SCANNED AUG

2949316623904 9 Return of Organization Exempt From Income Tax

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

Inspection

Department of the Treasure Internal Revenue Service

Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information. 07/01, 2017, and ending 06/30.2018A For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable AMERICA VOTES 26-4568349 Address Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 1155 CONNECTICUT AVE NW #600 (202) 962-7270 Initial return Final return City or town, state or province, country, and ZIP or foreign postal code terminated Amended return WASHINGTON, DC 20036 13,034,759. G Gross receipts \$ Application pending H(a) is this a group return for subordinates? Name and address of principal officer GREG SPEED Yes SAME AS ABOVE WASHINGTON, DC 20036 H(b) Are all subordinates in 501(c)(3) X 501(c) ( 4 ) ◀ If "No," attach a list (see instructions) (insert no ) 4947(a)(1) 527 Website > WWW.AMERICAVOTES.ORG H(c) Group exemption number L Year of formation 2009 M State of legal domicile Form of organization | X | Corporation DC Association Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities TO COORDINATE AND PROMOTE PROGRESSIVE ISSUES, POLICIES, INITIATIVES AND REFERENDA, AND TO PURSUE ELECTORAL REFORM THAT EXPANDS ACCESS TO THE BALLOT. if the organization discontinued its operations or disposed of more than 25% of its net assets 25. Number of voting members of the governing body (Part VI, line 1a) . . . . . . . 3 24. Number of independent voting members of the governing body (Part VI, line 1b) 62. Total number of individuals employed in calendar year 2017 (Part V, line 2a). . . Total number of volunteers (estimate if necessary). 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line (C), line (C). 8,222. b Net unrelated business taxable income from Form 990 T, the S-OS Prior Year **Current Year** 13,431,950. 12,659,327. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) . . . . .  $-23,\overline{542}$ . 314. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d), OGDEN, UT. 321,525. 94,356. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . . . . 13,502,764. 12,981,166. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 3,136,675. 3,308,514. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . 4,424,116. 4,306,917. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 93,125. 129,375. 16 a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . b Total fundraising expenses (Part IX, column (D), line 25) 4,207,673. 5,635,062. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . . . . . . . 13,288,978. 11,952,479. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . 213,786. 1,028,687. Revenue less expenses Subtract line 18 from line 12 . . . . . Beginning of Current Year **End of Year** 5,171,436. 2,998,776. 20 Total assets (Part X, line 16) . . . . 159,843. 1,303,816. Total liabilities (Part X, line 26) . . . . . . . 21 2,838,933. 3,867,620. 22 Net assets or fund balances Subtract line 21 from line 20. . . . Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Here DIRECTOR/PRESIDENT GREG SPEED Type or print name and title Print/Type preparer's name Check Paid 5 - 13 - 19 self-employed AMY C GILBERT P00956578 Preparer ▶GILBERT & WOLFAND, P.C. 52-1263814 Firm's EIN Use Only 202-342-6000 Firm's address 2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007 Phone no

For Paperwork Reduction Act Notice, see the separate instructions. JSA 7E1010 1 000

4QQ00J 7165

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Form 990 (2017)

For	m 990 (2017)·	Page 2
P	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	THE ORGANIZATION WAS ESTABLISHED TO COORDINATE AND PROMOTE	
	PROGRESSIVE ISSUES, POLICIES, INITIATIVES AND REFERENDA, AND TO	
	PURSUE ELECTORAL REFORM THAT EXPANDS ACCESS TO THE BALLOT.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code ) (Expenses \$ 7,296,564. Including grants of \$ 2,214,514. ) (Revenue \$ )  AMERICA VOTES WORKED TO ADVANCE PROGRESSIVE POLICIES, EXPAND	
	ACCESS TO THE BALLOT, COORDINATE ISSUE ADVOCACY AND PROTECT EVERY AMERICAN'S RIGHT TO VOTE.	
4b	(Code) (Expenses \$2,642,842. Including grants of \$1,094,000. ) (Revenue \$)	
	AMERICA VOTES WORKED TO COORDINATE ELECTION CAMPAIGNS.	
		<del></del>
4c	(Code) (Expenses \$	
_		
4d	Other program services (Describe in Schedule O )	
4 -	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 9,939,406.	<del></del>
40	Total program service expenses ► 7,707,400.	•



Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		ŀ	
	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		_X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
_	complete Schedule D, Part III	8	$\longrightarrow$	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		į	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		İ	х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ĺ	х
11	. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• • •	VII, VIII, IX, or X as applicable			
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	x	
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			
	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	405	x	
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	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	1	$\neg \neg$	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
			~~~	

bill the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Part	Checklist of Required Schedules (continued)			
M "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.  10 Ind 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 17 If "yes," complete Schedule   Part II and II	•		,	Yes	No
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 ? 11" New Scomptible Schedule (Parts I and II).  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 ? 11" New Scomptible Schedule (Parts I and II).  23 Did the organization asswert "New" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization saver "New" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was asswed after December 31, 2002? If "New Scomptible Schedule IX" No." go to line 25a.  24a Did the organization have a tax-exempt bond substanding principal amount of more than \$100,000 as of the last day of the year, that was sessed after December 31, 2002? If "New Scomptible Schedule IX" No." go to line 25a.  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year".  26c Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year.  26d Old the organization and as any time than a secrow account other than a refunding escrow at any time during the year.  27d Did the organization and the secrow account other than a refunding escrow at any time during the year.  28d Section 501(c)(3), 501(c)(4), and 501(c)(4), organizations. Did the organization engage in an excess benefit transaction with a disqualified person of 301(c)(3), 501(c)(4), and 501(c)(4), organizations. Did the organization engage in an excess benefit transaction with a disqualified persons? If "Yes," complete Schedule L, Part II.  28d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, key employees the more officer, director, trustees, l	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column IA), line 21 If "Yes," complete Schedule I, Parts I and III.  22 X  23 Did the organization answer "Yes" to Part VII, Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K If "No," go to line 25s.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29 Did the organization act that it is unable of the propertion of the organization for prims 990 or 900-EC?  29 If "Yes," complete Schedule I, Part II.  29 Did the organization operat any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, a great selection committee member, or a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV.  29 Did the organization opplecable flaing thresholds, conditions, and exception if "Yes," co	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), line 2º If "res," complete Schedule I, Parts I and III.  2		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
Part IX. column (A), line 2º If "res," complete Schedule I, Parts I and III.  2	22				
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  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was assued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K If "No," go to line 25a.  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  25d Did the organization and as an "on behalf of issuer for bonds beyond a temporary period exception?.  25d Did the organization as an "on behalf of issuer for bonds outstanding at any time during the year?  25d Did the organization as an "on behalf of issuer for bonds outstanding at any time during the year?  25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25d Did the organization period and any excess benefit transaction with a disqualified person in a proximation of the organization organization period any anount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, a grant selection committee emember, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  27d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  27d Did the organization organization should be presended to the part of the secretary of the part IV.  27d A current or f			,		Х
organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Nes" complete Schedule J .  23	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
employees? If "Yes," complete Schedule J.  24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If *No." go to line 25a.  25b Dd the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  27d Did the organization minest any proceeds of tax-exempt bonds?  28d Did the organization amount an an escrow account other than a refunding escrow at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have been reported on any of the organization forms 990 of 990-E27 If "Yes," complete Schedule L, Part I in "Yes," complete Schedule L,		organization's current and former officers, directors, trustees, key employees, and highest compensated			
\$ 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.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25s Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of the organizations provide organization and an excess benefit transaction with a disqualified person of the organization provide organization or spot of the organization provide organization and that the transaction has not been reported on any of the organizations provide organization organization provide a grant or other assistance to an officer, director, trustee, key employees, ubstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			23	Х	
