Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2019

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

Department of the Treasury Internal Revenue Service

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

Α	For the	2019 calend	dar year, or tax year beginning	01/01 , 2019 , and en	ding	12/3	1	, 20 19
В	Check if	applicable:	C Name of organization FAIR LIN	ES AMERICA INC			D Emple	oyer identification number
	Address	change	Doing business as					27-2885687
	Name ch	nange	Number and street (or P.O. box if	mail is not delivered to street address)	Room	/suite	E Teleph	none number
	Initial ret	urn	2308 Mount Vernon Ave Ste 7		- 1		571-482-7690	
	Final retu	rn/terminated	City or town, state or province, co					
	Amende	d return		G Gross	receipts \$ 1,410,011			
	Applicati	ion pending	F Name and address of principal off	icer: Adam Kincaid		H(a) Is this a gro	up return fo	or subordinates? Yes Vo
			2308 Mount Vernon Ave, Ste	716, Alexandria, VA 22301		H(b) Are all su	bordinat	es included? Yes No
1	Tax-exe	mpt status:	501(c)(3) 501(c) (4					ee instructions)
J	Website	https://	fairlines.org/			H(c) Group ex	emption	number >
K	Form of o	organization: 🗸	Corporation Trust Associa	tion ☐ Other ► L Year of fo	rmation:	2010	M State	of legal domicile: TN
Р	art l	Summa	ry					Alicense III.
	1	Briefly des	cribe the organization's miss	ion or most significant activities: Fair	Lines	America is a	501(c)	(4) incorporated for
9				fields of demography, political science				
Jan			on Schedule O, Statement 1)			ALVERTANDE UNDER		
Governance	2	Check this	box ▶ ☐ if the organization	discontinued its operations or dispos	sed of r	more than 2	25% of	its net assets.
ő	3			rning body (Part VI, line 1a)			3	3
•ŏ	4	Number of	independent voting member	s of the governing body (Part VI, line	1b)		4	3
Activities &	5	Total numb	oer of individuals employed ir	n calendar year 2019 (Part V, line 2a)	. ,		5	0
ξį	6	Total numb	oer of volunteers (estimate if i	necessary)			6	0
Ac	7a	Total unrel	ated business revenue from I	Part VIII, column (C), line 12		* * *	7a	0
	b	Net unrela	ted business taxable income	from Form 990-T, line 39		* * *	7b	1
					Prior Year		Current Year	
ø	8	Contribution	ons and grants (Part VIII, line	9:	50,008	1,410,011		
Revenue	9	Program s	ervice revenue (Part VIII, line		0	0_		
ě	10	Investment	t income (Part VIII, column (A		0	0.		
ш	11	Other reve	nue (Part VIII, column (A), line		0			
	12	Total reven	ue-add lines 8 through 11 (n	nust equal Part VIII, column (A), line 12	2)	9:	50,008	1,410,011
	13	Grants and	d similar amounts paid (Part II	X, column (A), lines 1-3)		2	00,000	0
	14	Benefits pa	aid to or for members (Part IX	K, column (A), line 4)	.]		0	0
S	15	Salaries, ot	her compensation, employee l	benefits (Part IX, column (A), lines 5–10))	4	44,305	434,531
Expenses	16a			olumn (A), line 11e)			15,000	0
Ç	b		raising expenses (Part IX, col		1			
Ш	17		enses (Part IX, column (A), lin			5	55,426	534,113
	18	Total expe	nses. Add lines 13-17 (must	equal Part IX, column (A), line 25)			14,731	968,644
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12		-2	64,723	441,367
٥٥	3				Begi	inning of Curre	ent Year	End of Year
Net Assets or	20	Total asset	ts (Part X, line 16)		•	1	85,718	608,436
t As	21	Total liabili	ities (Part X, line 26)		• 6		48,258	29,774
ž	22	Net assets	or fund balances. Subtract li	ine 21 from line 20	3	1	37,460	578,662
Р	art II	Signatu	ire Block					
Ur	nder pena	alties of perjury	, I declare that I have examined this	return, including accompanying schedules and	statemer	nts, and to the	best of r	my knowledge and belief, it is
tru	ie, correc	t, and complet	e. Declaration of preparer (other than	officer) is based on all information of which pre	parer ha	s any knowled	ge.	
Sig	_	Signat	ure of officer			Date		
He	ere		n Kincaid, Executive Director					
_		136	or print name and title					
Pá	aid	Print/Type	e preparer's name	Preparer's signature	Date		Check	
	Preparer Chris Marston self-employed							P01796811
	se Onl	Livor's nor	me ► Election CFO LLC			Firm's	EIN ►	27-2584814
-		Firm's add	dress 🕨 PO Box 26141, Alexand			Phone	no.	703-627-4679
Ma	ay the IF	RS discuss	this return with the preparer s	shown above? (see instructions)	10 25 0	8 2 6 6	20 000	✓ Yes □ No

