered "Yes" on Forr	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than	
Direct Expenses Revenue	 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	h 9 in column (d) ine 3, column (d) answered "Yes" on Forr (a) Bingo (a) Bingo (b) Signature (c) Signature	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
Direct Expenses Bevenue P C C C C C C C C C C C C C C C C C C	 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	h 9 in column (d) ine 3, column (d) answered "Yes" on Forr (a) Bingo (a) Bingo (b) Bingo (c) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	
Pirect Exbenses Birlington Birlin	 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	h 9 in column (d) ine 3, column (d) answered "Yes" on Forr (a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	
Direct Exbenses Revenue	 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 11 Gross revenue	h 9 in column (d) ine 3, column (d) answered "Yes" on Forr (a) Bingo (a) Bingo (a) Bingo (b) Sincolumn (d) Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	col. (a) through col. (c
Direct Exbenses Revenue	 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	h 9 in column (d) ine 3, column (d) answered "Yes" on Forr (a) Bingo (a) Bingo (a) Bingo (b) Sincolumn (d) Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	col. (a) through col. (c

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 STATE POLICY NETWORK	57-0952531 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
and the second second	
A REAL COLOR	
Director/officer Employee Independent contractor	
ar sol	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	SER S.
SCHEDOLE G, TAKI I, DINE 2D, DISI OF TEN HIGHEST TAID FONDARI.	
(I) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS	
(I) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS	
(I) ADDRESS OF FUNDRAISER:	
10302 BRISTOW CENTER DRIVE, SUITE 51, BRISTOW, VA 20136	
(I) NAME OF FUNDRAISER: DAVIDSON & COMPANY	
(I) ADDRESS OF FUNDRAISER:	
2127 CALIFORNIA STREET, NW, SUITE 104, WASHINGTON, DC 20008	
	i (Form 990 or 990-EZ) 2019
322003 09-11-19 36	
50626 150872 SPN 2019.04000 STATE POLICY NET	WORK SPN

16050626 150872 SPN

932084 04-01-19	Schedule G (Form 990 or 990-EZ)
	No. A
	COR P. DILLES
	REVER DE CONTRACTOR
	A A A A A A A A A A A A A A A A A A A
	Chr. S. D. Why
	The second second
	COPP. 1691
	Allow I Can
	(continuea)

SCHEDULE I (Form 990)		irants and Oth					OMB No. 1545-0047			
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury	Comp		Attach to For				Open to Public			
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection			
Name of the organization STATE PO	LICY NETWO	RK					Employer identification number 57-0952531			
Part I General Information on Grants	and Assistance									
1 Does the organization maintain records										
criteria used to award the grants or ass							X Yes No			
2 Describe in Part IV the organization's p		<u>u</u> <u>u</u>								
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
recipient that received more than					(f) Method of					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
PEOPLE UNITED FOR PRIVACY FOUNDATION - P.O. BOX 236 - OAK				1an	401					
RIDGE NC 27310	82-3439592	501(C)(3)	616,718.	0.	31		FREE SPEECH RESEARCH			
<u></u>	02 3435352	501(0)(3)	010,710.							
EMPIRE CENTER FOR PUBLIC POLICY 30 SOUTH PEARL STREET, SUITE 1210				8 DI211	A.		ECONOMIC FREEDOM RESEARCH; COMMUNICATION			
ALBANY, NY 12207	46-1987418	501(C)(3)	141,150.	0.			EDUCATION			
CALIFORNIA POLICY CENTER 18002 IRVINE BOULEVARD, SUITE 108 TUSTIN, CA 92780	27-2870463	501(C)(3)	139,400.	0.5 km			ECONOMIC FREEDOM RESEARCH			
10511N, CA 92700	27 2070403	501(0)(3)	135,400.	0.			ECONOMIC FREEDOM REDEARCH			
COMMONWEALTH FOUNDATION 225 STATE STREET	23-2473845	E01(0)(2)	112,500.	0.			ECONOMIC FREEDOM RESEARCH; GENERAL OPERATING			
HARRISBURG, PA 17101-1129	23-2473645	501(C)(3)	112,500.	0.			OPERATING			
ILLINOIS POLICY INSTITUTE 190 S LASALLE STREET, SUITE 1500										
CHICAGO, IL 60603	41-2057028	501(C)(3)	110,000.	0.			ECONOMIC FREEDOM RESEARCH			
BEACON CENTER OF TENNESSEE P.O. BOX 198646							ECONOMIC FREEDOM RESEARCH; COMMUNICATION			
NASHVILLE, TN 37219	20-1808567		107,500.	0.			EDUCATION			
2 Enter total number of section 501(c)(3)	0	•	e line 1 table				► <u>38.</u> ► 0.			
3 Enter total number of other organizatio	ns listed in the line 1	table								