\$ 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.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25s Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of the organizations provide organization and an excess benefit transaction with a disqualified person of the organization provide organization or spot of the organization provide organization and that the transaction has not been reported on any of the organizations provide organization organization provide a grant or other assistance to an officer, director, trustee, key employees, ubstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(13) 501(c)(14), 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.  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III.  25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27c X  28c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28d A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee? If "Yes," complete Schedule II.  29d b A family member of experimental and \$25,000 in non-cash contributions? If "Yes," complete Schedule II.  29d b He organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II.  30 Did the organization on teleted to any tax-ex		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		through 24d and complete Schedule K If "No," go to line 25a	24a		X
to defease any tax-exempt bonds?	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
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transaction with a disqualified person during the year /i if "yes," complete Schedule L, Part I	d		24d		
transaction with a disqualified person during the year /i if "yes," complete Schedule L, Part I	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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			1 1		Х
## "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  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)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-29 and 301 7701-39 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		If "Yes," complete Schedule L, Part I	25b		X
disqualified persons? If "Yes," complete Schedule L, Part II	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III.  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A a mainly member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part I.  30 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Inne 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2  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, Inne 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? I		current or former officers, directors, trustees, key employees, highest compensated employees, or			
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  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)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I.  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  34 Was 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 V, line 2  35 Did the organization complete Schedule O an		disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	l		
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)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization individuate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 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 II, III, or IV, and Part V, Iine 1  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizations. Did the organization make any transfers to an exempt non-charitable related organizations. Did the organization make any transfers to an exempt non-charitable related organizations. Did the organization make any transfers to an exempt non-charitable and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt		substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	,	X
A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or level employee (or a family member thereof) was an officer, director, trustee, or level employee (or a family member thereof) was an officer, director, trustee, or level employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or or director, trustee, or or director, trustee, or or director, trustee, or ordered schedule N, Part II.  32		Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c	а	· · · · · · · · · · · · · · · · · · ·	28a		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 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 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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, line 2  37 Did the organization complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		·	28b		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	С				.,,
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			$\overline{}$		_ <u>X</u>
conservation contributions? If "Yes," complete Schedule M	29		29_		
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	· · · · · · · · · · · · · · · · · · ·	_		v
Part I			30		
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31				v
complete Schedule N, Part II			31		
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	32		, ,		y
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		· ·	32		
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	33		,,		x
or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			33		
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		. [	v	
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	05-				<del></del>
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		· · · · · · · · · · · · · · · · · · ·	35a		
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	D		3Eh	x	
related organization? If "Yes," complete Schedule R, Part V, line 2	20		350		
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	36		7.	}	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	27		$\overline{}$		
Part VI	31				
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 X			37		х
19? Note. All Form 990 filers are required to complete Schedule O	20				<del></del> -
	30		38	$_{\mathbf{x}}$	
		15 110tts / m 1 offit 500 more and required to domphoto demodale o			(2017)

Page	5

b	Check if Schedule O contains a response or note to any line in this Part V	3	Yes	No No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	1	1
С				
	reportable gaming (gambling) winnings to prize winners?	1c	<u>x</u>	
2.0	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax [ ]	16	<del></del>	<u> </u>
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6	2		'
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	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	{		i i
	(FBAR)		- <del></del> -	لــ ـا
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		x	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e L	x	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	7a		
<b>.</b>	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	13		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b></b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<b>-</b> -	
	sponsoring organization have excess business holdings at any time during the year?	8_		l;
9	Sponsoring organizations maintaining donor advised funds.			لـــا
	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		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	$\dashv$		. !
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	1		
	Gross income from members or shareholders	1		ĺ
b	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			i
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ليا	
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	4QQ00J 7165 V 17-7.10			

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI			
Soct		<del>· · ·</del>	• • •	X
Seci	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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 in Schedule O		168	1
b	Enter the number of voting members included in line 1a, above, who are independent	¥ i		٠ .
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2		x '
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	_6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		x
	one or more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during	<u> </u>		<del>                                     </del>
8	· · · · · · · · · · · · · · · · · · ·			;
	the year by the following	8a	_x -	· ·
	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ŭ	describe in Schedule O how this was done	12c	X_	<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	<u></u>
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?	_		_ 1
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ì
	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA, FL, IL, MN, NH, NY, NC, OR, PA	UT,	WI,	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(0	s)(3)s	only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record THE ORGANIZATION PAGE 1 ADDRESS WASHINGTON, DC 20036 202-962-7270	s ▶		
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754040	· ···			, /

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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

X

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor	any related	orga	nıza	tion	COI	mpen	sate	ed any current offic	er, director, or trus	stee
				(C	<b>C)</b>					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average	1,				than c		Reportable	Reportable	Estimated
	hours per			-		is both		compensation	compensation from	amount of
	week (list any hours for					or/trust		from the	related organizations	other compensation
	related organizations below dotted line)	I > ≒ ≒	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)CRISTY BAILEY	1.00						:			
DIRECTOR	0.	Х						0.	0.	0.
(2)ANNE BARTLEY	1.00									
DIRECTOR/TREASURER	0.	X		Х	ļ	]		0.	0.	0.
(3)BRANDON DAVIS	1.00									
DIRECTOR RESIGNED JULY 2017	0.	X						0.	0.	0.
(4)RICHARD FARFAGLIA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)SKY GALLEGOS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)PAGE GARDNER	1.00			·						
DIRECTOR	0.	Х						0.	0.	0.
(7)SETH JOHNSON	1.00									
DIRECTOR/BOARD CHAIR	0.	X		Х				0.	0.	0.
(8)CRAIG KAPLAN	1.00								1	
DIRECTOR	0.	Х						0.	0.	0.
(9)LESLIE MARTES	1.00						İ		ŀ	
DIRECTOR	0.	Х						0.	0.	0.
(10)MATT MORRISON	1.00									
DIRECTOR	0.	X						0.	0.	<u> </u>
(11)JOHN OST	1.00									
DIRECTOR RESIGNED APRIL 2018	0.	X						0.	0.	0.
(12)MIKE PODHORZER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)DEIRDRE SCHIFELING	1.00									
DIRECTOR RESIGNED JANUARY 2018	0.	X						0.	0.	<u>o</u> .
(14)FRANK SMITH	1.00									
DIRECTOR	0.	X					<u> </u>	0.	0.	0.

Form 990 (2017)

Part VII Section A. Officers, Directors, Tr	ustees Ke	v Fn	nnic	)Ve	28	and I	Hia	hest Compensat	ed Employe	PS (C	ontinue		age 8
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do box,	c le a Institutional	Pos heck ss pe	C) sition more	e than chitor/trusted	one an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-MI	from	Es am com fro orga and	(F) timated fount of other oensation om the anization f related inizations	n 1
		ee	trustee			nsated				.			
15) GREG SPEED DIRECTOR/PRESIDENT	40.00	x		x				245,401.		0.	_	33,6	51
16) ANNE SUMMERS	1.00	<del></del>		-		_	$\vdash$	210,101.		$\dashv$		33,0	<del></del> -
DIRECTOR	0.	х						0.		0.			Ο.