Part	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Fair Lines America is a 501(c)(4) incorporated for the purpose of providing education in the fields of demography, political science,
	geographic information systems, and legal studies. Fair Lines America supports fair and legal redistricting through comprehensive
	data gathering, processing, and deployment; dissemination of relevant news and information; and strategic investments in
	redistricting-related reforms and litigation.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Providing education in the fields of demography, political science, geographic information systems, and legal studies. Fair Lines
	America supports fair and legal redistricting through comprehensive data gathering, processing, and deployment; dissemination of
	relevant news and information; and strategic investments in redistricting-related reforms and litigation.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	L
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 547,004

Part IV Checklist of Required Schedules

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

rait	Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a b	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		√
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		✓
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		✓
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		✓
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):	ĸ,		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		1
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓	
Part				V2
	Check if Schedule O contains a response or note to any line in this Part V	10 10	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	

rait	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
	$\tilde{r}=\tilde{r}^{0}$		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			10			
	Statements, filed for the calendar year ending with or within the year covered by this return 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓			
b	the state of the s						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓			
b	If "Yes," enter the name of the foreign country			- 4			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			- 81			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓				
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		1-1				
	and services provided to the payor?	7a					
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					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f					
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		Name of				
9	sponsoring organization have excess business holdings at any time during the year?	8					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ľ			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b					
10	Section 501(c)(7) organizations. Enter:	อม					
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			1111			
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders			- 1			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1				
_	against amounts due or received from them.)			8.			
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.		lu .	- 10			
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						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		✓			
16	If "Yes," see instructions and file Form 4720, Schedule N.	4.0					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		√			

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in Check if Schedule O contains a response or note to any line in this Part VI						
Secti	on A. Governing Body and Management	* ×	* 3	V			
OCOL	on A. Governing body and Management		V	N.			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		Yes	No			
	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.	H					
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 3						
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		1			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1			
6	Did the organization have members or stockholders?	6		✓			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	✓				
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)				
40			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		1			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-	,				
13	Did the organization have a written whistleblower policy?	12c	√	1			
14	Did the organization have a written document retention and destruction policy?	14	✓	-			
15	Did the process for determining compensation of the following persons include a review and approval by	14	_				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official	15a	√				
b	Other officers or key employees of the organization	15b	✓				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a		✓			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			d			
Cooti	organization's exempt status with respect to such arrangements?	16b					
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► TN						

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website V Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and re Chris Marston, (571)482-7690	cords	•				

Form	990	(2019)	
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Part VII	Compensation of Officers, Directors,	Trustees, Key Employe	es, Highest Compensated Er	nplovees, and
	Independent Contractors		, 0	,

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	on c	ompe	nsa	ated any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not cl unles er an	Pos neck ss pe	c) sition mor erson direct	e than o is both tor/trus	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
Adam Kincaid	20.00									
Executive Director	0.00			✓				77,924	0	3,764
Margaret Rose Boyd	20.00									
Secretary; Director of Operations	0.00			1				72,641	0	3,511
Henry Shelton III	0.00									
Director	0.00	✓						0	0	0
Lynn Westmoreland	0.00									
Chairman	0.00	✓						0	0	0
Diane Black	0.00									
Director	0.00	✓						0	0	0
	Lence de Acembro									

Par	VII Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d F	Highest Compe	nsated Emplo	yees (c	ontinued)
	(A) Name and title	(B) Average hours per week	(do n	ot ch	Pos heck ss pe d a c	C) sition more	e than o	one n an tee)	(D) Reportable compensation	(E) Reportable compensation from related	Estimat of	(F) ed amount other pensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro organiz	m the zation and rganizations
*****	***************************************	*********	-									
				_	-			-				

