

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

Form 990 header section including: B Check if applicable, C Name of organization (AMERICA VOTES), D Employer identification number (26-4568349), E Telephone number ((202) 962-7270), F Name and address of principal officer (GREG SPEED), G Gross receipts (\$ 63,924,415), H(a) Is this a group return for subordinates?, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.AMERICAVOTES.ORG), K Form of organization (Corporation), L Year of formation (2009), M State of legal domicile (DC).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO COORDINATE AND PROMOTE PROGRESSIVE ISSUES... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

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.

Signature of officer: GREG SPEED, DIRECTOR/PRESIDENT, Date: 7/9/2020

Paid Preparer Use Only: Print/Type preparer's name (AMY C GILBERT CPA), Preparer's signature (A.C. Gilbert CPA), Date (7.6.20), Firm's name (GILBERT & WOLFAND, P.C.), Firm's EIN (52-1263814), Firm's address (2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007), Phone no (202-342-6000).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

SCANNED MAY 27 2021

946

Form 990 (2018)

Part 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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 31,121,148 including grants of \$ 20,403,451) (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 \$ 26,345,563 including grants of \$ 23,093,533) (Revenue \$) AMERICA VOTES WORKED TO COORDINATE ELECTION CAMPAIGNS.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 57,466,711.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with various questions about organization status, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form with questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions. Includes sub-questions like 2a, 2b, 3a, 3b, etc.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] 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 interest 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 records THE ORGANIZATION PAGE 1 ADDRESS WASHINGTON, DC 20036 202-962-7270

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

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

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

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

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

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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)CRISTY BAILEY DIRECTOR	1.00 0.	X					0.	0.	0.	
(2)ANNE BARTLEY DIR/TREASURER RESIGNED APR2019	1.00 0.	X					0.	0.	0.	
(3)RICHARD FARFAGLIA DIRECTOR	1.00 0.	X					0.	0.	0.	
(4)SKY GALLEGOS DIRECTOR RESIGNED APRIL 2019	1.00 0.	X					0.	0.	0.	
(5)PAGE GARDNER DIRECTOR	1.00 0.	X					0.	0.	0.	
(6)SETH JOHNSON DIRECTOR/BOARD CHAIR	1.00 0.	X		X			0.	0.	0.	
(7)CRAIG KAPLAN DIRECTOR	1.00 0.	X					0.	0.	0.	
(8)LESLIE MARTES DIRECTOR	1.00 0.	X					0.	0.	0.	
(9)MATT MORRISON DIRECTOR	1.00 0.	X					0.	0.	0.	
(10)MIKE PODHORZER DIRECTOR	1.00 0.	X					0.	0.	0.	
(11)FRANK SMITH DIRECTOR	1.00 0.	X					0.	0.	0.	
(12)GREG SPEED DIRECTOR/PRESIDENT	40.00 0.	X		X			253,217.	0.	34,614.	
(13)ANNE SUMMERS DIRECTOR RESIGNED JULY 2018	1.00 0.	X					0.	0.	0.	
(14)WENDY WENDLANDT DIRECTOR	1.00 0.	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JODI WINTERHOFF ----- DIRECTOR	1.00 ----- 0.							0.	0.	0.
16) JOE ZIMILICH ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
17) ADEMOLA OYEFESO ----- DIRECTOR RESIGNED APRIL 2019	1.00 ----- 0.	X						0.	0.	0.
18) DEPAK PATERIYA ----- DIRECTOR/TREASURER	1.00 ----- 0.	X		X				0.	0.	0.
19) MELISSA WILLIAMS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
20) PETER AMBLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
21) SHIRIN BIDEL NIYAT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
22) ARIEL HAYES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
23) MARIA PERALTA ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
24) JENNY LAWSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
25) JOE DENNISON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								253,217.	0.	34,614.
c Total from continuation sheets to Part VII, Section A								1,082,066.	0.	86,045.
d Total (add lines 1b and 1c)								1,335,283.	0.	120,659.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **11**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) KAREN GASPER DIRECTOR BEGAN APRIL 2019	1.00 0.	X					0.	0.	0.	
27) HEATHER HARGREAVES DIRECTOR BEGAN APRIL 2019	1.00 0.	X					0.	0.	0.	
28) SUSAN FINKLE-SOURLIS CFO	40.00 0.			X			135,906.	0.	6,690.	
29) SARA SCHREIBER MANAGING DIRECTOR	40.00 0.			X			176,361.	0.	13,049.	
30) BUBBA SCOTT NUNNERY NATIONAL POLITICAL DIRECTOR	40.00 0.				X		162,628.	0.	13,861.	
31) JOSIETTE WHITE NATIONAL FIELD DIRECTOR	40.00 0.					X	147,453.	0.	12,450.	
32) JESSICA LAURENZ NC STATE DIRECTOR	40.00 0.					X	125,278.	0.	17,770.	
33) EMILY CALLEN NATL DATA DIRECTOR	40.00 0.					X	106,232.	0.	10,136.	
34) KATHRYN KELLY FIELD DIRECTOR	40.00 0.					X	115,252.	0.	3,361.	
35) EVAN KOST DEVELOPMENT DIR	40.00 0.					X	112,956.	0.	8,728.	