17) WENDY WENDLANDT	1.00												
DIRECTOR 18) JODI WINTERHOFF	0.	X	<u> </u>		ļ		_	0.		0.			0.
DIRECTOR	$\frac{1.00}{0.}$	X						0.		0.			0.
19) JOE ZIMILICH	1.00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$\vdash$			-		· · · · · ·					
DIRECTOR	0.	х			]			0.		0.			0.
20) ADEMOLA OYEFESO	1.00		<u> </u>										
DIRECTOR	0.	Х	<u> </u>					0.		0.			0.
21) DEPAK PATERIYA DIRECTOR	1.00			<b>i</b>				0.		0.			0
22) ZACH STEWART	1.00	X	-	-				0.					0.
DIRECTOR RESIGNED JULY 2017	0.	х				,		0.		0.			Ο.
23) MELISSA WILLIAMS	1.00				-				-				
DIRECTOR	0.	Х						0.		0.			0.
24) PETER AMBLER	1.00		'		İ								_
DIRECTOR BEGAN OCTOBER 2017 25) SHIRIN BIDEL NIYAT	1.00	Х	-	<u> </u>				0.		0.			0.
DIRECTOR BEGAN OCTOBER 2017	10.	Х						0.		0.			Ο.
1b Sub-total		<u> </u>	J				_	0.		0.			0.
c Total from continuation sheets to Part VII, S	ection A						•	924,860.		0.		05,4	
d Total (add lines 1b and 1c)							<b>&gt;</b>	924,860.		0.	1	05,4	69.
2 Total number of individuals (including but not				d al	bov	e) who	o re	eceived more than	\$100,000 of				
reportable compensation from the organizatio	n ▶		6					<del> </del>	<del></del>			Yes	N.
3 Did the organization list any former office	or directo	·		icto		kov c		alovoo or bighos	t componente	\d		res	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the													
organization and related organizations gr	eater than	\$15	50,0	003	) If	"Yes	s," (	complete Schedu	le J for suc	ch			
Individual											4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5	-	<u>x</u>
Section B. Independent Contractors	es, comple	16 361	1600	<i>ne o</i>	101	30011	рог	3011	· · · · · · · · · · · · · · · · · · ·	•			
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated in compensation	ndepe on for	ende r the	ent o	con	tracto dar ye	rs t	hat received more ending with or with	than \$100,000 the organiz	00 of zation	f n's tax		
(A) Name and business add	tress							(B) Description of se	rvices	C	(C) ompens	ation	
ATTACHMENT 1	· · · · · · · · · · · · · · · · · · ·	_			_		+						
							ļ						
							+						
2 Total number of independent contractors (iii	ncluding bi	ıt no	lu~	uter		thos	ا م	sted above) who	received		* *		
more than \$100,000 in compensation from the					٠ (ر	3	, u II	Stoc above, will	. Cocived		Ĭ.		ļ

19
Page <b>8</b>
tinued) /
(F) Estimated amount of other compensation from the organization and related organizations
0.
0.
0.
0.
6,564.
12,691.

Form 990 (2017)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees	(continu	ied)	
(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than or box, unless person is both a officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	om co	(F) Estimated mount of other mpensat	of ION
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	or a	from the ganization nd relate ganizatio	on d
26) ARIEL HAYES DIRECTOR BEGAN OCTOBER 2017	1.00	х						0.		0.		^
27) MARIA PERALTA	1.00				_		_	<u> </u>		<del></del>		0.
DIRECTOR BEGAN JANUARY 2018	0.	X						0.		o.		0.
28) JENNY LAWSON	1.00											
DIRECTOR BEGAN JANUARY 2018 29) JOE DENNISON	1.00	X		-	<u> </u>			0,	[	) <u> </u>		0.
DIRECTOR BEGAN APRIL 2018	0.	x						<b>/</b> 0.		o.		0.
30) SUSAN FINKLE-SOURLIS	40.00						-			<u> </u>		
CFO	0.			Х				12,6,802.		) <u> </u>	6,	564.
31) SARA SCHREIBER MANAGING DIRECTOR	40.00			х				159,274.	1		12	691.
32) BUBBA SCOTT NUNNERY	40.00			^	-		_	159,274.		<del></del>	12,	091.
NATIONAL POLITICAL DIRECTOR	0.				Х			157,614.	[ (	o	15,2	263.
33) JOSIETTE WHITE	40.00						1					
NATIONAL FIELD DIRECTOR 34) JESSICA LAURENZ	40.00				<u> </u>	X	_	133,302.		<del>-   -  </del>	18,	954.
NC STATE DIRECTOR	0.00					<sub>x</sub> /		102,467.	] ,	o.	18,3	346.
						/						
					1							
	<b> </b>	1		,				]				
1b Sub-total	<u> </u>	l		/	L	L	_	<del></del>				
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)		· · · · · ·	J.		 	  	<b>&gt;</b>					
Total number of individuals (including but not reportable compensation from the organization)	limited to the		-	d al	bove	e) who	o re	ceived more than	\$100,000 of			
	···· <u> </u>				_						Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedi										3		X
4 For any individual listed on line 1a, is the	/											
organization and related organizations gro	eater than	315\$	0,0	007	pei If	Yes"	," (	complete Schedu	le J for such			
ındıvıdual	/									4	X	<u> </u>
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5	-	
Section B. Independent Contractors	gs, complet	e Scr	eau	ie J	101	Sucri	μει	son	<u> </u>		_L	l
Complete this table for your five highest components of the organization Report of year.	pensated in compensation	ndepe on for	nde the	nt o	con	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100,000 nin the organiza	of tion's tax	(	
Name and business add	dress							(B) Description of se	ervices	(C Compe	-	
							+					
							+				-	
		_					+					
											7	
2 Total number of independent contractors (iii				ited	d to	thos	e li	isted above) who	received	*		

Part VIII	Sta	tement	t of Re	venue

_		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part VI	M		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	12,659,327.	M 25 , , , mg	* 15 ·\$	• •	
	<u>h</u>	Total. Add lines 1a-1f		12,659,327	<del></del>		
Program Service Revenue	2a b c d e f	All other program service revenue		0.			
	g	Total. Add lines 2a-2f					· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including divider and other similar amounts)	•	2,697.			2,697.
	5	Royalties	•	0.		<del></del> -	
	6a b c	Gross rents	(II) Personal	0.			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	2,638.				
	d	Net gain or (loss)	<u> </u>	-2,383.	-2,638.		255.
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18		0.			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b  Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances a					
	b c	Less cost of goods sold	▶_	<u>´</u> 0.			
		Miscellaneous Revenue	Business Code		-		<u>-</u>
	11a b	REIMB PERSONNEL/OVERHEAD		321,525	321,525		
	С						
	d	All other revenue	L				
	е	Total. Add lines 11a-11d	▶	321,525.			}
	12	Total revenue. See instructions		12,981,166.	318,887.		2,952.

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 resp	onse or note to any line	e in this Part IX	,	X
	not include amounts reported on lines 6b, 7b, 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	3,308,514.	3,308,514.		
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.			
	Compensation of current officers, directors,				· · · · · · · · · · · · · · · · · · ·
	trustees, and key employees	779,151.	309,404.	181,182.	288,565.
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	2,993,641.	2,559,209.	213,933.	220,499.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	81,161.	72,779.	4,557.	3,825.