*****			-									
					-			<u> </u>				

******	N-10-1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	***********										
					-	Г						
32					_	L		L				
1b	Subtotal				L				150,565	0		7,275
c	Total from continuation sheets to Part	VII, Section	n A	*			. :: . :::	•	130,303			7,275
d		4 14 14 141 4 - 4 1114-				66 S	8 58 -l	▶	150,565	0		7,275
2	Total number of individuals (including bureportable compensation from the organi		a to tr	1056	e iis	tea	abov	e) w	vno receivea mor 4	e than \$100,000	OT	
-												Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or highes	st compensated	3	1
4	For any individual listed on line 1a, is the	sum of re	porta	ble	cor	npe	nsatio				Э	
	organization and related organizations individual	greater th					f "Ye	·s,"	complete Sched	dule J for suci	h 4	
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro						
Sect	for services rendered to the organization ion B. Independent Contractors	? If "Yes,"	comp	lete	Sci	hed	ule J	for :	such person .	S	5	✓
1	Complete this table for your five high	nest comp	ensat	ed	ind	epe	ndent	: co	ontractors that r	eceived more	than \$1	00,000 of
-	compensation from the organization. Rep	ort comper	nsatio	n fo	r th	e ca	lenda	ır ye	ear ending with or	within the orga		s tax year.
	(A) Name and business add	dress							(B) Description of serv	vices	(C) Compens	ation
	sroots Targeting, 707 Prince St, Alexandria, V							Te	echnical Consultin	g		110,000
Mage	ellan Strategies, 1685 Boxelder St Ste 300, Lo	uisville, CO	80027	7				Te	echnical Consultin	g		110,000
:-												
	Total number of independent contractor	oro (includi	na L.	,+	act.	lim!	tod t	0 41	hono listed share	o) who		
2	received more than \$100,000 of compens							ט נו	nose listed abov	e) WIIO		

Part	VIII	Statement of Revenue		Part III D	1.7.001		-
		Check if Schedule O contains a response or no	ote to any	y line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b	0				sections 512-514
يَ ق	С	Fundraising events 1c	0		المرافع والأسا		1
ifts ir A	d	Related organizations 1d	0				
2,≝ ∃,°	е	Government grants (contributions) 1e	0				
Sis	f	All other contributions, gifts, grants,	Sec. adm. March				
ber			,410,011				
들	g	Noncash contributions included in lines 1a–1f				La S	
Cor	h	Iines 1a–1f	0	1,410,011			W
			ss Code	1,410,011			
<u>8</u>	2a						
Program Service Revenue	b						
gram Ser Revenue	С						
ev an	d						
60	e						
مَ ا	f	All other program service revenue					
-	g 3	Total. Add lines 2a–2f	ot and	0			
	3	other similar amounts)	st, and				
	4	Income from investment of tax-exempt bond proc	eeds ►				
	5	Royalties	▶ [
		(i) Real (ii) Pe	ersonal				W 1111
	6a	Gross rents 6a					
	b	Less: rental expenses 6b		*			
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	j.e.: ►				
	7a	Ciross amount nom	Other				1.0
		sales of assets				inia, v is	
enne	b	other than inventory 7a Less: cost or other basis					
		and sales expenses . 7b Gain or (loss) 7c 0					
Re	c d	Ret gain or (loss)	0				
Other Re		Gross income from fundraising	- 1	T 1 1 1 1 1 1			
ŏ	Ou	events (not including \$ 0				- X- X-	
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events .	n -				
	9a	Gross income from gaming					1 W.
	b	activities. See Part IV, line 19 . 9a Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities	. >				
		Gross sales of inventory, less					
	100	returns and allowances 10a				- Y 011	
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory	. •				
sn		Busine	ss Code				
Miscellaneous Revenue	11a						
llar /en	b						
scellaneo Revenue	C	All other revenue					
Ĕ	d e	All other revenue	. ▶	0			
	12	Total revenue See instructions		1 110 011			

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗸
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	150,566	73,175	30,113	47,278
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	283,965	138,007	56,793	89,165
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
а	Management	87,120	42,340	17,424	27,356
b	Legal	55,000	0	55,000	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	U	0	0	
ອ	(A) amount, list line 11g expenses on Schedule O.)	001.400	050 400	00.457	7 570
12	Advertising and promotion	291,466	253,436	30,457	7,573
13		0	0	0	0
		7,789	2,936	2,802	2,051
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	48,330	23,246	9,566	15,518
17	Travel	18,988	4,781	6,825	7,382
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	10,965	2,058	625	8,282
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	13,774	6,694	2,755	4,325
23	Insurance	681	331	136	214
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	968,644	547,004	212,496	209,144
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	300,044	347,004	212,730	EU0,144

