Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form 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. 1545-1150

inder Section 301(c), 327, or 4347(a)(1) or the internal Neventie Code (except private rounds

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	2018 calenda	r year, or tax year beginning , 2018, and	ending	_	, 20	
_		c if applicable: C Name of organization D Empl					number
	Address ch	nange	RECLAIM THE RECORDS		81-	4985446	
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepho	one number	
	Initial return	n					
	Final return	n/terminated	905 VENTURA WAY		(91	7)572-3834	
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group E	Exemption	
	Application	n pending	MILL VALLEY, CA 94941		Numbe	r ▶	
G	Account	ing Method:	☐ Cash ☒ Accrual Other (specify) ►		H Check ►	if the organiza	tion is not
L	Website	e: ► www.:	RECLAIMTHERECORDS.ORG		required to	attach Schedule B	
J	Tax-exe	empt status (check only one) - Sol(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	(Form 990,	990-EZ, or 990-PI	=).
K	Form of	organization:					
L	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if tot	al assets		
(Pa	art II, colu	umn (B)) are \$	5500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	164,262
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Baland				
		Check if t	he organization used Schedule O to respond to any question in thi	s Part I			<u>x</u>
	1		gifts, grants, and similar amounts received			1	164,261
	2	Program ser	vice revenue including government fees and contracts		[2	
	3	Membership	dues and assessments		[3	
	4	Investment in	ncome			4	1
	5a	Gross amou	nt from sale of assets other than inventory				
	b	Less: cost or	other basis and sales expenses				
	С	Gain or (loss		5c			
	6	Gaming and					
	а	Gross incom					
ne			6a				
Revenue	b			of contributi	ons		
Re			ing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b				
	С		expenses from gaming and fundraising events 6c				
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act			
					[6d	
	7a	Gross sales	of inventory, less returns and allowances				
	b	Less: cost of	goods sold				
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	e (describe in Schedule O)		[8	
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	164,262
	10	Grants and s	imilar amounts paid (list in Schedule O)			10	
	11	Benefits paid	to or for members		[11	
	12	Salaries, oth	er compensation, and employee benefits		[12	_
Expenses	13	Professional	fees and other payments to independent contractors		[13	
ben	14	Occupancy,	rent, utilities, and maintenance		[14	
Щ	15		ications, postage, and shipping		1	15	192
	16		ses (describe in Schedule O)			16	73,199
	17		ses. Add lines 10 through 16			17	73,391
	18		eficit) for the year (Subtract line 17 from line 9)			18	90,871
ets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree v				
4ss			igure reported on prior year's return)		[19	35,272
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)		t t	20	(14
Z	21	_	r fund balances at end of year. Combine lines 18 through 20		1	21	126.129

Form 990-EZ (2018) RECLAIM THE RECORDS			81-4	1903	446 Page
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res	pond to any question	n in this Part II .			🛛
		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			33,463	22	123,372
				_	
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)	• • • • • • • • • •		1,809	24	2,757
25 Total assets			35,272	25	126,129
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)		35,272	27	126,129
Part III Statement of Program Service Accomplishme					
Check if the organization used Schedule O to res			₩		Expenses
		minuis Faitiii.		(Red	quired for section
What is the organization's primary exempt purpose? PLEASE SEE	SCHEDULE O			1	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	h of its three largest pro	ogram services			anizations; optional for
as measured by expenses. In a clear and concise manner, describe the		•		_	• •
persons benefited, and other relevant information for each program title				othe	rs.)
28 PLEASE SEE SCHEDULE O	-				
20 PHEASE SEE SCHEDONE C					
(Grants \$) If this amount inc	cludes foreign grants, cl	neck here	▶ 📙	28a	71,73
29					
-					
(Grants \$) If this amount inc	cludes foreign grants, cl	neck here	▶ 📋	29a	
30					
(Grants \$) If this amount inc	cludes foreign grants, cl	nack hara	▶ □	30a	
· · · · · · · · · · · · · · · · · · ·				Jua	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount inc	cludes foreign grants, cl	neck here	▶	31a	.
				Olu	+
32 Total program service expenses (add lines 28a through 31a).				32	71,73
Total program service expenses (add lines 28a through 31a).				32	
Total program service expenses (add lines 28a through 31a). Part IV List of Officers, Directors, Trustees, and Key Emplo	oyees (list each one ex	ven if not compensate	▶ ed - see the inst	32 ructio	ons for Part IV)
Total program service expenses (add lines 28a through 31a).	oyees (list each one ex	ven if not compensate	ed - see the inst	32 ructio	ons for Part IV)
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Pai	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			ĺ
	change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		25
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
26		330		Λ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		v
07 -	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		37
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			ĺ
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed CA, NY			
42 a	The organization's books are in care of ▶ BROOKE SCHREIER GANZ Telephone no. ▶ 917-5	572-3	834	
	Located at ▶ 905 VENTURA WAY, MILL VALLEY, CA ZIP+4 ▶ 94941			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
·	If "Yes," enter the name of the foreign country	.20	- 1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here		•	Г
.0	and enter the amount of tax-exempt interest received or accrued during the tax year	i	• • •	
	and office the difficult of tax oxempt more of recorded of decided during the tax year.		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
44 a		440		v
L	completed instead of Form 990-EZ	44a		X
D		441		3.7
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 See instructions	45h	I	X