1b Sub-total	▶		
c Total from continuation sheets to Part VII, Section A	▶		
d Total (add lines 1b and 1c)	▶		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 11

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

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

			(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	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	63,715,942.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶	63,715,942				
Program Service Revenue	Business Code						
	2a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	g	Total. Add lines 2a-2f ▶		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶	4,195.			4,195.	
	4	Income from investment of tax-exempt bond proceeds ▶	0.				
	5	Royalties ▶	0.				
	6a	(i) Real					
		(ii) Personal					
	b	Gross rents					
	c	Less rental expenses					
	d	Net rental income or (loss) ▶	0.				
	7a	(i) Securities					
		(ii) Other					
	b	Gross amount from sales of assets other than inventory	0.				
	c	Less cost or other basis and sales expenses	261.				
	d	Net gain or (loss) ▶	-261	-261			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	0				
	b	Less direct expenses b	0				
c	Net income or (loss) from fundraising events ▶	0.					
9a	Gross income from gaming activities See Part IV, line 19 a	0.					
b	Less direct expenses b	0					
c	Net income or (loss) from gaming activities ▶	0					
10a	Gross sales of inventory, less returns and allowances a	0.					
b	Less cost of goods sold b	0.					
c	Net income or (loss) from sales of inventory ▶	0.					
Miscellaneous Revenue		Business Code					
11a	REIMB PERSONNEL/OVERHEAD		204,278	204,278.			
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		204,278.				
12	Total revenue. See instructions ▶		63,924,154	204,017.		4,195.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	43,496,984.	43,496,984.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	803,754.	340,410.	178,566.	284,778.
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	3,619,580.	3,130,780.	251,715.	237,085.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,729.	87,886.	5,762.	4,081.
9 Other employee benefits	252,015.	205,786.	27,044.	19,185.
10 Payroll taxes	339,527.	267,819.	32,832.	38,876.
11 Fees for services (non-employees)	0.			
a Management	64,496.		64,496.	
b Legal	164,446.		164,446.	
c Accounting	0.			
d Lobbying	156,791.			156,791.
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,720,680.	2,556,778.	94,180.	69,722.
12 Advertising and promotion	0.			
13 Office expenses	199,021.		174,102.	24,919.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	645,001.	508,776.	62,372.	73,853.
17 Travel	211,801.	150,245.		61,556.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	368,847.	343,922.		24,925.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	31,506.		31,506.	
23 Insurance	22,244.		22,244.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ISSUE ACTIVITIES	6,186,369.	6,186,369.		
b TELEPHONE/INTERNET	117,757.		117,757.	
c TRAINING	190,956.	190,956.		
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	59,689,504.	57,466,711.	1,227,022.	995,771.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	3,863,482.	1	6,052,065.	
	2	Savings and temporary cash investments	853,196.	2	1,007,392.	
	3	Pledges and grants receivable, net	0.	3	0.	
	4	Accounts receivable, net	306,114.	4	1,518,324.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.	
	6	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 and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.	
	7	Notes and loans receivable, net	0.	7	0.	
	8	Inventories for sale or use	0.	8	0.	
	9	Prepaid expenses and deferred charges	35,335.	9	73,701.	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	142,090.		
	b	Less accumulated depreciation	10b	87,269.	10c	54,821.
	11	Investments - publicly traded securities	0.	11	0.	
	12	Investments - other securities See Part IV, line 11	0.	12	0.	
	13	Investments - program-related See Part IV, line 11	0.	13	0.	
	14	Intangible assets	0.	14	0.	
	15	Other assets See Part IV, line 11	45,419.	15	46,008.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,171,436.	16	8,752,311.		
Liabilities	17	Accounts payable and accrued expenses	1,217,723.	17	574,357.	
	18	Grants payable	0.	18	0.	
	19	Deferred revenue	0.	19	0.	
	20	Tax-exempt bond liabilities	0.	20	0.	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.	
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.	
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	86,093.	25	75,684.	
	26	Total liabilities. Add lines 17 through 25	1,303,816.	26	650,041.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	2,291,131.	27	4,254,813.	
	28	Temporarily restricted net assets	1,576,489.	28	3,847,457.	
	29	Permanently restricted net assets	0.	29	0.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	3,867,620.	33	8,102,270.	
	34	Total liabilities and net assets/fund balances	5,171,436.	34	8,752,311.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,924,154.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,689,504.
3	Revenue less expenses Subtract line 2 from line 1	3	4,234,650.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,867,620.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,102,270.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2018

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.**

Open to Public Inspection

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization AMERICA VOTES	Employer identification number 26-4568349
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ **26,345,563.**
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ **3,252,030.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$ **23,093,533.**
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ **26,345,563.**
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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-
ATTACHMENT 1				
(1) DEMOCRATIC LEGIS. CAMPAIGN COMMITTEE	1225 I ST NW STE 1250 WASHINGTON, DC 20005	52-1870839	100,000.	0.
(2) LCV VICTORY FUND	740 15TH ST NW STE 700 WASHINGTON, DC 20005	27-3145176	2,510,000.	0.
(3) AMERICA VOTES ACTION FUND	1155 CONNECTICUT AVE, WASHINGTON, DC 20036	27-4522665	463,000.	0.
(4) BLACKPAC	700 13TH ST, NW #600 WASHINGTON, DC 20005	81-1460820	1,700,000.	0.
(5) CASA IN ACTION PAC	8151 15TH AVE HYATTSVILLE, MD 20783	83-1625492	200,000.	0.
(6) COLORADANS CREATING OPPORTUNITY	PO BOX 100292 DENVER, CO 80250	47-2607588	80,000.	0.