9	Other employee benefits	168,684.	148,340.	15,825.	4,519.
10	Payroll taxes	284,280.	217,958.	29,508.	36,814.
11		_			
	Management	52,070.		52,070.	
	Legal	143,957.		143,957.	
	Accounting	143,937.		143,937.	
	Lobbying	129,375.		<del></del>	129,375.
	Professional fundraising services See Part IV, line 17.	0.			
	Investment management fees				
y	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). ATCH. 2.	2,215,205.	2,105,749.	70,744.	38,712.
12	Advertising and promotion	0.	<del></del>		<del></del>
13	Office expenses	180,520.		157,758.	22,762.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	643,555.	493,414.	66,801.	83,340.
17	Travel	209,760.	128,055.		81,705.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	256,121.	251,292.		4,829.
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	28,698.		28,698.	
23	Insurance	31,285.		31,285.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column	- 2		1	
	(A) amount, list line 24e expenses on Schedule O) [ISSUE ACTIVITIES	246,819.	246,819.	<del></del>	
_	TELEPHONE/INTERNET	101,810.	230,019.	101,810.	
	TRAINING	97,873.	97,873.	202,010.	
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	11,952,479.	9,939,406.	1,098,128.	914,945.
	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				
10:	following SOP 98-2 (ASC 958-720)	0.			
JSA	052 1 000				Form <b>990</b> (2017)

7E1052 1 000

Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . .

Accounts payable and accrued expenses

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and

Secured mortgages and notes payable to unrelated third parties . . . . . . .

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Total net assets or fund balances . . . . . . . . .

Total liabilities and net assets/fund balances.....

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

2,998,776.

152,668. 17

0.7

0.

0.

0.1

O.

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22 0.

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33

34

2,838,933.

2,998,776.

		AMERICA VOIES		20-	4300349
	rt X	Balance Sheet			Page <b>11</b>
	· · · ·	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,811,678.	1	3,863,482.
	2	Savings and temporary cash investments	700,499.	2	853,196.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	375,324.	4	306,114.
	5	Loans and other receivables from current and former officers, directors,	····		
		trustees, key employees, and highest compensated employees	_	1	_
		Complete Part II of Schedule L	0,	5	0.
	6	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
ທ		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
ssets	7	Notes and loans receivable, net	0.	7	0.
Ass	8	Inventories for sale or use	0.	<u> </u>	0.
	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 125, 232.		_	
	ь	Less accumulated depreciation	43,263.		67,890.
	11	Investments - publicly traded securities	<u> </u>		0.
	12	Investments - other securities See Part IV, line 11		12	0.
	13	Investments - program-related See Part IV, line 11		13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	68,012.	15_	80,754.

0. 24 0. Unsecured notes and loans payable to unrelated third parties . . . . . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 7,175. 25 86,093. of Schedule D 159,843. 26 1,303,816. Total liabilities. Add lines 17 through 25. . . . . . . . . Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 2,025,239. 2,291,131. 27 1,576,489. 813,694. 28 29 

> 5,171,436. Form 990 (2017)

3,867,620.

5,171,436.

1,217,723.

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34

complete lines 30 through 34.

or Fund Balances

Net Assets

Form 990 (2017). Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI...... 12,981,166. 1 11,952,479. 2 2 1,028,687. 3 2,838,933. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . Ō. 5 5 Ō. 6 6 0. 7 7 0. 8 0. 9 q Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . . . . . Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 10 3,867,620. 10 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII . . . . . Yes No X Accrual Accounting method used to prepare the Form 990 Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a 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 Consolidated basis Both consolidated and separate basis Separate basis Х 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 X | Consolidated basis Both consolidated and separate basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Х 2c of 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 in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a Х

Form 990 (2017)

3h

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	of organization			Employer ide	ntification number
AME	RICA VOTES			26-456	8349
Part	I-A Complete if the o	organization is exempt under	section 501(c) or i	s a section 527 organ	nization.
		organization's direct and indirect p			
	definition of "political campa	·		,	
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	2,642,842.
		campaign activities (see instruction			
		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 4955	5 ▶ \$	
		cise tax incurred by organization ma			
		a section 4955 tax, did it file Form			
					Yes No
b	If "Yes," describe in Part IV	<del></del>		<del></del>	<del> </del>
Part	I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>).                                    </u>
		expended by the filing organization			1,548,842.
		ng organization's funds contributed			
		es			1,094,000.
3	Total exempt function expe	enditures Add lines 1 and 2 Ent	er here and on Fo	rm 1120-POL,	
	line 17b			▶\$	2,642,842.
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entiributions received that were promited or a political action committee (F	er (EIN) of all section ter the amount paid ptly and directly del	n 527 political organization from the filing organization in the filing organization from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the filing political from the fi	ations to which the filing ation's funds. Also enter ditical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) Di	EMOCRATIC LEGIS.	1225 I ST NW STE 1250			-
	AMPAIGN COMMITTEE	WASHINGTON, DC 20005	52-1870839	50 <b>,</b> 000.	0.
		740 15TH ST NW STE 700			
-1	MENT FUND	WASHINGTON, DC 20005	91-2084140	250,000.	0.
(3)		740 15TH ST NW STE 700			
	CV VICTORY FUND	WASHINGTON, DC 20005	27-3145176	250,000.	0.
• •		1225 1 ST NW STE 1250	50 100000	4 000	•
	AC	WASHINGTON, DC 20005	52-1870839	4,000.	0.
(5)	UNDICE DAC	PO BOX 16051	47_5571252	40,000.	0.
(6)	UNRISE PAC	ST PETERSBRG, FL 33733	47-5571353	40,000.	0.
,					
	<del></del>				

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

Schedule C (Form 990 or 990-EZ) 2017

c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

4QQ00J 7165

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d Car	E7C		Page 3
. a	(election under section 501(h)).	i file	u ror	m 5/6	· 8	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed (a)			(b)		
	cription of the lobbying activity	Yes	No		Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or	[ :				i
	referendum, through the use of					i
а	Volunteers?					1
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			-		
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u></u>				<del></del>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<del> </del>				
i :	Other activities?					
J	Total Add lines 1c through 1i		-			
2a b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1	-			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	)	
	501(c)(6).					
					Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			. <b></b>	1	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3	X
Pa	TIII-B Complete if the organization is exempt under section 501(c)(4), section 501					•_
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	UK (I	o) Pa	/τ III-A	, iine 3,	IS
1	Dues, assessments and similar amounts from members			1	12,6	59,327
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou					
-	political expenses for which the section 527(f) tax was paid).		•			
а	Current year			2a	5,48	87 <u>,</u> 178
b	Carryover from last year			2b		
c	Total			2c		37,178
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3	12,6	59,327
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible li					
	and political expenditure next year?			4		<del></del>
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	<u></u>	5	-7,1	72,149
	rt IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate	d grou	ıp list	), Part	II-A, line:	s 1 and
2 (se	ee instructions), and Part II-B, line 1. Also, complete this part for any additional information					
ז מכז	OT 1.7 ITNE 1					
PAI	RT 1-A LINE 1					
ΔMI	ERICA VOTES' POLITICAL CAMPAIGN ACTIVITIES INVOLVED THE COORDINAT	TNG	OF			
121,11	ALION TOTAL TOURISM CAMERICA ROTTALITAD INVOLVED THE COORDINAL					
ELF	ECTION CAMPAIGNS AND GRANTS TO OTHER ORGANIZATIONS FOR 527 EXEMPT	į				
FUN	NCTION (ELECTORAL) ACTIVITIES.					

