TSN INSTITUTE PUBLIC DISCLOSURE COPY FORM 990 TAX YEAR 2020

Form 8879-EO	fo	e-file Signature Authorization r an Exempt Organization		OMB No. 1545-0047
Department of the Treasury	For calendar year 2020, or fiscal y	ear beginning $01/01$, 2020, and ending 12 . Do not send to the IRS. Keep for your records.	/3120_20_	2020
Internal Revenue Service		www.irs.gov/Form8879EO for the latest information		
Name of exempt organization			' '	tification number
TSN INSTITUTE			47-317	5931
Name and title of officer or po				
BRIAN MENKES,		ation (Whole Dollars Only)		
		ng this Form 8879-EO and enter the applical	blo amount if any fr	om the return If you
check the box on line blank, then leave line	1a, 2a, 3a, 4a, 5a, 6a, or 1b, 2b, 3b, 4b, 5b, 6b, or	7a below, and the amount on that line for the 7b, whichever is applicable, blank (do not 6b not complete more than one line in Part I.	he return being filed enter -0-). But, if you	with this form was
1a Form 990 check h	ere ▶ X b Total rever	ue, if any (Form 990, Part VIII, column (A), lin	ne 12) 1 b _	52.
2a Form 990-EZ chec	k here ▶ b Total r	evenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL c		al tax (Form 1120-POL, line 22)		
4a Form 990-PF chec	_	sed on investment income (Form 990-PF, Pa	_	
5a Form 8868 check		e due (Form 8868, line 3c)		
6a Form 990-T check		ax (Form 990-T, Part III, line 4)	A 700 Language -	
7a Form 4720 check Part II Declaration		ax (Form 4720, Part III, line 1) rization of Officer or Person Subject to 1		
Under penalties of perj	ury, I declare that 🔲 I am	an officer of the above organization or	m a person subject to	
processing the return of Agent to initiate an ele software for payment of a payment, I must conf (settlement) date. I als confidential information	or refund, and (c) the date of ctronic funds withdrawal (d) of the federal taxes owed or tact the U.S. Treasury Final of authorize the financial ins of necessary to answer inqui	f receipt or reason for rejection of the transmit any refund. If applicable, I authorize the U.S rect debit) entry to the financial institution accounts this return, and the financial institution to deficial Agent at 1-888-353-4537 no later than 2 titutions involved in the processing of the electronic return and, if applicable, the constitutions return and, if applicable, the constitutions involved in the paper and resolve issues related to the payment and the constitutions involved in the constitutions.	i. Treasury and its descount indicated in the bit the entry to this at business days prior ctronic payment of tant. I have selected a p	e tax preparation ccount. To revoke to the payment xes to receive ersonal
PIN: check one box on	ly			i
X I authorize B	KD, LLP EROfirm r	to enter my PIN	8 5 6 2 5 Enter five numbers, b	2
state agency(i	r 2020 electronically filed re es) regulating charities as p ırn's disclosure consent scre	turn. If I have indicated within this return that art of the IRS Fed/State program, I also authosen.	a copy of the return	is being filed with a ed ERO to enter my
electronically f	iled return. If I have indicate	respect to the organization, I will enter my PI d within this return that a copy of the return is #State program, I will enter my PIN on the ret	s being filed with a sturn's disclosure cons	ate agency(ies)
Signature of officer or person	subject to tax	SIGN HERE Date	ne ▶ 11/15/2021	
manufacture (Material Control	ion and Authentication	C4B2.	i.e	
	your six-digit electronic filir	g identification		
	d by your five-digit self-selec	•	4 3 3 7 2 2 Do not enter	4 4 0 1 6 all zeros
I certify that the above that I am submitting th IRS e-file Providers for	is return in accordange with	nich is my signature on the 2020 electronical the requirements of Pub. 4163, Modernized	d e-File (MeF) Inform	ation for Authorized
ERO's signature	///	Date ▶	11/15/21	
	=====	/		
		ust Retain This Form - See Instructions his Form to the IRS Unless Requested 1	To Do So	
For Paperwork Reduc	tion Act Notice, see back o			Form 8879-EO (2020)