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total Add lines 1c through 1i? 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

PART 1-A LINE 1

AMERICA VOTES' POLITICAL CAMPAIGN ACTIVITIES INVOLVED THE COORDINATING OF ELECTION CAMPAIGNS AND GRANTS TO OTHER ORGANIZATIONS FOR 527 EXEMPT FUNCTION (ELECTORAL) ACTIVITIES.

Part IV Supplemental Information *(continued)*

Part IV Supplemental Information (continued)

ATTACHMENT 1

(A) NAME	(B) ADDRESS	(C) EIN	(D) AMOUNT PAID FROM FILING ORG.	(E) AMOUNT OF POLITICAL CONTRIB. RECEIVED
COLORADANS FOR FAIRNESS	PO BOX 102766 DENVER, CO 80250 1145 CHESAPEAKE AVE	81-4420090	100,000.	
CONSERVATION OHIO ENVIRONMENT AMERICA ACTION FUND	COLUMBUS, OH 43212 1429 WALNUT ST PHILADELPHIA, PA 19102 PO BOX 51236	82-4638940 46-1148324	150,000. 714,000.	
FLIP NC FOR FLORIDA'S FUTURE PC	DURHAM, NC 27727 1001 NW 62ND ST FT LAUDER., FM 33309 1411 K ST NW #900	82-4534753 82-2357024	10,000. 93,092.	
FOR OUR FUTURE	WASHINGTON, DC 20005 4950 S YOSEMITE ST	81-2158866	2,319,493.	
GOOD JOBS COLORADO GREATER WISCONSIN POLITICAL FUND	GREENWOOD V., CO 80111 PO BOX 861 MADISON, WI 53701 1331 G ST NW #900	83-0862715 20-4668584	300,000. 50,000.	
HOUSE MAJORITY PAC	WASHINGTON, DC 20005 611 PENNSYLVANIA AVE	45-1672898	1,680,000.	
LETAMERICA VOTE MICHIGAN PLANNED PARENTHOOD VOTES MOVEON.ORG	WASHINGTON, DC 20003 115 W ALLEGAN ST LANSING, MI 48933 1442 WALNUT ST	81-5201850 47-1644866	50,000. 654,000.	
POLITICAL ACTION NEVADA CONSERVATION LEAGUE PAC	BERKELEY, CA 94709 2275 RENAISSANCE DR LAS VEGAS, NV 89119	94-3324022 11-3399458	200,000. 100,000.	
NEW AMERICAN JOBS FUND	740 15TH ST, NW WASHINGTON, DC 20005	81-3567453	75,000.	
NM WORKING FAMILIES PARTY	1123 KENT ST NW ALBUQUERQUE, NM 87102	81-4048239	43,000.	
PENNSYLVANIA UNITED ACTION CMTE	841 CALIFORNIA AVE PITTSBURGH, PA 15212	83-1519145	286,500.	
PLANNED PARENTHOOD ACTION FUND PPV	123 WILLIAM ST NEW YORK, NY 10038	13-4128897	150,000.	
PLANNED PARENTHOOD PENNSYLVANIA VOTES	1514 N 2ND ST HARRISBURG, PA 17102	83-0815675	748,000.	
PLANNED PARENTHOOD VOTES OHIO	206 E STATE ST COLUMBUS, OH 43215	82-3746062	300,000.	
PRIORITIES USA ACTION	1150 18TH ST NW WASHINGTON, DC 20036 35 COMMUNITY DR	37-1635320	500,000.	
REBUILD MAINE	AUGUSTA, ME 04330 1126 16TH ST NW	46-0785771	140,000.	
UNIDOS US ACTION	WASHINGTON, DC 20036 1536 U ST NW	83-1407253	507,000.	
WIN JUSTICE	WASHINGTON, DC 20009 1800 M ST NW #375N	82-4655706	1,790,000.	
WOMEN VOTE	WASHINGTON, DC 20036	52-1391360	1,149,500.	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

AMERICA VOTES

26-4568349

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

Yes/No table for 3a(i), 3a(ii), and 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(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 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	67,842.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	75,684.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	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 XIII Supplemental Information.