										Yes	No
46	Did the	organization engage, directly or indirectly, in	n political campaign activi	ties on beha	lf of or in opp	osition					
	to cand	idates for public office? If "Yes," complete S	Schedule C, Part I						46		Х
Par		Section 501(c)(3) Organizations									
		All section 501(c)(3) organizations	must answer questi	ons 47 - 4	9b and 52	2, and c	omplete the	table	s for	lines	
		50 and 51.									
	(Check if the organization used Sch	nedule O to respond	to any qu	estion in t	his Par	t VI				
										Yes	No
47	Did the	organization engage in lobbying activities o	r have a section 501(h) e	lection in eff	ect during the	e tax					
	vear? If	"Yes," complete Schedule C, Part II							47		Х
48	-	rganization a school as described in section							48		X
49a		organization make any transfers to an exem							49a		X
b		was the related organization a section 527	•	J					49b		25
		ŭ	· ·					• •	490		
50	•	te this table for the organization's five highes		`	•	•	•				
	employe	ees) who each received more than \$100,000	or compensation from th	e organizatio ⊺	on. If there is			$\overline{}$			
			(b) Average	(c) Re	eportable		ealth benefits, ions to employee	(e)	Estimate	d amour	nt of
		(a) Name and title of each employee	hours per week		ensation	benefit pla	ans, and deferred	1 '	other cor		
			devoted to position	(Forms W-2	/1099-MISC)	со	mpensation				
NON	E										
								_			
	T										
_ f		umber of other employees paid over \$100,00									
51	•	te this table for the organization's five highes			rs who each	received	more than				
	\$100,00	00 of compensation from the organization. If	there is none, enter "Non	e."							
	(a)	Name and business address of each independent contra	octor	(b)) Type of service	<u>,</u>		(c) Comp	nensatio	า	
	(4)	Than and Sacrificate address of out inapportation contra		\"	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	(0)			
NON	E										
	Tatalas										
		umber of other independent contractors each	• • •		-						
52		organization complete Schedule A? Note:	(, (,)						٠.,		
	•	ted Schedule A						► <u>X</u>	•		No
Unde	r penalties	s of perjury, I declare that I have examined this ret	urn, including accompanying	schedules an	d statements,	and to the	best of my knowl	edge an	nd belief	f, it is	
true,	correct, an	d complete. Declaration of preparer (other than o	officer) is based on all information	ation of which	preparer has a	ny knowle	dge.				
		BROOKE SCHREIER GANZ									
Sig	n	Signature of officer				Date					
Her	e	BROOKE SCHREIER GANZ, PRE	ESIDENT								
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		Check X if	PTII	N		
Paid	d	JEFF BRODY CPA J	EFF BRODY CPA		10-23-20	19	self-employed	PU.	02737	64	
	parer		EFF DRUDI CPA		<u> </u>			FUL	, 4 1 3 1	07	
	Only	Firm's name				Firr	n's EIN ▶				
USE	Uilly	Firm's address > 10 LA CRUZ AVENU						0.0-			
-	11- 150	BENICIA CA 94510				Pho	one no. 925-	-207 <u>-</u>			
мау	tne IRS o	discuss this return with the preparer shown a	nove? See instructions	<u> </u>	<u></u> .		· · · · · · · ·		Yes		No

Page 4

Form **990-EZ** (2018)

Form 990-EZ (2018)

EEA

RECLAIM THE RECORDS

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury

Employer identification number

RECLAIM THE RECORDS 81-4985446 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			· •	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				68,589	164,261	232,850
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				68,589	164,261	232,850
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						151,029
6	Public support. Subtract line 5 from line 4						81,821
Sec	tion B. Total Support						•
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				68,589	164,261	232,850
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1	1
9	Net income from unrelated business activities, whether or not the business is regularly carried on					_	-
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						232,851
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·		urth, or fifth tax yea	ar as a section 501(c	c)(3)	▶⊠
	tion C. Computation of Public Su	•				1	
14	Public support percentage for 2018 (line 6, o		-		T	14	%
15	Public support percentage from 2017 Scheo				_		%
16a	33 1/3% support test - 2018. If the organization						
	box and stop here. The organization qualit						▶ ⊔
b	33 1/3% support test - 2017. If the organiz						
	this box and stop here. The organization of						▶ ⊔
17a	10%-facts-and-circumstances test - 2018	_					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		_				
b	organization	7. If the organizat	ion did not check a	box on line 13, 16	6a, 16b, or 17a, and		▶ ∐
	15 is 10% or more, and if the organization				•	L -	
4.5	Explain in Part VI how the organization mee supported organization						▶ □
18	Private foundation. If the organization did instructions						▶ □