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Inspection

A F	or th	e 202	0 calendar year, or tax year begin	ning	, 2020, a	and ending				, 20		
Б.			C Name of organization				D	Employer ide	entific	ation numb	er	
D C	heck if ap —	pplicable:	TSN INSTITUTE									
	Addre		Doing Business As					47-3175	931	=		
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s) R	Room/suite	E	Telephone nu	umber	=		
	Initial	return	1320 N. COURTHOUSE RD,	, STE 500			(571) 29	0 – 6	811		
	Term	inated	City or town, state or province, country, a	ind ZIP or foreign postal code								
	Amen return		ARLINGTON, VA 22201				G	Gross receipt	s \$			52.
		cation	F Name and address of principal officer:	DEREK JOHNSON			H(a) Is this a grousubordinates		rn for	Yes	X No
	•		1320 N COURTHOUSE ROAI	STE 500, ARLIN	NGTON, V.	A 22201	H(1	b) Are all subordi		cluded?	Yes	No
ı	Tax-ex	empt st	atus: 501(c)(3) X 501(c) (4	1) (insert no.)	4947(a)(1) or	527		If "No," attac	h a list	. (see instructi	ions)	
J	Websi	ite: 🕨	N/A				Н(c) Group exemp	otion n	umber		
K	Form	of orgar	nization: X Corporation Trust	Association Other		L Year of fo	rmation	2014 M	State	of legal don	nicile:	DE
P	art I	Sui	mmary	<u> </u>		'						
	1	Briefly	/ describe the organization's mission or	r most significant activities	: CREATE	A UNIQUE	NET	WORK CO	IMM	TTED TO	5	
ė			EASHING THE POTENTIAL OF									
anc		AND	PHILANTHROPISTS TO CREA	TE A FREE AND C	PEN SOC	IETY.						
ē	2	Check	this box 🕨 🗓 if the organization di	iscontinued its operations	s or disposed	of more than 2	25% of	its net assets	 3.			
Governance	3		er of voting members of the governing						3			2.
	4	Numb	er of independent voting members of t	he governing body (Part V	/I, line 1b)				4			1.
Activities &	5		number of individuals employed in cale						5			0.
₹	6		number of volunteers (estimate if necess						6			0.
Ä	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a			0
			nrelated business taxable income from I						7b			0
								Prior Year		Curre	ent Ye	ar
đ	8	Contri	butions and grants (Part VIII, line 1h)				4	4,000,00	0.			0
ň	9	Progra	am service revenue (Part VIII, line 2g)		COPY		(5 , 419 , 49	2.			0
Revenue	10		ment income (Part VIII, column (A), line		PUBLIC INS	SPECTION		1,66	2.			52
œ	11		revenue (Part VIII, column (A), lines 5,						0.			0
	12		revenue - add lines 8 through 11 (must				1(,421,15	4.			52
	13		s and similar amounts paid (Part IX, colu						0.	2,	350	,000.
	14		its paid to or for members (Part IX, colu						0.			0
ý	15		es, other compensation, employee bene				(6,867,83	6.			0
Expenses	16a		ssional fundraising fees (Part IX, column						0.			0
xpe			fundraising expenses (Part IX, column (I		0.							
ш	17		expenses (Part IX, column (A), lines 11					1,425,85	4.		20	,232
	18		expenses. Add lines 13-17 (must equal				8	3,293,69	0.	2,	370	,232
	19		nue less expenses. Subtract line 18 from				2	2,127,46	4.	- 2,	370	, 180.
Net Assets or Fund Balances							eginnin	g of Current Y	ear	End o	of Year	r
sets	20	Total	assets (Part X, line 16)				(3,227,41	9.		188	, 577
AB	21		liabilities (Part X, line 26)					251,10	9.			0
Fer	22		ssets or fund balances. Subtract line 21				2	2 , 976 , 31	0.		188	, 577.
	rt II	Sig	gnature Block									
Und	der per	nalties o	of perjury, I declare that I have examined thi	s return, including accompa	nying schedule	es and statemen	nts, and	to the best of	my k	nowledge a	and be	lief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of which	n preparer has a	пу кпом	neage.				
٠.								11/1	5/2	021		
Sig			Signature of officer					Date				
He	re		BRIAN MENKES		DIRECTO	OR						
			Type or print name and title									
		Print/	Type preparer's name	Preparer's signature		Date		Check	if F	PTIN		
Paid		MIC	HAEL J ENGLE			11/15/2	2021	self-employe	ed	P00482	834	
	parer Only	Firm's	name ▶ BKD, LLP				Fir	m's EIN	44-	016026	0	
	-		address > 1201 WALNUT, SUITE 1700						816	-221-6	300	
May	the I		cuss this return with the preparer show			<u></u>		<u></u>		. X Ye	s	No
_			Reduction Act Notice, see the separat							Form	990	(2020)