Page 4

Schedule C (Form 990 or 990-EZ) 2017

Part IV Supplemental Information (continued)

### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2017

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AMERICA VOTES 26-4568349 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . C Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

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

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'ace	_

Par	t III Organizations Maintaini	ng Collecti	ons of	Art, His	torical T	reasui	res, (	or Otl	ner Simil	ar Asse	ts (contir	nued)
3	Using the organization's acquisition											<u> </u>
	collection items (check all that app	ly)				•			•	Ū		
а	Public exhibition	•		d [	Loan	or exch	ange	prograi	ms			
b	Scholarly research			e 🗀	Other		_					
С	Preservation for future gene	rations		_	_		•					
4	Provide a description of the organ	nization's co	llections	and expl	ain how t	hey fu	rther	the or	ganization'	s exemp	t purpose	ın Part
	XIII					-			_	,		
5	During the year, did the organization	on solicit or r	eceive do	nations o	of art, hist	orical tr	easur	res, or	other simil	ar		
	assets to be sold to raise funds rath	ner than to b	e maintai	ned as pa	art of the	organiz	ation'	s collec	ction?	Г	Yes	No
Par	t IV Escrow and Custodial Ar										<del></del>	
	Complete if the organization	tion answer	ed "Yes"	on Forr	n 990, P	art IV,	line 9	, or re	ported ar	amoun	t on Form	1
	990, Part X, line 21											
1 a	Is the organization an agent, truste	e, custodiar	or other	ıntermed	diary for c	ontribu	tions	or othe	r assets no	t		
	included on Form 990, Part X?									[	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII aı	nd comple	ete the fo	llowing tab	ole						
									Α	mount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance											
	Did the organization include an am										Yes	No
b	If "Yes," explain the arrangement i	n Part XIII_C	heck her	e if the e	xplanation	has be	en pr	ovided	on Part XIII	<u></u>	<u></u> .	<u> </u>
Par												
	Complete if the organizat	ion answer	ed "Yes"	on Forn	n 990, Pa	art IV, I	ine 1	0	···		,	·
		(a) Current	year	(b) Prid	or year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four ye	ars back
1 a	Beginning of year balance											
b	Contributions						_					
С	Net investment earnings, gains,	1	1									
	and losses										<u> </u>	
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the curre			e (line 1g,	column	n (a)) l	held as				
а	Board designated or quasi-endown	nent ▶		%								
b	Permanent endowment	%										
C	Temporarily restricted endowment		%									
	The percentages on lines 2a, 2b, a		•									
3 a	Are there endowment funds not in	the possess	ion of the	organiza	ation that	are hel	d and	i admır	nistered for	the	1	- l N-
	organization by										Ye	s No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	+
b	If "Yes" on line 3a(ii), are the relate						(7				3b_	
4	Describe in Part XIII the intended in	uses of the o	rganizatio	on's endo	wment fur	nas						
Par	Land, Buildings, and Equ Complete if the organiza	ition answei	red "Yes	on For	m 990, P	art IV,	line '	11a S	ee Form	990, Pai	t X, line 1	0
	Description of property	(4	a) Cost or of	ther basis	(b) Cost of	or other ba	asis	(c) Acc	umulated	(0	) Book value	
10	Land		(investm	nent)	(0	ther)		depr	eciation		<del></del>	
1a b	Land				<del> </del>		$\rightarrow$					
Ď	Buildings		<del></del>		<del> </del> -						<del></del> -	
d	Equipment			<del></del>	<del>  -                                   </del>	25,2	32		57,342.	<del>-</del>	67	,890.
e	=				<del>                                 </del>	20,2	<del></del>		-,,5421			, , , , , ,
	I. Add lines 1a through 1e (Column		ual Form	990 Part	X colum	1 (B) Irr	ne 100	2)	<b>•</b>		67	,890.
· Ota	mico ia unoughi io (column	, ia, masi ey		, <u></u>	, Joidiiii	· 1-// ///		<del>- /</del>				<u> </u>

Complete if the organization answered "Yes" on Form 990, Part IV, line 115 See Form 990, Part X, line 12 (a) Description of security or category (including name of security)  (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (8) (9) (10) (10) (10) (10) (10) (10) (11) (11	Part VII	Investments - Other Securities.  Complete if the organization answered	l "Yes" on Form 990	Part IV line 11h See Form 990	) Part Y line 12
(Including name of security)  (In Financial derivatives		(a) Description of security or category			<del>· _ · · · · · · · · · · · · · · · · · ·</del>
(2) Closely-held equity interests   (3) Other   (A)   (B)   (C)   (D)		(including name of security)	(-,		
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					<del></del>
(A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
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(C) (D) (E) (F) (G) (G) (H) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶  Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶  Total (Column (b) must equal Form 990, Part X, col (B) line 15).  (a) Description (b) Book value (b) Book value (c) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		<del></del>	· <del></del>		<del></del>
(C) (E) (F) (G) (H) Total (Column (b) must equal Form 990, Part X, cot (B) line 12) ▶    Part VIII   Investments - Program Related.					<del>_</del>
(E) (F) (G) (G) (H) (Total (Column (b) must equal Form 990, Part X, cot (B) line 12) ▶  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part XI Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					<del></del>
(F) (G) (H) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part XX  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 15). ▶  Total (Column (b) must equal Form 990, Part X, col (B) line 15). ▶  Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS (3) ACCRUED PAYROLL LIABILITIES  78, 251.					<del></del>
(G) (H) Total (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value  (c) Method of valuation Cost or end-of-year market value  (d) Form 990, Part X, line 15  (e) Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (c) Book value  (d) Form 990, Part IV, line 11d See Form 990, Part X, line 15  (d) Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Georgida (B)  (b) Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (c) SUBLEASE DEPOSITS (c) Relation Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (c) SUBLEASE DEPOSITS (c) Relation Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (c) SUBLEASE DEPOSITS (c) Relation Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (c) SUBLEASE DEPOSITS (c) Relation Form 990, Part X, line 15 (d) Relation Form 990, Part X, line 15 (d) Relation Form 990, Part X, line 15 (d) Relation Form 990, Part X, line 15 (e) Relation Form 990, Part X, line 15 (e) Relation Form 990, Part X, line 15 (e) Relation Form 990, Part X, line 15 (e) Relation Form 990, Part X, line 15 (e) Relation Form 990, Part X, line 15 (e) Relation Form 990, Part X, line 15 (e) Relation Form 990, Part X, line 15 (e) Relation Form 990, Part X, line 15 (e) Relation Form 990, Part X, line 15 (e) Relation Form 990,					
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Part VIII		n (b) must equal Form 990, Part X, col (B) line 12)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS (3) ACCRUED PAYROLL LIABILITIES (7) (2) SUBLEASE DEPOSITS (7) (8) (2) SUBLEASE DEPOSITS (7) (8) (2) SUBLEASE DEPOSITS (7) (8) (2) SUBLEASE DEPOSITS (7) (8) (8) (9) (9) (9) (10) (10) (10) (11) (12) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(1)			l "Yes" on Form 990	, Part IV, line 11c See Form 990	, Part X, line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7, 842. (3) ACCRUED PAYROLL LIABILITIES 78, 251.		(a) Description of investment	(b) Book value		
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(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13)   Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7, 842. (3) ACCRUED PAYROLL LIABILITIES 78, 251.	_				<del> </del>
(7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15).  ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1.  (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7, 842. (3) ACCRUED PAYROLL LIABILITIES 78, 251.					