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

Schedule I (Form 990) (2019)

STATE POLICY NETWORK

Schedule I (Form 990) STATE POL	ICY NETWO	RK				5	57-0952531 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (School	edule I (Form 990), Pa	irt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TANES NADION INSTRUME							RONONTO EDEEDON
THE JAMES MADISON INSTITUTE 100 N DUVAL STREET							ECONOMIC FREEDOM
TALLAHASSEE, FL 32301	59-2811908	501(C)(3)	83,500.	0.			RESEARCH; HEALTHCARE RESEARCH
GREAT AMERICAN FOUNDATION /	59-2011900	501(0)(3)	05,500.	0.			RESEARCH
AMERICAN CULTURE FOUNDATION - 190							
S LASALLE STREET, SUITE 1500 -							
CHICAGO, IL 60603	45-4206354	501(C)(3)	70,000.	0.			ECONOMIC FREEDOM RESEARCH
	45 4200554	501(0)(5)	70,000.	0.			ECONOMIC FREEDOM RESEARCH
AMERICANS FOR FAIR TREATMENT							
225 STATE STREET, SUITE 301				1			
HARRISBURG, PA 17101	47-2593565	501(C)(3)	60,000.	0.	do		ECONOMIC FREEDOM RESEARCH
	1, 200000	301(0)(3)			1010		
FREEDOM FOUNDATION				9 U	32		
P.O. BOX 552			and the	V .c(V)			
OLYMPIA, WA 98507	94-3136961	501(C)(3)	60,000.	0.			ECONOMIC FREEDOM RESEARCH
				81 × all	1 P		
LIBERTY JUSTICE CENTER			A La all	S. C. D.			
190 S LASALLE STREET, SUITE 1630			1. 1. 10				
CHICAGO, IL 60603	45-4204425	501(C)(3)	60,000.	0.			ECONOMIC FREEDOM RESEARCH
,			125. 122				
OKLAHOMA COUNCIL OF PUBLIC AFFAIRS			1 ODE				
1401 N LINCOLN BOULEVARD							
OKLAHOMA CITY, OK 73104	73-1436375	501(C)(3)	60,000.	0.			ECONOMIC FREEDOM RESEARCH
MACKINAC CENTER FOR PUBLIC POLICY							ECONOMIC FREEDOM
140 W MAIN STREET, SUITE 568							RESEARCH; GENERAL
MIDLAND, MI 48640	38-2701547	501(C)(3)	52,000.	0.			OPERATING
BADGER INSTITUTE							ECONOMIC FREEDOM
633 W WISCONSIN AVENUE, SUITE 330							RESEARCH; GENERAL
MILWAUKEE, WI 53203-1918	39-1592727	501(C)(3)	51,500.	0.			OPERATING
BUCKEYE INSTITUTE FOR PUBLIC							
POLICY SOLUTIONS - 88 EAST BROAD							
STREET, SUITE 1300 - COLUMBUS, OH							
43215	31-1278593	501(C)(3)	50,000.	0.			ECONOMIC FREEDOM RESEARCH