Form 990 (2020) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: CREATE A UNIQUE NETWORK COMMITTED TO UNLEASHING THE POTENTIAL OF PRINCIPLED, NEXT-GENERATION ENTREPRENEURS, AND PHILANTHROPISTS TO CREATE A FREE AND OPEN SOCIETY WITH OPPORTUNITIES FOR ALL. 2 Did the organization undertake any significant program services during the year which were not listed on the 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. 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: 2,352,517. including grants of \$ 2,350,000.) (Revenue \$) (Expenses \$ INVESTING AND SUPPORTING PRINCIPLED, NEXT-GENERATION ENTREPRENEURS, AND PHILANTHROPISTS TO CREATE A FREE AND OPEN SOCIETY WITH OPPORTUNITIES FOR ALL. **4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 2,352,517.

Form **990** (2020)

Form 990 (2020)
Part IV Page 3

Part	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		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Χ
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		Χ
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		Χ
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
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		Χ
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		X
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		Х
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		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			* *
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
		144		21
D	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	140		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
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		Χ
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		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
. •	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		Χ
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2020) Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	· · · · · · · · · · · · · · · · · · ·			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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		Х
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		Х
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):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
C		20-		X
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	Х	
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
- unt	Check if Schedule O contains a response or note to any line in this Part V			
	onesia ii concadio o containo a response oi note to any inie in tilis i art v		Yes	No
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		.03	.,,5
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Enter the number of Forms W 20 moladed in the rd. Enter of infocusphological in the			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	Х	
ISA	reportable gaming (gambling) winnings to prize winners?	1c	^	

Form 990 (2020) Page 5

Par	t 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 0.			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b				
٥.	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		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			v
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	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			1
	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		
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			1
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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			
	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			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
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			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) TSN INSTITUTE Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a one or more members of the governing body?...... Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a The governing body?..... 8b Each committee with authority to act on behalf of the governing body? 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. Χ 9

Sect	ti on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			Х
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С		12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a		X
b		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Another's website Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records
KARA HARTNETT 1320 N COURTHOUSE ROAD, STE 300 ARLINGTON, VA 22201 571-290-6811 20

Form **990** (2020)

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List the states with which a copy of this Form 990 is required to be filed ▶.

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 offi	cer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any	box,	unle: er an	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) DEREK JOHNSON EXECUTIVE DIRECTOR	2.00			X				0.	547,986.	22,210.
(2) ROBERT HEATON TREASURER (OUTGOING)	1.00			Х				0.	306,849.	40,577.
(3) DALE GIBBENS DIRECTOR (4) BRIAN MENKES	1.00 6.00 1.00	Х						0.	20,800.	0.
DIRECTOR/SECRETARY (5)	4.00	X		Х				0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(13)										
(14)										

Form **990** (2020)

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	Нig	hest Compensat	ed Employ	yees (c	ontinue	:d)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unle: er an	Pos heck ss pe	erson	e than of is both tor/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from d tions	am com fro	(F) stimated nount or other pensation the anization	f ion
		below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-MISC)			and	d relateo	d
			-											
			-											
			_											
			_											
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	-						* * *	0.		,635. 0. ,635.		62,	0
	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose	liste				o re	eceived more than	\$100,000	of			
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru								3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	i It	"Yes	5, "	complete Schedu	le J for	such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on ·	fron	n any	un	related organization	on or indiv	idual	5		Х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	lress							(B) Description of se	ervices	C	(C) Compens	ation	
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite		thos	se I	isted above) who	received				