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

FASB ASC 740-10

FOR THE YEAR ENDED JUNE 30, 2019, AMERICA VOTES HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE

FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO

MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR

DISCLOSURE IN THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ

Open to Public Inspection

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

Name of the organization

Employer identification number

AMERICA VOTES

26-4568349

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GROSS CONTRIBUTIONS 1155 CONN AVE, WASH, DC			X	63,715,942.		63,715,942.
2 SHELLIE LEVIN SOLUTIONS 22800 SW 157 MIAMI, FL	LARGE DONOR		X		90,000.	-90,000.
3 STRAUS BAKER LLC 79 MADISON AVE NY, NY	LARGE DONOR		X		66,791.	-66,791.
4						
5						
6						
7						
8						
9						
10						
Total				63,715,942.	156,791.	63,559,151.

3 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,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	(total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through 9 in column (d)				
	11	Net income summary Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain _____

- 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in

	a The organization's facility	13a		%
	b An outside facility	13b		%
- 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 revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the 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 I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICA VOTES

2018
**Open to Public
Inspection**

OMB No 1545-0047

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ADVANCE NORTH CAROLINA PO BOX 27421 RALEIGH, NC 27611	47-2740671	501(C)(4)	195,000.				GENERAL SUPPORT
(2) ALLIANCE FOR A BETTER MINNESOTA 1600 UNIVERSITY AVE #309 ST. PAUL, MN 55104	26-0317208	501(C)(4)	120,000.				GENERAL SUPPORT
(3) AMERICA VOTES ACTION FUND 1155 CONNECTICUT AVE WASHINGTON, DC 20036	27-4522665	527	463,000.				GENERAL SUPPORT
(4) ARIZONA WINS 530 E MCDOWELL RD PHOENIX, AZ 85004	36-4781665	501(C)(4)	2,676,000.				GENERAL SUPPORT
(5) BATTLE BORN PROGRESS 2657 WINDMILL PKWY #619 HENDERSON, NV 89119	27-0854852	501(C)(4)	97,350.				GENERAL SUPPORT
(6) BATTLEGROUND RESEARCH 35 E GAY STREET #403 COLUMBUS, OH 43215	45-4330935		300,000.				GENERAL SUPPORT
(7) BLACK CIVIC NETWORK 986 MARYLAND AVE E ST PAUL, MN 55106	82-4728514	501(C)(4)	30,000.				GENERAL SUPPORT
(8) BLACK PROGRESSIVE ACTION COALITION 700 13TH STREET NW WASHINGTON, DC 20005	81-1514760	501(C)(4)	4,580,000.				GENERAL SUPPORT
(9) BLACK VOTERS MATTER FUND 3390 STONEMALL TELL RD ATLANTA, GA 30349	81-3625061	501(C)(4)	50,000.				GENERAL SUPPORT
(10) BLACK PAC 700 13TH STREET NW WASHINGTON, DC 20005	81-1460820	527	1,700,000.				GENERAL SUPPORT
(11) BLOC 3427 W ST. PAUL AVENUE MILWAUKEE, WI 53208	45-3860271	501(C)(4)	170,000.				GENERAL SUPPORT
(12) BY THE PEOPLE PO BOX 130 RALEIGH, NC 27612	83-1871435	501(C)(4)	200,000.				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (2018)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

OMB No 1545-0047

2018

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CASA IN ACTION 8151 15TH AVENUE HYATTSVILLE, MD 20783	27-2145405	501(C)(4)	150,000.				GENERAL SUPPORT
(2) CASA IN ACTION PAC 8151 15TH AVENUE HYATTSVILLE, MD 20783	83-1625492	527	200,000.				GENERAL SUPPORT
(3) CASE ACTION 801 N 2ND AVENUE PHOENIX, AZ 85003	26-1689914	501(C)(3)	250,000.				GENERAL SUPPORT
(4) CENTER FOR CIVIC POLICY PO BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501(C)(3)	150,000.				GENERAL SUPPORT
(5) CENTER FOR POPULAR DEMOCRACY INC. 449 TROUTMAN STREET #A BROOKLYN, NY 11237	45-3860271	501(C)(4)	100,000				GENERAL SUPPORT
(6) CIVIC INNOVATION WORKS INC. 815 16TH ST. 6TH FL WASHINGTON, DC 20006	46-3733471	501(C)(4)	100,000.				GENERAL SUPPORT
(7) CLEAN WATER ACTION 23885 DENTON CLINTON TOWNSHIP, MI 48036	23-7128611	501(C)(4)	17,000.				GENERAL SUPPORT
(8) COALITION OF BLACK TRADE UNIONISTS 1155 CONNECTICUT AVE WASHINGTON, DC 20036	52-1128179	501(C)(5)	125,000.				GENERAL SUPPORT
(9) COLORADANS CREATING OPPORTUNITY PO BOX 100292 DENVER, CO 80250	47-2607588	527	80,000.				GENERAL SUPPORT
(10) COLORADANS FOR FAIRNESS PO BOX 102766 DENVER, CO 80250	81-4420090	527	100,000.				GENERAL SUPPORT
(11) COMMON CAUSE 805 15TH STREET, NW WASHINGTON, DC 20005	52-6078441	501(C)(4)	15,000.				GENERAL SUPPORT
(12) CONSERVATION OHIO 1145 CHESAPEAKE AVE #1 COLUMBUS, OH 43212	82-4638940	527	150,000.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2018)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICA VOTES