Schedule I (Form 990)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other) GOLDWATER INSTITUTE FOR PUBLIC POLICY - 500 E CORONADO ROAD -PHOENIX, AZ 85004 86-0597661 501(C)(3) 50,000 0. ECONOMIC FREEDOM RESEARCH PELICAN INSTITUTE FOR PUBLIC POLICY - 643 MAGAZINE STREET SUITE 301 - NEW ORLEANS, LA 70130 26-1704791 501(C)(3) 0. ECONOMIC FREEDOM RESEARCH 50,000 CARDINAL INSTITUTE FOR WEST VIRGINIA POLICY - P.O. BOX 11495 -CHARLESTON, WV 25339 47-1932521 501(C)(3) 46,400 ECONOMIC FREEDOM RESEARCH GEORGIA CENTER FOR OPPORTUNITY 333 RESEARCH COURT, SUITE 210 46,400 PEACHTREE CORNERS, GA 30092 58-1928520 501(C)(3) 0 ECONOMIC FREEDOM RESEARCH GRASSROOT INSTITUTE OF HAWAII 1050 BISHOP STREET, SUITE 508 99-0354937 501(C)(3) HONOLULU, HI 96813 46,400 0. ECONOMIC FREEDOM RESEARCH ALASKA POLICY FORUM 201 BARROW STREET, BOX 8 ANCHORAGE, AK 99501-2429 26-4380206 501(C)(3) 45,000 0. ECONOMIC FREEDOM RESEARCH YANKEE INSTITUTE 216 MAIN STREET 52-1358144 501(C)(3) HARTFORD, CT 06106 45 000 0. ECONOMIC FREEDOM RESEARCH KANSAS POLICY INSTITUTE 12980 METCALF SUITE 130 OVERLAND, KS 66213 23-7047821 501(C)(3) 40,000. 0. ECONOMIC FREEDOM RESEARCH THE MAINE HERITAGE POLICY CENTER 4 MILK STREET, SUITE 202 PORTLAND, ME 04101 22-3888250 501(C)(3) 0. ECONOMIC FREEDOM RESEARCH 40,000,

STATE POLICY NETWORK

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Schedule I (Form 990)

Schedule I (Form 990)