Part X Balance Sheet Check if Schedule O contains a response

		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	122,910	1	309,774
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	219,750
	5	Loans and other receivables from 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		5	0
	6	Loans and other receivables from other disqualified persons (as defined			
/ 0	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	0
Assets	7 8	Notes and loans receivable, net		7	22,750
Ass	9	Inventories for sale or use		8	0
•		Prepaid expenses and deferred charges	7,583	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 76,308			
	b	Less: accumulated depreciation 10b 20,146	32,475	10c	56,162
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	22,750	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	185,718	16	608,436
	17	Accounts payable and accrued expenses	48,258		29,774
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other 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		20	
-ia	23	Secured mortgages and notes payable to unrelated third parties	0		0
_	24		0		0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	48,258		29,774
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.	40,230		23,774
gale	27	Net assets without donor restrictions	137,460	27	578,662
d E	28	Net assets with donor restrictions	0	28	0
r Fun		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et,	32	Total net assets or fund balances	137,460	32	578,662
z	33	Total liabilities and net assets/fund balances	185,718	33	608,436
					Form 990 (2019)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		F 6		
1	Total revenue (must equal Part VIII, column (A), line 12)			1,41	0,011
2	Total expenses (must equal Part IX, column (A), line 25)				8,644
3	Revenue less expenses. Subtract line 2 from line 1			44	1,367
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			13	7,460
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				-165
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			57	8,662
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	(i) i	6 E		
1	Accounting method used to prepare the Ferry 200.	Г		Yes	No
'	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain			. 11 . 1	
	Schedule O.	n in			0.00
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	- 1	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled		20		V
	reviewed on a separate basis, consolidated basis, or both:	ווס ג			
	Separate basis Consolidated basis Both consolidated and separate basis	- 11		2	
b	Were the organization's financial statements audited by an independent accountant?		2b	1	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited o				
	separate basis, consolidated basis, or both:	// u	- 35	- "	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	- 11		- 17	15111
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	nt of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		✓_
	If the organization changed either its oversight process or selection process during the tax year, explain	ı on		15 _{6.}	9-11
	Schedule O.				u K
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	the			
	Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	:0:	3b		
			Earn	. 000	(0010)

Form **990** (2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FAIR LINES AMERICA INC 27-2885687 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) C 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1

\$

Part	Organizations Maintaining Colle	ections of Art, Hist	orical Treasures,	or Other Similar <i>F</i>	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other recor	ds, check any of the	e following that make	significant use of its
а	☐ Public exhibition	d [Loan or exchang	e program	
b	☐ Scholarly research				
С	☐ Preservation for future generations		************		**************
4	Provide a description of the organization's	collections and expla	in how they further	the organization's ex	emnt nurnose in Part
-	XIII.	concodoris and expla	in now they faither	ine organization s ex	cinpt purpose in rait
5	During the year, did the organization solicit	or receive donations	s of art, historical tr	easures or other sim	ilar
	assets to be sold to raise funds rather than				
Part					
	Complete if the organization answ 990, Part X, line 21.		n 990, Part IV, line	9, or reported an a	amount on Form
1a	Is the organization an agent, trustee, custo	odian or other interm	ediary for contribut	ions or other assets	not
	included on Form 990, Part X?				. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		
					Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year		90 (80) e	1e	
f	Ending balance			1f	
2 a	Did the organization include an amount on F				
	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has been	provided on Part XIII	
Part					
	Complete if the organization answ	vered "Yes" on Forr	n 990, Part IV, line	e 10.	
	(a) (Current year (b) Pric	r year (c) Two year	s back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d					
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) held as:	
а	Board designated or quasi-endowment ▶	%			
b	Permanent endowment ► %				
С	Term endowment ► %				
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.			
3a	Are there endowment funds not in the poss	session of the organiz	ation that are held	and administered for	
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
L					. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz				. 3b
4	Describe in Part XIII the intended uses of the		wment tunas.		
Part	, , , , , ,		000 David IV II:e.	- 11 - Caa Fawa 00	O. David W. Brand 40
	Complete if the organization ansv				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	9,120	0	2,061	7,059
d	Equipment	67,188	0	18,085	49,103
е	Other	0	0	0	0
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	(, column (B), line 10)c.) ▶	56,162