Employer identification number
26-4568349

OMB No 1545-0047

2018

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CONSERVATION VOTERS OF PA BOX 2125 PHILADELPHIA, PA 19103	27-0800179	501 (C) (4)	50,000				GENERAL SUPPORT
(2) DEMOCRACY FIRST COLORADO 1567 S UNIVERSITY BLVD DENVER, CO 80210	83-4200202	501 (C) (4)	75,000				GENERAL SUPPORT
(3) DEMOCRATIC LEGISLATIVE CAMPAIGN CMTE 1225 I ST. NW #1250 WASHINGTON, DC 20005	52-1870839	527	100,000				GENERAL SUPPORT
(4) EMGAGE ACTION 3425 US HWY 98 NORTH LAKE LAND, FL 33809	46-5499822	501 (C) (4)	39,000				GENERAL SUPPORT
(5) ENVIRONMENT AMERICA ACTION FUND 1429 WALNUT ST #1100 PHILADELPHIA, PA 19102	46-1148324	527	714,000				GENERAL SUPPORT
(6) ENVIRONMENT AMERICA INC 1543 WAZEE STREET #410 DENVER, CO 80202	20-5355252	501 (C) (4)	50,000				GENERAL SUPPORT
(7) EQUALITY NORTH CAROLINA PO BOX 28768 RALEIGH, NC 27611	02-0662714	501 (C) (4)	50,000				GENERAL SUPPORT
(8) FAIR WISCONSIN INC 122 EAST OLIN AVE 3100 MADISON, WI 53703	39-1785179	501 (C) (4)	180,000				GENERAL SUPPORT
(9) FAITH IN ACTION FUND 980 N CAPITOL ST, NE WASHINGTON, DC 20002	45-4434103	501 (C) (4)	25,000				GENERAL SUPPORT
(10) FAITH IN FLORIDA ACTION FUND 406 E AMELIA STREET ORLANDO, FL 32803	46-2153087	501 (C) (4)	50,000				GENERAL SUPPORT
(11) FAITH IN PUBLIC LIFE ACTION FUND PO BOX 33668 WASHINGTON, DC 20033	26-3827419	501 (C) (4)	250,000				GENERAL SUPPORT
(12) FLIC VOTES 2800 BISCAYNE BLVD #200 MIAMI, FL 33137	81-2185907	501 (C) (4)	60,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2018)

**SCHEDULE I
(Form 990)**

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

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICA VOTES

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

Employer identification number
26-4568349

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FLIP NC PO BOX 51236 DURHAM, NC 27727	82-4534753	527	10,000.				GENERAL SUPPORT
(2) FOR FLORIDA'S FUTURE FC 1001 NW 62ND ST FT LAUDERDALE, FL 33309	82-2357024	527	93,092.				GENERAL SUPPORT
(3) FOR OUR FUTURE 1411 K STREET NW #900 WASHINGTON, DC 20005	81-2158866	527	2,319,493.				GENERAL SUPPORT
(4) FOR OUR FUTURE ACTION FUND 1411 K STREET, NW #900 WASHINGTON, DC 20005	81-2638345	501(C) (4)	4,440,000.				GENERAL SUPPORT
(5) GEORGIA INVESTOR ACTION FUND 15430 DEKALB AVENUE #A ATLANTA, GA 30307	47-4777204	501(C) (4)	160,000.				GENERAL SUPPORT
(6) GIFFORDS PO BOX 51196 WASHINGTON, DC 20091	46-5592432	501(C) (4)	500,000.				GENERAL SUPPORT
(7) GOOD JOBS COLORADO 4950 S YOSEMITE GREENWOOD VILLAGE, CO 80111	83-0862715	527	300,000.				GENERAL SUPPORT
(8) GOOD JOBS NOW 1566 LEVERETTE STREET DETROIT, MI 48216	45-3860271	501(C) (4)	375,000.				GENERAL SUPPORT
(9) GREATER WISCONSIN POLITICAL FUND PO BOX 861 MADISON, WI 53701	20-4668584	527	50,000.				GENERAL SUPPORT
(10) HIGH GROUND ACTION FUND 544 E OGDEN AVE MILWAUKEE, WI 53202	81-2132531	501(C) (4)	325,000.				GENERAL SUPPORT
(11) HOUSE MAJORITY PAC 1331 G STREET, NW #900 WASHINGTON, DC 20005	45-1672898	527	1,680,000.				GENERAL SUPPORT
(12) IVOTE PO BOX 382175 CAMBRIDGE, MA 02238	46-2919706	501(C) (4)	50,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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) (2018)