57-0952531

Page 1

STATE POLICY NETWORK

Schedule I (Form 990) STATE POL							57-0952531 Page
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa I	ırt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON INSTITUTE							
9035 GOLDEN SUNSET LANE							
SPRINGFIELD, VA 22153	51-0280185	501(C)(3)	40,000.	0.			ECONOMIC FREEDOM RESEARC
WISCONSIN INSTITUTE FOR LAW &							
LIBERTY, INC 330 E KILBOURN							ECONOMIC FREEDOM
AVENUE, SUITE 725 - MILWAUKEE, WI							RESEARCH; COMMUNICATION
53202	45-1606079	501(C)(3)	40,000.	0.			EDUCATION
			,				
CASCADE POLICY INSTITUTE							
4850 SW SCHOLLS FERRY RD, SUITE 103				10	. 4		
PORTLAND, OR 97225	93-1045925	501(C)(3)	38,500.	0.	10		ECONOMIC FREEDOM RESEARCH
			6		elo.		
CENTER FOR INDEPENDENT EMPLOYEES				$p_{0} \in \mathcal{O}_{1}$	322		
P.O. BOX 2421			12	100 C	5		
SPARTANBURG, SC 29304	26-0005176	501(C)(3)	35,000.	0.			ECONOMIC FREEDOM RESEARCH
		-	C Brain	8.06	V.		
PALMETTO PROMISE INSTITUTE			10.00				
P.O. BOX 12676			and the second	Der.			
COLUMBIA, SC 29211	26-3077338	501(C)(3)	35,000.	0.			ECONOMIC FREEDOM RESEARCH
WA GUINGMON, DOLLOW GENMED		0	12-20/122				
WASHINGTON POLICY CENTER P.O. BOX 3643		6.03	. V				
	91-1752769	F(1/a)/2)	20.000	٥.			ECONOMIC FREEDOM RESEARCH
SEATTLE, WA 98124-3643	91-1/52/09	501(C)(3)	30,000.	U.			ECONOMIC FREEDOM RESEARCH
MISSISSIPPI CENTER FOR PUBLIC							
POLICY - 520 GEORGE STREET -							HEALTHCARE RESEARCH;
JACKSON, MS 39202	64-0797905	501(C)(3)	25,400.	0.			COMMUNICATION EDUCATION
	01 0757505	501(0)(5)					
GEORGIA PUBLIC POLICY FOUNDATION							
3200 COBB GALLERIA PKWY., SUITE 214							
ATLANTA, GA 30339	58-1943161	501(C)(3)	25,000.	0.			HEALTHCARE RESEARCH
· ·		· ·	, , ,				
NEVADA POLICY RESEARCH INSTITUTE							
7130 PLACID STREET							
LAS VEGAS, NV 89119	88-0276314	501(C)(3)	25,000.	٥.			ECONOMIC FREEDOM RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	7-0932331 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEGRASS INSTITUTE FOR PUBLIC POLICY SOLUTIONS - P.O. BOX 11706 - LEXINGTON, KY 40577	11-3691843	501(C)(3)	20,000.	0.			ECONOMIC FREEDOM RESEARCH
LUCY BURNS INSTITUTE 8383 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562	20-8036372	501(C)(3)	18,500.	0.			ECONOMIC FREEDOM RESEARCH
SUTHERLAND INSTITUTE 15 WEST SOUTH TEMPLE, SUITE 200 SALT LAKE CITY, UT 84101	87-0531727	501(C)(3)	10,300.	0.	lla.		GENERAL OPERATING; COMMUNICATION EDUCATION
RHODE ISLAND CENTER FOR FREEDOM & PROSPERITY - P.O. BOX 10069 - CRANSTON, RI 02910	45-2805369	501(C)(3)	8,500.	0.	N STO.		ECONOMIC FREEDOM RESEARCH
TAX EDUCATION FOUNDATION IOWA 2610 PARK AVENUE MUSCATINE, IA 52761	42-1184154	501(C)(3)	8,000.	0.			ECONOMIC FREEDOM RESEARCH
		FOR	100 DOLLA				

Schedule I (Form 990)

57-0952531 Page 1

Schedule I (Form 990)

STATE POLICY NETWORK

Schedule I (Form 990) (2019)

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	and the	OP	1014	
	V. L. V	1 MAG		

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of (c) Amount of (d) Amount of non-(a) Type of grant or assistance

Part III can be duplicated if additional space is needed.

STATE POLICY NETWORK

	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
TRAVEL SCHOLARSHIPS	73	51,170.	0.		
		,			
			OPT	104	
		RAL	St DISONI		

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

PART I, LINE 2:

Schedule I (Form 990) (2019)

Part III

ALL GRANTS WERE GIVEN BASED ON PROPOSALS SUBMITTED AND REVIEWED TO ENSURE

EFFECTIVENESS AND COMPLIANCE WITH OUR MISSION AND 501(C)(3) STATUS. EACH

GRANT REQUIRES A REPORT AT THE COMPLETION OF THE PROJECT, ALL OF WHICH WERE

COLLECTED FOR PROJECTS COMPLETED IN 2019.

(f) Description of noncash assistance

(e) Method of valuation

Page 2

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	<u> </u>
-	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	J
Dono	tmont of the Treesury		Open to	Publ	ic	
	tment of the Treasury al Revenue Service		Inspe	ction		
Nam	ne of the organization	1		identificatio		mber
_		STATE POLICY NETWORK	57-0)95253	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-				1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la d'ante colstato de la co	and the state of the second sector of the second base of the second second second second sector of the sect				
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	Shito			
		ation of the CEO/Executive Director, but explain in Part III.	<u>S</u>			
	X Compensation					
		compensation consultant X Compensation survey or study	ommittee			
		ther organizations X Approval by the board or compensation of	ommittee			
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 re					
а	-			4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				X
c		ceive payment from, an equity-based compensation arrangement?				x
Ũ		hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 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	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2019