	(a) Description of security or category	(b) Book value	orm 990, Part X, line 12.
	(including name of security)	(3, 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Cost or end-of-year market value
	derivatives		
	neld equity interests		
3) Other	***************************************		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		-	
(G)			
(H)	man /h) my set a surel Forms 000 Part V and /D) live 101		
Part VIII	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ Investments—Program Related.		
rait viii	Complete if the organization answered "Yes" on Form 990, Part	IV line 11e See F	form 000 Part V line 12
(4)	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		
Part IX	Other Assets.		
		Waling 11d See F	orm 990 Part V line 15
	Complete ii the organization answered Tes on Form 990. Part		
	Complete if the organization answered "Yes" on Form 990, Part	TV, IIIIe 11a. See 1	(b) Book value
(1)		TV, IIIIe 11u. Gee1	
(1) (2)		TV, IIIIe 11d. Gee1	
		TV, line 11d. See 1	
(2)		TV, mie i id. Gee i	
(2) (3) (4)		TV, mie i id. Gee i	
(2) (3) (4)		TV, mie i id. See i	
(2) (3) (4) (5)		TV, mie i id. See i	
(2) (3) (4) (5) (6)		TV, mie i id. Gee i	
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description	TV, mie i id. Gee i	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	(a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	TV, mie i id. See i	
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part line 25.		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	(a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part line 25. (a) Description of liability		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columnatio	(a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part line 25. (a) Description of liability		(b) Book value
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Part	Reconciliation of Revenue per Audited Financial Statemo	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements		2	1	1,410,011
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	E a			
a	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0		
C	Recoveries of prior year grants	2c	0		
d	· · · · · · · · · · · · · · · · · · ·	2d	0	4	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1,410,011
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines 4a and 4b			4c	0_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,410,011
Part			s pe	r Ketl	ırn.
	Complete if the organization answered "Yes" on Form 990,			- 1	
1				1	968,644
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I a II			
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		_
e	Add lines 2a through 2d	(g /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	Ø. 3	2e	0
3	Subtract line 2e from line 1		*	3	968,644
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
				4 -	_
C 5	Add lines 4a and 4b			4c	0
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	nd 2b	5 ; Part \	968,644 /, line 4; Part X, line
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)	nd 2b	5; Part \formati	968,644 /, line 4; Part X, line on.
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	nd 2b	5 ; Part \ formati	968,644 /, line 4; Part X, line on.
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	nd 2b nal ini	5 ; Part \ formati	968,644 /, line 4; Part X, line on.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

FAIR LINES AMERICA INC 27-2885687 Form 990, Part VI, Section B, Line 11b - Each director received a copy of the draft 990 for review prior to finalizing the return. Form 990, Part VI, Section B, Line 12c - Members of the board are required to disclose any potential conflicts. The board of directors monitors and enforces compliance with the conflict of interest policy at the annual board meeting Form 990, Part VI, Section B, Line 15 - The independent board members determine compensation for the organization's Executive Director by evaluating what they would be paid for similar positions at organizations of similar size and mission or activity using appropriate comparability data. Compensation for the organization's other officers and key employees are determined by the Executive Director by evaluating what they would be paid for similar positions at organizations of similar size and mission or activity using appropriate comparability data. Form 990, Part VI, Section C, Line 19 - The organization does not make these documents publicly available. Form 990, Part IX, Line 8 - Fair Lines America Inc contracts with a Professional Employer Organization (PEO) to perform tax withholding, reporting, and payment functions as well as benefits management related to workers performing services for the organization. Pension plan contributions, other employment benefits, and payroll taxes are all incorporated into a negotiated overhead rate with the PEO. As such, these expenses are all reported as part of the Management Fees for services reported on line 11(a) Form 990, Part IX, Line 11g - Technical Consulting - 163, 436 / 11,075 / 2,500 Communications - 90,000 / 0 / 0 Other Professional Services - 0 / 19,382 / 5,073

Schedule O, Statement 1 FAIR LINES AMERICA INC

Form: **Form 990 (2019)** EIN: **27-2885687**

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

studies. Fair Lines America supports fair and legal redistricting through comprehensive data gathering, processing, and deployment; dissemination of relevant news and information; and strategic investments in redistricting-related reforms and litigation.

Page: 1