Form 990 (2020)

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Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۵ٌڲ	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
ھ≒ِ	e	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
e Èi		and similar amounts not included above . 1f					
들된	g	Noncash contributions included in					
g		lines 1a-1f 1g	\$				
ಶ ರ	h	Total. Add lines 1a-1f		0.			
			Business Code				
ဗ	2a						
Program Service Revenue	b						
S n	c						
eve	d						
<u>9</u> 8	e						
<u>r</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	_	52.			52.
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties	<u> ▶</u>	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ě	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
ě	С	Gain or (loss) 7c					
_	d	Net gain or (loss)	<u></u>	0.			
Other	8a	Gross income from fundraising					
O		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	<u> ▶</u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	<u></u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	0.				
	1	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.		0.			
sno			Business Code				
Miscellaneous Revenue	11a						
la Ven	b						
Sce	C	Au					
Ξ	d	All other revenue		0.			
		Total Add lines 11a-11d					50
	12	Total revenue. See instructions	<u> </u>	52.		l	52.

JSA 0E1051 1.000 3183KO K922 11/15/2021 8:09:01 AM V 20-7.6F 1156760 Form **990** (2020) Form 990 (2020) TSN INSTITUTE 47-3175931 Page **10**

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									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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	2,350,000.	2,350,000.							
2 Grants and other assistance to domestic									
individuals. See Part IV, line 22	0.								
3 Grants and other assistance to foreign									
organizations, foreign governments, and									
foreign individuals. See Part IV, lines 15 and 16	0.								
4 Benefits paid to or for members	0.								
5 Compensation of current officers, directors,									
trustees, and key employees	0.								
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.								
7 Other salaries and wages	0.								
8 Pension plan accruals and contributions (include				<u> </u>					
section 401(k) and 403(b) employer contributions)	0.								
9 Other employee benefits	0.								
10 Payroll taxes	0.								
11 Fees for services (nonemployees):									
a Management	0.								
b Legal	0.								
c Accounting	8,712.		8,712.						
d Lobbying	0.								
e Professional fundraising services. See Part IV, line 17.	0.								
f Investment management fees	0.								
g Other. (If line 11g amount exceeds 10% of line 25, column									
(A) amount, list line 11g expenses on Schedule O.)	0.								
12 Advertising and promotion	0.								
13 Office expenses	0.		0.0						
14 Information technology	39.		39.						
15 Royalties	0.								
16 Occupancy	0.	0 517	4 45 6						
17 Travel	6,973.	2,517.	4,456.						
18 Payments of travel or entertainment expenses	0.								
for any federal, state, or local public officials	0.								
19 Conferences, conventions, and meetings	0.								
20 Interest	0.								
21 Payments to affiliates	0.								
22 Depreciation, depletion, and amortization	0.								
23 Insurance	0.								
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.)									
aBANK FEE	2,568.		2,568.						
bTAXES	1,326.		1,326.						
CDUES AND SUBSCRIPTIONS	614.		614.						
	V 1 1 •		V 1 1 •						
d									
e All other expenses	2,370,232.	2,352,517.	17,715.						
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)	0.								
· · · · · · · · · · · · · · · · · · ·	- 1		l l						

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	2,233,366.	2	186,336.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	994,053.	4	2,241.
	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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ĕ	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,227,419.	16	188,577.
	17	Accounts payable and accrued expenses	251,109.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
	23	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	251,109.		0.
	20	Organizations that follow FASB ASC 958, check here ► X	201,103.	20	
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	2,976,310.	27	188,577.
Ва	28	Net assets with donor restrictions	0.	28	0.
pu		Organizations that do not follow FASB ASC 958, check here ▶		20	0.
Ŀ		and complete lines 29 through 33.			
Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
تٍ	32	Total net assets or fund balances	2,976,310.	32	188,577.
Net	33	Total liabilities and net assets/fund balances	3,227,419.	33	188,577.
	JJ	Total habilities and het assets/fully balatices,	3,221,313.	<u> </u>	Form 990 (2020)