**SCHEDULE I
(Form 990)**

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

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICA VOTES

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

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KEYSTONE PROGRESS 2973 JEFFERSON STREET HARRISBURG, PA 17110	26-4165741	501(C)(4)	35,000.				GENERAL SUPPORT
(2) LCV VICTORY FUND 740 15TH ST, NW WASHINGTON, DC 20005	27-3145176	527	2,510,000.				GENERAL SUPPORT
(3) LEADERS IGNITING TRANSFORMATION 2821 N 4TH STREET #213 MILWAUKEE, WI 53212	82-3166802	501(C)(4)	50,000.				GENERAL SUPPORT
(4) LEAGUE OF CONSERVATION VOTERS 740 15TH ST, NW WASHINGTON, DC 20005	52-1733698	501(C)(4)	640,000.				GENERAL SUPPORT
(5) LEAGUE OF WOMEN VOTERS OF OHIO 100 E BROAD STREET #1310 COLUMBUS, OH 43215	34-0439175	501(C)(4)	15,000.				GENERAL SUPPORT
(6) LET AMERICA VOTE 611 PENNSYLVANIA AVE WASHINGTON, DC 20003	81-5201850	527	50,000				GENERAL SUPPORT
(7) LIVING UNITED FOR CHANGE IN AMERICA 5716 N 19TH AVE PHOENIX, AZ 85015	27-1398645	501(C)(4)	836,480.				GENERAL SUPPORT
(8) MI ORGANIZING STRATEGY ENABLING STRENGTH 200 BAGLEY STREET #212 DETROIT, MI 48226	82-3243368	501(C)(4)	282,500.				GENERAL SUPPORT
(9) MAKE IT WORK NEVADA 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	157,050.				GENERAL SUPPORT
(10) MAKE NORTH CAROLINA FIRST 3739 NATIONAL DRIVE #210 RALEIGH, NC 27612	46-3981642	501(C)(4)	300,000.				GENERAL SUPPORT
(11) MAKE THE ROAD ACTION 449 TROUTMAN STREET #C BROOKLYN, NY 11237	27-1408443	501(C)(4)	571,000.				GENERAL SUPPORT
(12) MI FAMILIA VOTA 1710 E INDIAN SCHOOL RD PHOENIX, AZ 85016	81-0668995	501(C)(4)	523,733.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MICHIGAN LEAGUE OF CONSERVATION VOTERS 3029 MILLER ROAD ANN ARBOR, MI 48103	38-3481677	501(C)(4)	328,500				GENERAL SUPPORT
(2) MICHIGAN LEAGUE OF RESPONSIBLE VOTERS 215 S WASHINGTON SQ LANSING, MI 48933	26-0900990	501(C)(4)	50,611.				GENERAL SUPPORT
(3) MICHIGAN PEOPLES CAMPAIGN 2287 MEDFORD ROAD ANN ARBOR, MI 48104	46-4173944	501(C)(4)	150,000.				GENERAL SUPPORT
(4) MICHIGAN PLANNED PARENTHOOD VOTES 115 W ALLEGAN STREET #500 LANSING, MI 48933	47-1644866	527	654,000.				GENERAL SUPPORT
(5) MINNESOTA YOUTH COLLECTIVE 1600 UNIVERSITY AVE ST. PAUL, MN 55104	82-3554493	501(C)(4)	40,000.				GENERAL SUPPORT
(6) MOTHERING JUSTICE ACTION FUND 777 LIVERNOIS FERDALE, MI 48073	82-2828323	501(C)(4)	249,000.				GENERAL SUPPORT
(7) MOVE BALLOT FUND 4526 PASEO BLVD KANSAS CITY, MO 64110	82-3174661	527	250,000				GENERAL SUPPORT
(8) MOVEON.ORG POLITICAL ACTION 1442 WALNUT STREET #358 BERKELEY, CA 94709	94-3324002	527	200,000.				GENERAL SUPPORT
(9) NC A PHILIP RANDOLPH EDUCATIONAL FUND 1408 HILLSBOROUGH ST RALEIGH, NC 27605	47-3555626	501(C)(4)	165,000.				GENERAL SUPPORT
(10) NC CITIZENS FOR PROTECTING OUR SCHOOLS 3739 NATIONAL DRIVE #105 RALEIGH, NC 27612	45-22294710	501(C)(4)	55,000.				GENERAL SUPPORT
(11) NC LATINO POWER 4907 GARRETT ROAD DURHAM, NC 27707	81-22248241	501(C)(4)	58,000.				GENERAL SUPPORT
(12) NEVADA CONSERVATION LEAGUE 2275 A RENAISSANCE DR LAS VEGAS, NV 89119	88-0497866	501(C)(4)	100,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICA VOTES