SPN____1

57-0952531

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 of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) TRACIE J. SHARP	(i)	325,000.	50,000.	1,164.	6,000.	1,534.	383,698.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TONY WOODLIEF	(i)	185,000.	3,000.	267.	3,620.	1,318.	193,205.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA PAINTER	(i)	130,000.	80,000.	8,570.	2,500.	6,145.	227,215.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIE BURDEN	(i)	145,000.	25,000.	220.	2,900.	6,144.	179,264.	0.
SR. DIR OF EVENTS STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CARRIE CONKO	(i)	158,000.	10,000.	96.	1,680.	8,474.	178,250.	0.
VP OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LYNN HARSH	(i)	135,000.	6,000.	221.	0.	12,712.	153,933.	0.
VP OF STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TERESA BROWN	(i)	133,000.	5,000.	625.	4,500.	13,929.	157,054.	0.
VP OF LEADERSHIP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)			12002				
	(ii)		0 10	11112				
	(i)		alla.	On.				
	(ii)		N. W.	»				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

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.

PART I, LINE 7:

SPN SOMETIMES PROVIDES SPOT, MID AND END-OF-YEAR BONUSES FOR STAFF BASED ON

PERFORMANCE.

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 The Discrete states and the second states an
 DR HAM ST. ON
FOR REPUBLIC

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Name of the organization

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

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

2019
Open to Public
Inspection

			Employer	identification number
STATE	POLICY	NETWORK	5	7-0952531
anarty				

Par	t I Types of Property				•			
	·	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		ints	
1	Art - Works of art		Items contributed	Torri 990, Fart VIII, III e Tg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8								
9	Securities - Publicly traded	x	3	164 114.	FAIR MARKET	VALU	E	
10	Securities - Closely held stock					V1110	<u> </u>	
11	Securities - Partnership, LLC, or							
	trust interests			A)	. 4.			
12	Securities - Miscellaneous				100			
13	Qualified conservation contribution -			A 7 7 19				
10	Historic structures		C C	10 1 10				
14	Qualified conservation contribution - Other		~ ~ 7	N 6813				
15	Real estate - Residential		10	V 468 V.				
16	Real estate - Commercial		I IT	11. 900				
17	Real estate - Other		18	O. V. SILP				
18	Collectibles		NO AL					
19	Food inventory	1///	100	1000				_
20	Drugs and medical supplies	400	1.120.	6.8.2				
21	Taxidermy	Y .	NY MA	13				
22	Historical artifacts		Vox V	10 M				
23	Scientific specimens	N 12	N. 41882					
24	Archeological artifacts	10	200.					
25	Other (CIGARS)	X	1	5,629.	COST			
26	Other ()							
27	Other ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	jement 29				
						Ye	s N	0
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a	<u> </u>	<u>. </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31 X		
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				-
						32a		<u>.</u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

Part II	Supplen	nental Informa	tion Dravida	the information
Schedule	M (Form 990)	2019 STATE	POLICY	NETWORK

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

57-0952531

Page 2

SPN___1

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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	and the collision
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	P WILL OSE
	BUIRE
	COLO DOS
932142 09-27-19	Schedule M (Form 990) 20
	48

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

57-0952531

OMB No. 1545-0047

STATE POLICY NETWORK

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDEPENDENT THINK TANKS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