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(9) Total (Column (b) must equal Form 990, Part X, cot (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)					
Total (Column (b) must equal Form 990, Part X, col (B) line 13)   (a) Description  (b) Book value  (c)  (a)  (b) Book value  (c)  (c)  (d)  (d)  (e)  (e)  (f)  (f)  (g)  (g)  (g)  (g)  (g)  (g					<del></del>
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7, 842. (3) ACCRUED PAYROLL LIABILITIES 78, 251.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15).   Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) SUBLEASE DEPOSITS 7, 842. (3) ACCRUED PAYROLL LIABILITIES 78, 251.				L	
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) SUBLEASE DEPOSITS 7, 842. (3) ACCRUED PAYROLL LIABILITIES 78, 251.	Part IX		l"Voc" on Form 000	Part IV line 11d See Form 990	Dart V line 15
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7,842. (3) ACCRUED PAYROLL LIABILITIES 78,251.				, Partiv, line Tiu See Point 990	·
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7,842. (3) ACCRUED PAYROLL LIABILITIES 78,251.		(a) De	scription		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)					<del></del>
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7,842. (3) ACCRUED PAYROLL LIABILITIES 78,251.					<del> </del>
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				<del></del>	<del> </del>
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7,842. (3) ACCRUED PAYROLL LIABILITIES 78,251.			20°00 o populación de 2024 proposit de la 2000 pre 100	**	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7,842. (3) ACCRUED PAYROLL LIABILITIES 78,251.					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<del></del>			
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			<del>-</del>		<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			***************************************		
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7,842. (3) ACCRUED PAYROLL LIABILITIES 78,251.		umn (b) must equal Form 990, Part X, col (B) li	ine 15), , , ,		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSITS 7,842. (3) ACCRUED PAYROLL LIABILITIES 78,251.					
Ine 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) SUBLEASE DEPOSITS 7,842.  (3) ACCRUED PAYROLL LIABILITIES 78,251.			l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	rm 990, Part X,
(1) Federal income taxes (2) SUBLEASE DEPOSITS 7,842. (3) ACCRUED PAYROLL LIABILITIES 78,251.		line 25			
(2) SUBLEASE DEPOSITS 7,842. (3) ACCRUED PAYROLL LIABILITIES 78,251.	1.	(a) Description of liability	(b) Book valu	e	
(3) ACCRUED PAYROLL LIABILITIES 78,251.	(1) Feder	ral income taxes			
	(2) SUBL	EASE DEPOSITS			
(4)	(3) ACCR	UED PAYROLL LIABILITIES	78,	251.	
(4)	(4)				
(5)	(5)				
(6)					
(7)	(7)				
(8)					
(9)	(9)				-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 86,093.	Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 25)	▶ 86,0	093.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

| X | Schedule D (Form 990) 2017

JSA 7E1270 1 000 4QQ00J 7165

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- 6	ວລ	70	

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.
1 2	Total revenue, gains, and other support per audited financial statements	1
	Net unrealized gains (losses) on investments	
	Donated services and use of facilities	
	Recoveries of prior year grants	
C	Other (Describe in Part XIII )	1
		2e
	Add lines 2a through 2d	3
	Subtract line 2e from line 1	<del></del>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIII )	<del>-</del>
С 5	Add lines 4a and 4b	4c 5
Part		<del> </del>
Pail /	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
	Other losses	
d	Other (Describe in Part XIII )	
е	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	
	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part 2	Supplemental Information.	
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa	
2, Part	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation
FASB	ASC 740-10	
FOR 5	THE YEAR ENDED JUNE 30, 2018, AMERICA VOTES HAS DOCUMENTED ITS	
CONC	TOURNATION OF TACE ACC 740 10 THOME MAYES MUME PROVIDES CUIDANCE	
CONS.	IDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE	
EOD 1	REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO	
- FOR I	REPORTING UNCERTAINTE IN INCOME TAKES AND HAS DETERMINED THAT NO	<del></del>
Martin	RIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR	
MATE	RIAL UNCERTAIN TAX POSTTIONS QUALIFY FOR EITHER RECOGNITION OR	
DICCI	COCUDE THE MURE ETHANICIAL CHAMPMENING	
DISCI	LOSURE IN THE FINANCIAL STATEMENTS.	
		<del></del>
	•	

Part XIII Supplemental Information (continued)

### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number AMERICA VOTES 26-4568349 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e X а Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations f h c Phone solicitations Special fundraising events g Х In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (II) Activity fundraiser listed in from activity or entity (fundraiser) contributions? organization col (i) Yes 1 GROSS CONTRIBUTIONS 1155 CONN AVE, WASH, DC Х 12,659,327 12,659,327. 2 SHELLIE LEVIN SOLUTIONS 90,000 22800 SW 157 MIAMI, FL LARGE DONOR Х -90,000. 3 ANCHOR STRATEGIES 120 BRADLEY PROVIDENCE RI LARGE DONOR Х 22,500 -22,500.4 STRAUS BAKER LLC 79 MADISON AVE NY, NY LARGE DONOR Х 16,875 -16,875. 10 12,659,327 129,375 12,529,952. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing CA, CO, DC, FL, IL, ME, MN, NH, NY, NC, OH, OR, PA, UT, WA, WI,

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

Schedule G (Form 990 or 990-EZ) 2017

_		e G (Form 990 or 990-EZ) 2017				Page <b>2</b>
Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000.	nt contributions and gros			
		gross receipts greater than \$5,00	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
•			(event type)	(event type)	(total number)	col (c))
Revenue	4	Canada receipto				
Seve	1	Gross receipts				<u> </u>
_	2	Less Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes	<del></del>		<del></del>	
ses	6	Rent/facility costs				
pen						
Ϋ́ E	7	Food and beverages	<u> </u>			
Direct Expenses	8	Entertainment				
<u></u>						
	9	Other direct expenses				
	10	Direct expense summary Add lines 4	l through 9 in column (d)	1	•	
		Net income summary Subtract line 1				
Pa	rt l			es" on Form 990, Par	t IV, line 19, or rep	orted more
		than \$15,000 on Form 990-E	zz, line ba	(h) 0		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Reve						
_		Gross revenue				
S	2	Cash prizes				
penses						
	3	Noncash prizes	<del>_</del>		<del></del>	<del> </del>
Direct Ex	4	Rent/facility costs				
٥						
	5	Other direct expenses		0,		
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2	through 5 in column (d)	·		<u> </u>
	R	Net gaming income summary Subtra	act line 7 from line 1 col	umn (d)	•	
		The gaming moone summary Subtra	iot into 1 hour mile 1, cor	(0/		<u> </u>
9		nter the state(s) in which the organizat	-			<del></del>
		the organization licensed to conduct g				. Yes No
10	ı IT	"No," explain				
	_					
		/ere any of the organization's gaming i	icenses revoked, suspe	nded, or terminated duri	ng the tax year?	. Yes No

Sched	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in
<b>a</b>	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
b	revenue?