Employer identification number
26-4568349

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEVADA CONSERVATION LEAGUE PAC 2275 RENAISSANCE DR LAS VEGAS, NV 89119	11-3399458	527	100,000.				GENERAL SUPPORT
(2) NEVADANS FOR SECURE ELECTIONS 401 S CURRY STREET CARSON CITY, NV 89703	83-0769395	501(C)(4)	275,000.				GENERAL SUPPORT
(3) NEW AMERICAN JOBS FUND 740 15TH STREET, NW WASHINGTON, DC 20005	81-3567453	527	75,000.				GENERAL SUPPORT
(4) NEW DATA PROJECT 641 S ST, NW 4TH FL WASHINGTON, DC 20001	82-1665424	501(C)(4)	120,000				GENERAL SUPPORT
(5) NEW GEORGIA PROJECT ACTION FUND 165 COURTLAND STREET #A ATLANTA, GA 30303	82-0934131	501(C)(4)	100,000.				GENERAL SUPPORT
(6) NEW MAINERS ALLIANCE 265 LISBON STREET LEWISTON, ME 04240	81-3550799	501(C)(4)	10,000.				GENERAL SUPPORT
(7) NEW MEXICO NATIVE VOTE PO BOX 35698 ALBUQUERQUE, NM 87176	83-1860603	501(C)(4)	20,000.				GENERAL SUPPORT
(8) NM WORKING FAMILIES PARTY 1123 KENT STREET, NW ALBUQUERQUE, NM 87102	81-4048239	527	43,000.				GENERAL SUPPORT
(9) OHIO VOICE 394 E TOWN STREET COLUMBUS, OH 43215	82-3381404	501(C)(3)	85,000.				GENERAL SUPPORT
(10) ONE APIA NEVADA 6675 S TENAYA WAY #200 LAS VEGAS, NV 89113	83-0846881	501(C)(4)	200,000				GENERAL SUPPORT
(11) ONE ARIZONA 340 E MCDOWELL RD PHOENIX, AZ 85004	37-1782220	501(C)(3)	55,000.				GENERAL SUPPORT
(12) ORGANIZE FLORIDA 134 E COLONIAL DRIVE ORLANDO, FL 32801	27-1869914	501(C)(4)	410,000.				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▲**
- 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) (2018)

SCHEDULE I
(Form 990)

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

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ORGANIZE PENNSYLVANIA 1414 BRIGHTON ROAD PITTSBURGH, PA 15212	45-2043538	501(C)(4)	162,500.				GENERAL SUPPORT
(2) OUR VOICE, OUR VOTE ARIZONA 1241 E WASHINGTON ST #103 PHOENIX, AZ 85034	82-3222019	501(C)(4)	123,333.				GENERAL SUPPORT
(3) PA ALLIANCE ACTION 1500 JFK BLVD PHILADELPHIA, PA 19102	82-3537729	501(C)(4)	50,000.				GENERAL SUPPORT
(4) PENNSYLVANIA UNITED 841 CALIFORNIA AVE PITTSBURGH, PA 15212	82-3674888	501(C)(4)	125,000.				GENERAL SUPPORT
(5) PENNSYLVANIA UNITED ACTION CMTÉ 841 CALIFORNIA AVE PITTSBURGH, PA 15212	83-1519145	527	286,500.				GENERAL SUPPORTQ
(6) PLANNED PARENTHOOD ACTION FUND PPV 123 WILLIAM STREET NEW YORK, NY 10038	13-4128897	527	150,000				GENERAL SUPPORT
(7) PLANNED PARENTHOOD ADVOCATES OF MICHIGAN PO BOX 15041 LANSING, MI 48901	38-2765858	501(C)(4)	115,000.				GENERAL SUPPORT
(8) PLANNED PARENTHOOD ADVOCATES OF WI 302 N JACKSON ST MILWAUKEE, WI 53202	39-1678012	501(C)(4)	100,000.				GENERAL SUPPORT
(9) PLANNED PARENTHOOD PENNSYLVANIA VOTES 1514 N 2ND STREET HARRISBURG, PA 17102	83-0815675	527	748,000.				GENERAL SUPPORT
(10) PLANNED PARENTHOOD VOTES OHIO 206 E STATE STREET COLUMBUS, OH 43215	82-3746062	527	300,000.				GENERAL SUPPORT
(11) PRIORITIES USA ACTION 1150 18TH ST, NW #750 WASHINGTON, DC 20036	37-1635320	527	500,000.				GENERAL SUPPORT
(12) PROGRESS MICHIGAN 614 SEYMOUR AVE LANSING, MI 48933	26-0900990	501(C)(4)	269,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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) (2018)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