Form **990** (2020)

Form 990 (2020) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI 52. 1 2,370,232. 2 2 -2,370,180. Revenue less expenses. Subtract line 2 from line 1............... 3 3 2,976,310. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Ō. 5 5 0. 6 Ō. 7 7 -417,553. 8 0. 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 188,577. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII................ Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 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 Χ 2b 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2c the audit, review, or compilation of its financial statements and selection of an independent accountant?.... If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

 3a

Χ

Schedule O.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number TSN INSTITUTE 47-3175931 General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) or government cash assistance noncash assistance or assistance (1) AMERICANS FOR PROSPERITY 1310 N. COURTHOUSE RD. STE 700 75-3148958 501(C)(4) 2,350,000. GENERAL SUPPORT (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

GRANT FUNDS WERE PAID PURSUANT TO AN AGREEMENT REQUIRING THE RECIPIENT TO EXPEND THE FUNDS EXCLUSIVELY FOR 501(C)(4) PURPOSES AND MAY REQUIRE THE GRANTEE TO FURNISH A REPORT TO THE ORGANIZATION DESCRIBING THE ACTIVITIES IN CONNECTION WITH THE ORGANIZATION'S PROGRAMS FULLFILLED BY THE USE OF THE GRANT FUNDS. THE AGREEMENT(S) PROHIBIT THE GRANTEE FROM USING THE GRANT FUNDS FOR LOBBYING AND POLITICAL PURPOSES. THE ORGANIZATION REVIEWS THE RECIPIENT'S FORM 990, IRS TAX-EXEMPT LETTER, ARTICLES OF INCORPORATION, BY-LAWS, AND VALIDATES THE RECIPIENT'S TAX ID NUMBER.

SCHEDULE J (Form 990)

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

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

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

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization TSN INSTITUTE

Inspection Employer identification number

47-3175931

Part	Questions Regarding Compensation			
	-		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			,,,
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1(504/.)(0). 504/.)(4)			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:			Х
a	The organization?	5a 5b		X
b	Any related organization?	30		21
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
2	The organization?	6a		Х
b	Any related organization?	6b		X
S	If "Yes" on line 6a or 6b, describe in Part III.	0.5		
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			1
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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) Bre	eakdown c	of W-2 and/or 1099-M	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Ba comper		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DEREK JOHNSON	(i)	0.	0	. 0	. 0.	. 0.	0.	
1EXECUTIVE DIRECTOR	ii) 22	22,986.		. 0	. 519.	. 21,691.	570,196.	
ROBERT HEATON	(i)	0.						
	ii) 16	6,849.	140,000	. 0	. 17,002.	23,575.	347,426.	
	(i)							
3	ii)							
	(i)							
4	ii)							
	(i)							
5	ii)							
	(i)							
6	ii)							
	(i)							
7	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
11	ii)							
	(i)							
12	ii)							
	(i)							
13	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
16	ii)							

Schedule J (Form 990) 2020 Page f 3

Part || Supplemental Information

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

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

TSN INSTITUTE

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

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

20**20**Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

47-3175931

1	Part I can be duplicated if a (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	rec tax-ex	RC sections; sipient(s) cempt) of of entity) (if or type
								Yes	No
	id or will any officer, director, truster ecome a director or trustee of a succ		_				2a		
b B	ecome an employee of, or independe	ent contractor for, a s	uccessor or transferee org	anization?			2b		

c Become a direct or indirect owner of a successor or transferee organization?
 d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990 or 990-EZ) 2020