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Ja		
3b		
3D		
3с		
4a		
4b		
4c		
E-		
5a		
ج.		
5b		
5c		
6		
7		
8		
9a		
9b		
30		
9с		
90		
4.0		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)		V	
11	Has the	e organization accepted a gift or contribution from any of the following persons?		Yes	No
		on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	-	the governing body of a supported organization?	11a		
b		y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B.	Type I Supporting Organizations			
				Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to			
	-	ly appoint or elect at least a majority of the organization's directors or trustees at all times during the r? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	-	led the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		rations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	organization operate for the benefit of any supported organization other than the supported			
_		ration(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	-	providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ised, or controlled the supporting organization.	2		
Sec	tion C.	Type II Supporting Organizations			
				Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed	4		
500		pported organization(s). All Type III Supporting Organizations	1		
<u> </u>	tion D.	All Type III Supporting Organizations		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the		.00	
		cation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiz	cation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		cation(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	•	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By read	son of the relationship described in (2), did the organization's supported organizations have a			
3		ant voice in the organization's investment policies and in directing the use of the organization's			
	•	or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
Sec	tion E.	Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)).
а		e organization satisfied the Activities Test. Complete line 2 below.			
b		e organization is the parent of each of its supported organizations. Complete line 3 below.	, .		
C		e organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
2		es Test. <i>Answer (a) and (b) below.</i> Destantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а		eported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	-	supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b	Did the	activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the o	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L		s of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
D		organization exercise a substantial degree of direction over the policies, programs, and activities of each apported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	J. 1.5 50	Transfer and the second of the second of the second of the second of the organization in the regard.		_	

Sched	ule A (Form 990 or 990-EZ) 2018 RECLAIM THE RECORDS		81-4985)446	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explair	n in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organization	zations	s must complete Section	s A through E	Ξ.
800	tion A. Adjusted Not Income		(A) Drior Voor	(B) Currer	it Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(option	ıal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
СО	llection of gross income or for management, conservation, or				
ma	aintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	ctors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				

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

6

EEA

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	33440 rage
Sec	tion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

d Excess from 2017e Excess from 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE 0 (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

Open to Public Inspection

Employer identification number

RECLAIM THE RECORDS

81-4985446

01. General explanation attachment	·
PRIMARY EXEMPT PURPOSE: RECLAIM THE RECORD	S IS AN ACTIVIST GROUP OF RESEARCHERS,
GENEALOGISTS, HISTORIANS, JOURNALISTS, AND	TEACHERS WHO USE FREEDOM OF INFORMATION LAWS
AND OPEN DATA LAWS TO IDENTIFY, ACQUIRE, A	ND PUBLISH ARCHIVAL RECORDS THAT WERE PREVIOUSLY
UNAVAILABLE OR WRONGLY WITHHELD FROM THE P	UBLIC BY GOVERNMENT AGENCIES, ARCHIVES, AND
LIBRARIES. WE UPLOAD ALL THE RECORDS WE AC	QUIRE TO THE INTERNET FOR FREE PUBLIC USE,
WITHOUT ANY COPYRIGHTS, PAYWALLS, OR USAGE	RESTRICTIONS.
02. Description of other expenses (Part I,	line 16)
DESCRIPTION	AMOUNT
BANK FEES	434
DUES & SUBSCRIPTIONS	288
LEGAL & PROFESSIONAL	2,050
OFFICE & COMPUTER	1,113
OTHER PROGRAM EXPENSES	271
PROGRAM EXPENSES - LEGAL FEES	58,000
PROGRAM EXPENSES - RECORDS REQUESTS	8,996
TAXES & LICENSES	35
TRAVEL	2,012
03. Other sharped in act access as for 3 to	langag (Damb T. line 20)
O3. Other changes in net assets or fund ba	AMOUNT
D-10 CI(11 1 1 OIV	11100141

Schedule O (Form 990 or 990-EZ) (2018)			ge 2
Name of the organization		Employer identification number	
RECLAIM THE RECORDS		81-4985446	
PRIOR PERIOD ADJUSTMENT	(14)		
$\underline{04.}$ Description of other assets (Part II,	line 24)		
CATEGORY	BEGINNING OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	1,809	2,757	
05. Part III, response or note to any oth	er line in Part TTT		
os. Ture 111, response of noce to un, our	CI IIIC III IUIC III		
PROGRAM ACHIEVEMENTS: RECLAIM THE RECORDS	HAS FILED SEVERAL SUCCE	SSFUL FREEDOM OF	
INFORMATION LAWSUITS AGAINST GOVERNMENT A	GENCIES BOTH LARGE AND S	MALL, AND HAVE SO FAR	
RECLAIMED OVER 25,000,000 RECORDS BACK FO	R THE PUBLIC. RECENT NOT	ABLE WINS INCLUDE THE	
FIRST FREE PUBLICATIONS OF THE NEW YORK S'	TATE BIRTH INDEX, THE NE	W YORK CITY MARRIAGE	
LICENSE INDEX, THE NEW JERSEY DEATH INDEX	THE MYOMING DEATH INDE	Y AND MODE	
IICENSE INDEX, THE NEW CERSEL DEATH INDEX	, THE WIOMING DEATH INDE	A, AND MORE.	