OMB No 1545-0047

2018

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PROGRESS NOW AZ 530 E MCDOWELL RD PHOENIX, AZ 85004	36-4781665	501(C)(4)	125,000				GENERAL SUPPORT
(2) PUSHBLACK NOW 625 MONROE ST NW WASHINGTON, DC 20007	81-3839071	501(C)(4)	50,000				GENERAL SUPPORT
(3) REBUILD MAINE 35 COMMUNITY DRIVE AGUSTA, ME 04330	46-0785771	527	140,000				GENERAL SUPPORT
(4) RIGHTS & DEMOCRACY PROJECT 70 S WINDOSKI AVE BURLINGTON, VT 05401	47-3746922	501(C)(4)	12,500				GENERAL SUPPORT
(5) RISING VOICES FOR ASIAN AMERICAN FAMILIES 614 SEYMOUR AVE LANSING, MI 48933	26-0900874	501(C)(4)	50,000				GENERAL SUPPORT
(6) SOMOS ACTION 1804 ESPINACITAS ST SANTE FE, NM 87505	83-1487234	501(C)(4)	17,000				GENERAL SUPPORT
(7) STAND UP FOR OHIO 25 E BOARDMAN ST #230 YOUNGSTOWN, OH 44503	26-3064170	501(C)(4)	395,000				GENERAL SUPPORT
(8) STOP DECEPTIVE AMENDMENTS PO BOX 825 RALEIGH, NC 27602	83-1846942	501(C)(4)	550,000				GENERAL SUPPORT
(9) TAKE ACTION MN 705 RAYMOND AVE #100 ST PAUL, MN 55114	20-3338691	501(C)(4)	65,000				GENERAL SUPPORT
(10) THE NEW FLORIDA MAJORITY 10800 BISCAYNE BLVD #1050 MIAMI, FL 33161	27-0167620	501(C)(4)	515,000				GENERAL SUPPORT
(11) UNIDOS US ACTION 1126 16TH ST NW WASHINGTON, DC 20036	83-1407253	527	507,000				GENERAL SUPPORT
(12) UNITED WE DREAM ACTION 1900 L STREET, NW #900 WASHINGTON, DC 20036	46-5216666	501(C)(4)	55,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VOCES DE LA FRONTERA ACTION 1027 S 5TH STREET MILWAUKEE, WI 53204	02-0759160	501(C)(4)	185,000.				GENERAL SUPPORT
(2) WE THE PEOPLE ACTION FUND 614 SEYMOUR LANSING, MI 48933	26-0900990	501(C)(4)	45,000.				GENERAL SUPPORT
(3) WIN JUSTICE 1536 U STREET, NW WASHINGTON, DC 20009	82-4655706	527	1,790,000.				GENERAL SUPPORT
(4) WIN MINNESOTA 1600 UNIVERSITY AVE ST PAUL, MN 55104	74-3238362	501(C)(4)	6,142.				GENERAL SUPPORT
(5) WISCONSIN LEAGUE OF CONSERVATION VOTERS 133 S BUTLER STREET #320 MADISON, WI 53703	39-2018854	501(C)(4)	10,000.				GENERAL SUPPORT
(6) WISDOM ACTION NETWORK 2821 N VEL PHILLIPS MILWAUKEE, WI 53212	82-4196797	501(C)(4)	30,000.				GENERAL SUPPORT
(7) WOMEN VOTE 1800 M ST NW #375N WASHINGTON, DC 20036	52-1391360	527	1,149,500.				GENERAL SUPPORT
(8) WORKING AMERICA 815 16TH STREET, NW WASHINGTON, DC 20006	20-0263611	501(C)(5)	972,400.				GENERAL SUPPORT
(9) WORKING AMERICA EDUCATION FUND 815 16TH STREET, NW WASHINGTON, DC 20006	20-2035052	501(C)(3)	150,000.				GENERAL SUPPORT
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.
- 3 Enter total number of other organizations listed in the line 1 table 112.

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

Schedule I (Form 990) (2018)

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

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

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

PART I LINE 2

AMERICA VOTES MAINTAINS ONGOING CONTACT WITH THESE ORGANIZATIONS AND THUS

IS ABLE TO MONITOR THE USE OF THEIR GRANTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization
AMERICA VOTES

Employer identification number
26-4568349

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- 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.

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 in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GREG SPEED DIRECTOR/PRESIDENT	(i)	253,217.	0.	0.	10,454.	24,159.	287,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SARA SCHREIBER MANAGING DIRECTOR	(i)	176,361.	0.	0.	6,630.	6,419.	189,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 BUBBA SCOTT NUNNERY NATIONAL POLITICAL DIRECTOR	(i)	162,628.	0.	0.	6,474.	7,387.	176,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JOSIETTE WHITE NATIONAL FIELD DIRECTOR	(i)	147,453.	0.	0.	5,646.	6,804.	159,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

SCHEDULE O
(Form 990-or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

POLICIES

THE TAX RETURN IS PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED BY THE
BOARD CHAIR, PRESIDENT, TRESURER, 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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CENTER FOR VOTER INFORMATION 1707 L STREET NW #300 WASHINGTON, DC 20036	COMMUNICATIONS	2,584,351.
BRUSHFIRE LLC 3000 K STREET NW #320 WASHINGTON, DC 20007	COMMUNICATIONS	976,713.
NGP VAN INC PO BOX 392264 PITTSBURGH, PA 15251	DATA SERVICES	954,508.
THE VOTER PARTICIPATION CENTER 1707 L STREET, NW #300 WASHINGTON, DC 20036	COMMUNICATIONS	1,161,830.
BOUCHARD GOLD COMMUNICATIONS LLC 5900 BALCONES DRIVE #110 AUSTIN, TX 78731	COMMUNICATIONS	425,985.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

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

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: AMERICA VOTES ACTION FUND, POLITICAL, DC, 527, AMER. VOTES, X.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICA VOTES ACTION FUND	1B	463,000.	ACTUAL AMOUNT
(2) AMERICA VOTES ACTION FUND	1L		LESS THAN \$50K
(3) AMERICA VOTES ACTION FUND	1O	153,994.	ACTUAL AMOUNT
(4) AMERICA VOTES ACTION FUND	1Q	174,793.	ACTUAL AMOUNT
(5)			
(6)			

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

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

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related or unrelated) excluded from tax under sections 512-514	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII Supplemental Information

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