EXPENSES \$ 2,007,501. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

A DRAFT COPY OF THE FEDERAL FORM 990 IS FIRST REVIEWED BY THE EXECUTIVE VICE PRESIDENT AND DIRECTOR OF OPERATIONS. THE DRAFT FORM 990 IS THEN REVIEWED AND APPROVED BY THE PRESIDENT. UPON THE PRESIDENT'S APPROVAL, IT IS FORWARDED TO THE BOARD AUDIT AND FINANCE COMMITTEE, OR AN APPROVED REPRESENTATIVE OF THE AUDIT AND FINANCE COMMITTEE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND MONITORED ANNUALLY AND ALL SPN STAFF AND SPN BOARD DIRECTORS MUST SIGN THIS POLICY ON AN ANNUAL BASIS. COMPLIANCE WITH THIS POLICY IS MANDATORY AS PER SPN'S EMPLOYEE HANDBOOK. IF AT ANY TIME AN EMPLOYEE BELIEVES, OR HAS A REASON TO BELIEVE, THAT THERE IS CONFLICT OF INTEREST TRANSACTION PRESENT, THEN HE/SHE HAS TO INFORM THE PRESIDENT OF THE EXISTENCE OF SUCH CONFLICT OR POTENTIAL CONFLICT. THE REPORTING EMPLOYEE MAY PARTICIPATE IN ANY DELIBERATIONS RELATED TO THE TRANSACTION ONLY IF THE EMPLOYEE DISCLOSES ALL MATERIAL FACTS. NO INDIVIDUAL SHALL BE REQUIRED TO RESIGN HIS OR HER POSITION BASED ON THE EXISTENCE OF A CONFLICT OF INTEREST. HOWEVER IF THE BOARD OF DIRECTORS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

16050626 150872 SPN

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1

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization STATE POLICY NETWORK	Employer identification number 57-0952531
DETERMINE THAT SUCH A CONFLICT WOULD MAKE IT IMPOSSIBLE FO	R THE EMPLOYEE TO
PERFORM HIS OR HER DUTY WITH THE REQUISITE LEVEL OF LOYALT	Y AND INTEGRITY,
THEN THE BOARD OF DIRECTORS MAY REQUIRE RESIGNATION.	

FORM 990, PART VI, SECTION B, LINE 15A:

STAFF COMPENSATION RECOMMENDATIONS ARE SUBMITTED TO THE BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGETING PROCESS. THE BOARD PERSONNEL COMMITTEE MAKES RECOMMENDATIONS FOR PRESIDENT COMPENSATION AFTER AN EVALUATION THAT INCLUDES A REVIEW OF INDUSTRY STANDARDS AND PEER COMPENSATION PACKAGES. THIS EVALUATION IS COMPLETED PERIODICALLY WITH THE LAST ONE BEING COMPLETED DURING 2019. THE COMMITTEE SUBMITS ITS RECOMMENDATIONS FOR THE PRESIDENT'S COMPENSATION TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND FINAL APPROVAL BEFORE BEING INCORPORATED INTO THE ANNUAL BUDGET.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NC, ND, NH, NJ, NM NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 192,920. MANAGEMENT AND GENERAL EXPENSES 811. FUNDRAISING EXPENSES

TOTAL EXPENSES

932212 09-06-19

38,431.

232,162.

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization STATE POLICY NETWORK	Page Employer identification number 57-0952531
OPERATIONS CONSULTING:	
PROGRAM SERVICE EXPENSES	119,809.
MANAGEMENT AND GENERAL EXPENSES	132,810.
FUNDRAISING EXPENSES	31,814.
TOTAL EXPENSES	284,433.
ADVANCE POLICY TEAM:	
PROGRAM SERVICE EXPENSES	636,945.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	636,945.
LEADERSHIP DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	1,109,944.
MANAGEMENT AND GENERAL EXPENSES	-92.
FUNDRAISING EXPENSES	79.
TOTAL EXPENSES	1,109,931.
DEVELOPMENT CONSULTING:	
PROGRAM SERVICE EXPENSES	90,230.
MANAGEMENT AND GENERAL EXPENSES	717.
FUNDRAISING EXPENSES	59,396.
TOTAL EXPENSES	150,343.
COMMUNICATION CONSULTING:	
PROGRAM SERVICE EXPENSES	1,217,068.
MANAGEMENT AND GENERAL EXPENSES	450.
FUNDRAISING EXPENSES	29,065.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2 Employer identification number
Name of the organization STATE POLICY NETWORK	57-0952531
TOTAL EXPENSES	1,246,583.
INTERNS:	
PROGRAM SERVICE EXPENSES	81,350.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	81,350.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,741,747.
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932212 09-06-19 Sche 52	dule O (Form 990 or 990-EZ) (2019)