-	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party
	Name ▶
	Address ►
16	Gaming manager information
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions)

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

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2017	Open to Public	IIISPECTIOII
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OMB No 1545-0047

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

Employer identification number 26-4568349 Š

Part I General Information on Grants and Assistance AMERICA VOTES

X 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 

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 Part II

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITIZENS FOR INTEGRITY							
PO BOX 13733 DENVER, CO 80201	26-4144378	501 (C) (4)	44,000.				GENERAL SUPPORT
(2) FOR OUR FUTURE ACTION FUND							
1411 K STREET NW WASHINGTON, DC 20005	51-0596352	501 (C) (4)	640,000.				GENERAL SUPPORT
(3) DEMOCRATIC LEGIS CAMP CMTE							
1225 I ST NW STE 1250 WASHINGTON, DC 20005	52-1870839	527	50,000.				GENERAL SUPPORT
(4) LCV POLITICAL ENGAGEMENT FUND							
740 15TH ST NW STE 700 WASHINGTON, DC 20005	91-2084140	527	250,000.				GENERAL SUPPORT
(5) LCV VICTORY FUND							
740 15TH ST NW STE 700 WASHINGTON, DC 20005	27-3145176	527	250,000.				GENERAL SUPPORT
(6) LEAGUE OF CONSERVATION VOTERS							
740 15TH ST NW STE 700 WASHINGTON, DC 20005	52-1733698	501(C)(4)	500,000.				GENERAL SUPPORT
(7) MAINE VOTES							
565 CONGRESS ST STE 200 PORTLAND, ME 04101	01-0383493	501(C)(4)	236,000.	,			GENERAL SUPPORT
(8) MAKE THE ROAD PA							
449 TROUTMAN ST STE C BROOKLYN, NY 11237	27-1408443	501(C)(4)	129,009.				GENERAL SUPPORT
(9) NC CITIZENS FOR PROTECTING OUR SCHOOLS							
3739 NATIONAL DR STE 105 RALEIGH, NC 27612	45-2294710	501 (C) (4)	29,805.				GENERAL SUPPORT
(10) NEW HAMPSHIRE PROGRESS ALLIANCE							
PO BOX 3866 CONCORD, NH 03302	82-4281685	501(C)(4)	274,259.				GENERAL SUPPORT
(11) ONE PENNSYLVANIA (ORGANIZE PA)							
1414 BRIGHTON RD PITISBURG, PA 17102	82-0714373	501(C)(4)	207,941.				GENERAL SUPPORT
(12) ORGANIZE FLORIDA							
134 E COLONIAL DR ORLANDO, FL 32801	27-1869914	501(C)(4)	300,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	organizations lis	ted in the line 1 tab	e		•	

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

JSA 7E12881000 4QQOOJ 7165

SCHEDULE

Grants and Other Assistance to Organizations,

|--|

OMB No 1545-0047

er identification number 4568349

(Form 990)	Governments, and Individuals in the United States	20
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Open to
Department of the Treasury Internal Revenue Service	▶ Go to www.irs.gov/Form990 for the latest information.	edsul
Name of the organization	Employer	Employer identification numb
AMERICA VOTES	26-4	26-4568349
Part   General	Part I General Information on Grants and Assistance	
1 Does the organi	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection crii	the selection criteria used to award the grants or assistance?	X Yes
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

(h) Purpose of grant or assistance SENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (g) Description of noncash assistance 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) (e) Amount of non-cash assistance (d) Amount of cash grant 251,000. 25,000. 25,000 50,000. 40,000. (c) IRC section (if applicable) 26-4489456 501 (C) (4) 36-4836378 | 501(C)(4) 45-0710294 |501(C)(4) 501 (C) (4) 527 47-5375511 47-5571353 (P) EIN 4959 S YOSEMITE F2-191 GREENWOOD, CO 80111 70 S WINOOSKI STE 205 BURLINGTON, VT 05401 PO BOX 16051 ST PETERSBURG, FL 33733 1 (a) Name and address of organization or government DC 20033 4 PARK ST CONCORD, NH 03301 PO BOX 35522 WASHINGTON, (5) GRANITE STATE PROGRESS (1) PATRIOT MAJORITY USA (2) RIGHTS AND DEMOCRACY (4) YOUR VOIE COUNTS (3) SUNRISE PAC Part II 9 (2) (10)(11) 8 6

Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(12)

Schedule I (Form 990) (2017)

Page 2

AMERICA VOTES

Schedule I (Form 990) (2017)

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 Part III

	- ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !					
	(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
-						
2						
<sub>6</sub>						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	information re	quired in Part I, I	ine 2, Part III, o	olumn (b), and any o	ther additional

AMERICA VOTES MAINTAINS ONGOING CONTACT WITH THESE ORGANIZATIONS AND THUS

PART I LINE 2

IS ABLE TO MONITOR THE USE OF THEIR GRANTS.

V 17-7.10

### 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** Inspection

Department of the Treasury Internal Revenue Service Name of the organization AMERICA VOTES

Employer identification number

26-4568349

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	1b		
2	explain	10		
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	-		
	1a?	2		[
•		-		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the 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	1		
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		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III	<u> </u>		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			لــــا
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
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		X
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			,,
	ın Part III	8		_ X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		لـــا
	Regulations section 53 4958-6(c)?	9 1	i l	

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

Schedule J (Form 990) 2017

AMERICA VOTES

Schedule J (Form 990) 2017

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 Part II

individual

Individual								
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	ın column (B) reported as deferred on pnor Form 990
GREG SPEED	ε	245,401.	0	0	10,163.	23,488.	279,052.	0
DIRECTOR/PRESIDENT	Ξ	0	0	0	0	0	0	0
SARA SCHREIBER	€	159,274.	0	0.	6, 421.	6,270.	171,965.	0.
AMANAGING DIRECTOR	: <u>(i</u>	0	0	0	0	0	0	0.
BUBBA SCOTT NUNNERY	Ξ	157,614.	0	0	6,318.	8,945.	172,877.	0.
3NATIONAL POLITICAL DIRECTOR	(E)	0	0	0	0	0	0.	0.
JOSIETTE WHITE	Ξ	133,302.	0	0	5,386.	13,568.	152,256.	0
, ANATIONAL FIELD DIRECTOR	€	0	0	0	0	0	0	0.
	Ξ							
40	€							
	Θ							
9	Ξ							
	ε	i						
7	Ξ							
	ε							
∞	Ξ							
	€							
6	(i)							
	(i)							
10	(ii)							
	Ξ							
11	( <u>ii</u> )							
	Ξ							
12	(ii)							
	Ξ							
13	<u>(ii)</u>							
	Ξ							
14	(ii)							
	3							
15	≘							
	Ξ							
16	(ii)							
							Sch	Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part III Supplemental Information

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

v 17-7.10

### SCHEDULE M (Form .990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

AMERICA VOTES 26-4568349 Types of Property Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art - Works of art . . . . . . . . . . Art - Historical treasures . . . . . 2 Art - Fractional interests . . . . . 3 Books and publications . . . . . . 4 5 Clothing and household goods. . . . . . . . . . . . . . . . Cars and other vehicles . . . . . 6 Boats and planes. . . . . . . . . 7 R Intellectual property . . . . . . . X 1 50,955. STOCK OUOTE Securities - Publicly traded. . . . . 10 Securities - Closely held stock . . . Securities - Partnership, LLC, or trust interests . . . . . . . . . . Securities - Miscellaneous . . . . Qualified conservation contribution - Historic Qualified conservation contribution - Other . . . . . . . . 15 Real estate - Residential . . . . . 16 Real estate - Commercial . . . . . 17 Real estate - Other . . . . . . . . 18 Collectibles. . . . . . . . . . . . . . . . . Food inventory...... 19 20 Drugs and medical supplies . . . . 21 Historical artifacts . . . . . . . . 22 23 Scientific specimens. . . . . . . 24 Archeological artifacts . . . . . . 25 Other ►( 26 Other ►( 27 Other ►( \_\_ 28 Other ►( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Х 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х b if "Yes," describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) (2017)

describe in Part II

Schedule M (Form 990) (2017)

Page 2

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

### 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.

Department of the Treasury Internal Revenue Service Name of the organization AMERICA VOTES

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number 26-4568349

POLICIES

THE TAX RETURN IS PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED BY THE BOARD CHAIR, PRESIDENT, CFO, AND OUTSIDE LEGAL COUNSEL.