Schedule N (Form 990 or 990-EZ) 2020

Jonean	die 14 (1 01111 330 di 330-LZ) 2020								age 🗕
Part	Liquidation, Termination, or	Dissolution (d	ontinued)						
	Note: If the organization distribute	ed all of its as	sets during the ta	x year, then Form 990,	, Part X, colum	in (B), line 16 (Total assets), and line	26	Vas	No
	(Total liabilities), should equal -0							163	
3	Did the organization distribute its ass	ets in accordanc	e with its governing	instrument(s)? If "No," de	escribe in Part III		3		
4a	Is the organization required to notify	the attorney ger	neral or other appro	priate state official of its	intent to dissolve	e, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide	such notice?					4b		
5	Did the organization discharge or pa	y all of its liabiliti	es in accordance w	ith state laws?			5		
6a									
b	If "Yes" to line 6a, did the organization di	ischarge or defeas	e all of its tax-exempt	bond liabilities during the ta	x year in accordanc	e with the Internal Revenue Code and state laws	? . 6b		
С	If "Yes" on line 6b, describe in Part I	II how the organ	ization defeased or	otherwise settled these I	iabilities. If "No"	on line 6b, explain in Part III.			
Part						sets. Complete this part if the organ	ization a	nswe	red
	"Yes" on Form 990, Part IV,	line 32, or For	m 990-EZ, line 36	. Part II can be duplica	ited if additiona	al space is needed.			
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipien	t (f) Name and address of recipient	recip tax-exe	C section ient(s) empt) or fentity	(if
						AMERICANS FOR PROSPERITY			
CASH		12/29/2020	2,350,000.	BOOK	75-3148958	1310 N. COURTHOUSE RD. STE 700	501(C)(4)	
								Yes	No
2	Did or will any officer, director, truste	ee, or key emp <mark>l</mark> o	yee of the organizat	ion:					
а	Become a director or trustee of a su	ccessor or transf	eree organization? .				2a		Х
b	Become an employee of, or indepen	dent contractor	for, a successor or t	ransferee organization? .			2b		Х
С	Become a direct or indirect owner of	a successor or	transferee organizati	on?			2c		Х
d	Receive, or become entitled to, com	pensation or oth	er similar payments	s as a result of the organi	zation's significar	nt disposition of assets?	2d		Х
е	If the organization answered "Yes" to	any of the ques	stions on lines 2a th	rough 2d, provide the na	me of the perso	n involved and explain in Part III ▶			

Schedule N (Form 990 or 990-EZ) 2020 Page 3

Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information. Part III

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TSN INSTITUTE

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

Employer identification number 47-3175931

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

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

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

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

INTERNAL MANAGEMENT AND LEGAL COUNSEL FOR REVIEW. ALL QUESTIONS ARE

ADDRESSED AND ANY MODIFICATIONS ARE MADE, IF NECESSARY.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS PROPOSED

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

OFFICERS) MAY HAVE A FINANCIAL INTEREST IN A TRANSACTION BEING

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

BOARD OR COMMITTEE THEREOF HAS VARIOUS OPTIONS TO ADDRESS THE

PROPOSED TRANSACTION AND WHETHER IT PRESENTS A CONFLICT OF INTEREST,

INCLUDING EVALUATING THE FAIRNESS OF THE TRANSACTION, WHETHER TO

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

TRANSACTION, CONSULTING LEGAL COUNSEL, ETC.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ALL REQUIRED DISCLOSURES AVAILABLE TO THE PUBLIC UNDER IRS REGULATIONS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

TSN INSTITUTE

Department of the Treasury

Employer identification number 47-3175931

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

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

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

(a) Name, address, and EIN of rela	(a) , address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
							Yes	No
(1) CHARLES KOCH FOUNDATION	48-0918408							
1320 N. COURTHOUSE RD STE 400	ARLINGTON, VA 22201	GRANT MAKING	KS	501(C)(3)	PF	CKI	X	
(2) CHARLES KOCH INSTITUTE	27-4967732							
1320 N. COURTHOUSE RD STE 400	ARLINGTON, VA 22201	EDUCATION	DE	501(C)(3)	2	N/A		X
(3) STAND TOGETHER FOUNDATION	27-3197768							
1320 N. COURTHOUSE RD STE 220	ARLINGTON, VA 22201	PUBLIC CHARIT	DE	501(C)(3)	7	CKI	X	
(4) STAND TOGETHER TRUST	46-3508366							
1320 N. COURTHOUSE RD STE 400	ARLINGTON, VA 22201	GRANT MAKING	DE	501(C)(3)	7	STCC	X	
(5) AMERICANS FOR PROSPERITY	75-3148958							
1310 N. COURTHOUSE RD, STE 700	ARLINGTON, VA 22201	EDUCATION	DC	501(C)(4)		AFPF	X	
(6) AMERICANS FOR PROSPERITY FOUNDATION	52-1527294							
1310 N. COURTHOUSE RD, STE 700	ARLINGTON, VA 22201	ADVOCATE	DE	501(C)(3)	7	STCC	X	
(7) KNOWLEDGE AND PROGRESS FUND, INC.	54-1899251							
P.O.BOX 2256	WICHITA, KS 67201	GRANT MAKING	KS	501(C)(3)	PF	TSNT	X	

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

Schedule R (Form 990) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

TSN INSTITUTE

Department of the Treasury

Employer identification number 47-3175931

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)					
_(3)					
_(4)					
<u>(5)</u>					
_(6)					

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

(a) Name, address, and EIN of rel	lated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
							Yes	No
(1) CAPITOL LEADERS, INC.	47-3438079							
2200 WILSON BLVD STE 102-533	ARLINGTON, VA 22201	PUBLIC ED	DE	501(C)(3)	7	STCC	X	
(2) STAND TOGETHER	45-3732750							
1320 N COURTHOUSE ROAD STE 500	ARLINGTON, VA 22201	PUBLIC ED	DE	501(C)(6)		N/A		X
(3) CHARLES KOCH CHARITABLE FOUNDATION	85-4058882							
1320 N COURTHOUSE RD STE 400	ARLINGTON, VA 22201	GRANT MAKING	DE	501(C)(3)	PF	CKI	X	
(4) YOUTH ENTREPRENEURS, INC.	48-1187886							
4111 E 37TH ST. N.	WICHITA, KS 67220	EDUCATION	KS	501(C)(3)	7	N/A		X
(5) CCKC4, INC.	83-3116152							
P.O. BOX 5004	WICHITA, KS 57201	GRANT MAKING	DE	501(C)(4)		CKI	X	
(6) CHASE KOCH FOUNDATION, INC.	83-1697305							
P.O. BOX 5004	WICHITA, KS 57201	GRANT MAKING	DE	501(C)(3)	PF	CKI	X	
(7)								
		1						

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
		"""		,			Yes	No		Yes	No	
(1) STVL3 LLC 85-2667830												
1320 N COURTHOUSE RD STE 500 A	INVESTMENTS	DE	N/A	N/A								
_(2)	_											
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity*	on [13) led ?
(1) MBM CENTER, INC.	81-4065996								Yes N	<u>o</u>
1320 N. COURTHOUSE RD STE 500 ARLINGTON, VA 22201		CONSULTING	DE	N/A	C CORP					
(2) CAVHOCO, INC.	46-3335308									_
2200 WILSON BLVD STE 500 ARLINGTON, VA 22201		HOLDING COMPANY	DE	N/A	C CORP					
(3) DBLDBL INC.	46-3309110									_
2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201		CONSULTING	DE	N/A	C CORP					
(4) KNSLT, INC.	46-3325739									
2200 WILSON BLVD STE 500 ARLINGTON, VA 22201		CONSULTING	DE	N/A	C CORP					
(5) THOCO	45-3147042									
2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201		HOLDING COMPANY	DE	N/A	C CORP					
(6)										_
(7)										_

Schedule R (Form 990) 2020

Page 3 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Yes No Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Χ 1a Χ 1b Χ 1c Х 1d Χ e Loans or loan guarantees by related organization(s) Χ 1f Х Х 1h Purchase of assets from related organization(s). Х 1i Х 1i Lease of facilities, equipment, or other assets to related organization(s). Χ Х 11 Х m Performance of services or membership or fundraising solicitations by related organization(s). Χ 1n o Sharing of paid employees with related organization(s) 10 Χ Х Χ r Other transfer of cash or property to related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (b) (c) Name of related organization Transaction Amount involved Method of determining type (a-s) amount involved AMERICANS FOR PROSPERITY В 2,350,000. CASH PAYMENT (2) (3) (4)

Schedule R (Form 990) 2020

(5)

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Are all sec 5010 organiz	e) partners tion (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	j) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(9)													
(10)													
(1.5)	-												
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
													000) 2020

Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information

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