DISCLOSURE

THE ORGANIZATION PROVIDES THE FORM 990 FILING UPON REQUEST.

**POLICIES** 

THE ORGANIZATION REQUIRES THAT EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE

REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY. THEY MUST

CERTIFY IN WRITING THAT THEY HAVE COMPLIED WITH THE POLICY.

ATTACHMENT 1

### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CATALIST LLC 1090 VERMONT AVENUE, NW SUITE 300 WASHINGTON, DC 20005	DATA SERVICES	312,028.
VVN 1155 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	STAFF SERVICES	226,041.
NGP VAN INC PO BOX 392264 PITTSBURGH, PA 15251	DATA SERVICES	737,938.

ATTACHMENT 2

Schedule O (Form 990 or 990-EZ) 2017	
Name of the organization	
AMERICA VOTES	

Page 2

Employer identification number 26-4568349

ATTACHMENT 2 (CONT'D)

## FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
DATA SERVICES	1,385,230.	1,385,230.		
RESEARCH SERVICES	404,748.	366,171.		38,577.
STAFF SERVICES	333,256.	323,101.	10,020.	135.
GENERAL	91,971.	31,247.	60,724.	
TOTALS	2,215,205.	2,105,749.	70,744.	38,712.

AMERICA VOTES

26-4568349

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Alfacil to Folia 350.	► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Publ

OMB No 1545-0047

Employer identification number

26-4568349 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 AMERICA VOTES Parti

			(4)	(3)	€	(8)	9/
	(4) Name, address, and EIN (if applicable) of disregarded entity	ď	ctivity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
(1)							
				:			
(2)			1	   			
(3)							
	: :	<u> </u>					!
(4)							
(2)				_			
(9)							1
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	. Complete if the orgathe tax year	anization answe	red "Yes" on Fo	rm 990, Part IV,	line 34, because	ıt had
	(a)	(p)	(2)	(p)	(e)	€	(6)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public chanty status	Direct controlling	Section 512(b)(13)

(a) Name, address, and EIN of related organization	related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled by?
							Yes	S S
(1) AMERICA VOTES ACTION FUND	27-4522665					į		
1155 CONN AVE NW #600	WASHINGTON, DC 20036	POLITICAL	DC	527		AMER. VOTES	×	
(2)								
(3)								
(4)								
(5)								
(9)						:		
								i
(2)						i i		
, , , , , , , , , , , , , , , , , , ,								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2017	90) 2017

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Page 2

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 Schedule R (Form 990) 2017 Part III

(k) , Percentage ownership												
	°Z				-	 		+		-	≥.	
(f) General or managing partner	Yes					 		$\top$			Part	r
(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			•								on Form 990,	
(h) Disproportorate stocations?	Yes No										ed "Yes"	
(g) Share of end-of- year assets											nization answer he tax year	
(f) Share of total income											lete if the orgar or frust during t	-
(e) Predominant income (related, unrelated, excluded from tax under sections 5.72 - 514)											s a Corporation or Trust. Complete if the organization and izations treated as a corporation or trust during the tax year	
(d) Direct controlling entity											e as a Corporatic anizations treated	
(c) Legal domicile (state or foreign	(Lunco										<b>s Taxabl</b> lated org	
(b) Primary activity		·									ited Organization ad one or more re	
(a) Name, address, and EIN of related organization											Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV Inte 34, because it had one or more related organizations treated as a corporation or frust during the tax year	
N N	:	(1)		(2)	(3)	(4)	(5)		(9)	(2)	Part IV	

				,				1
(a)	9	9	(Q	(e)	€	(£)	Ξ	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Type of entity		Share of	Percentage	Section
		(state or foreign	entity	(Coorp Scorp, or trust)		end-of-year assets	ownership	12(b)(13)
		country)						entity?
	1							Yes No
(1)								_
(2)								_
(3)								
							-	
(4)								-
(5)								
(9)								
	:							
(1)								_
ł.								
JSA 4 7E1308 1 000		!		1		Schedule R (Form 990) 2017	(Form 99	0) 2017

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Schedule R (Form 990) 2017			Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes"	on Form 990,	Part IV, line 34, 35b, or 36	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
	lated organizations list	ed in Parts II-IV?	-
<ul> <li>a Receipt of (ii) Interest, (iii) annuties, (iii) royalties, or (iv) rent from a controlled entity.</li> <li>b Giff grant or capital contribution to related organization(s)</li> </ul>			1a
			10
			1d
e Loans or loan guarantees by related organization(s)			- 1e
f Dividends from related organization(s).			16
g Sale of assets to related organization(s)			19
h Purchase of assets from related organization(s)			=======================================
			;= ; <del>-</del>
J Lease of facilities, equipment, or other assets to related organization(s)			- - - - - -
k Lease of facilities, equipment, or other assets from related organization(s)			÷
I Performance of services or membership or fundraising solicitations for related organization(s)			× =
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)			<b>1</b>
			_
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses.	•		1p
q Reimbursement paid by related organization(s) for expenses			19 X
• Other transfer of cash or nonerty to related organization(s)			
- 1			18
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	is line, including cover	red relationships and trans	action thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICA VOTES ACTION FUND	10	206,899.	ACTUAL COST
(2) AMERICA VOTES ACTION FUND	11.		LESS THAN \$50K
ANERICA VOTES ACTION FILMD	10	206.100	ACTITAL AMOUNT
	N I		1
(4)			
(9)			
· (9)	_		
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# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

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

•	(k) Percentage ownership																		Schedule R (Form 990) 2017
г		No	· <u>-</u>																Form
	(J) General or managing partner?	Yes																	adule
	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)																		Sche
ļ	rtionate ons?	N <sub>O</sub>											-						
	(h) Disproportionate allocations?	Yes									-			-					
Salin	(g) Share of end-of-year assets													;					
	(f) Share of total income																		
}	n n (3) ions?	ş	-					-	_		-								
	(e) Are all partners section 501(c)(3) organizations?	Yes No				<del>                                     </del>													-
5				<u> </u>		<del> </del>	<b>-</b>	<b>-</b> -									-		
iologica Si	(a) Predominant Income (related, unrelated, excluded from tax under	sections 512-51																	!
actions regard	(c) Legal domicle (state or foreign country)																		
amzauon occ mon	(b) Primary activity																		)   
of gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partitions.	(a) Name, address, and EIN of entity		(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	ASC

Schedule R (Form 990) 2017

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R See instructions