

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.


**A** For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated/Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>AMERICA VOTES</u>		<b>D</b> Employer identification number <u>26-4568349</u>
	Doing business as		<b>E</b> Telephone number <u>(202) 962-7270</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <u>29,735,373.</u>
	<u>1155 CONNECTICUT AVE NW #600</u>		
City or town, state or province, country, and ZIP or foreign postal code <u>WASHINGTON, DC 20036</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <u>GREG SPEED</u> <u>SAME AS ABOVE, WASHINGTON, DC 20036</u>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( <u>4</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <u>WWW.AMERICAVOTES.ORG</u>			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>2009</u> <b>M</b> State of legal domicile: <u>DC</u>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO COORDINATE AND PROMOTE PROGRESSIVE ISSUES, POLICIES, INITIATIVES AND REFERENDA, AND TO PURSUE ELECTORAL REFORM THAT EXPANDS ACCESS TO THE BALLOT.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>24</u>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>23</u>	
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>71</u>	
	<b>6</b> Total number of volunteers (estimate if necessary)		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>0.</u>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>63,715,942.</u>	<u>29,467,188.</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>0.</u>	<u>0.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,934.</u>	<u>6,401.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>204,278.</u>	<u>186,676.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>63,924,154.</u>	<u>29,660,265.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>43,496,984.</u>	<u>15,495,500.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>5,112,605.</u>	<u>5,747,365.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>156,791.</u>	<u>195,662.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>971,035.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>10,923,124.</u>	<u>7,453,157.</u>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>59,689,504.</u>	<u>28,891,684.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>4,234,650.</u>	<u>768,581.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<u>8,752,311.</u>	<u>10,885,775.</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>650,041.</u>	<u>2,014,924.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>8,102,270.</u>	<u>8,870,851.</u>

**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.

<b>Sign Here</b>		<u>05/04/2021</u>
	Signature of officer <b>GREG SPEED</b> Type or print name and title	Date <b>PRESIDENT</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY C GILBERT CPA</b>	Preparer's signature	Date <u>05/04/2021</u>	Check <input type="checkbox"/> If self-employed	PTIN <u>P00956578</u>
	Firm's name ▶ <b>GILBERT &amp; WOLFAND, P.C.</b>	Firm's EIN ▶ <u>52-1263814</u>		Phone no. <u>202-342-6000</u>	
	Firm's address ▶ <u>2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

**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?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 16,907,799. including grants of \$ 9,515,500. ) (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 \$ 8,966,905. including grants of \$ 5,980,000. ) (Revenue \$ )

AMERICA VOTES WORKED TO COORDINATE ELECTION CAMPAIGNS.

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

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

**4e** Total program service expenses **▶** 25,874,704.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, W-2G forms, and backup withholding rules.



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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 71		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	X	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on 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 (24), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, FL, GA, 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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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  X

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

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

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

Check this box if neither the organization nor any related organization compensated any current 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) GREG SPEED DIRECTOR/PRESIDENT	40.00 0.	X		X				256,944.	0.	31,496.
(2) SARA SCHREIBER MANAGING DIRECTOR	40.00 0.			X				174,442.	0.	12,622.
(3) BUBBA SCOTT NUNNERY NATIONAL POLITICAL DIRECTOR	40.00 0.				X			165,829.	0.	15,027.
(4) JOSIETTE WHITE NATIONAL FIELD DIRECTOR	40.00 0.					X		145,371.	0.	17,130.
(5) SUSAN FINKLE-SOURLIS CFO	40.00 0.			X				134,166.	0.	5,795.
(6) JOSHUA GEISE STATE DIRECTOR	40.00 0.					X		105,515.	0.	22,724.
(7) EMILY CALLEN NATL DATA DIRECTOR	40.00 0.					X		109,323.	0.	9,150.
(8) EVAN KOST DEVELOPMENT DIR	40.00 0.					X		108,762.	0.	8,451.
(9) PATRICK SCHUH STATE DIRECTOR	40.00 0.					X		100,644.	0.	5,567.
(10) CHRISTY BAILEY DIRECTOR	1.00 0.	X						0.	0.	0.
(11) RICHARD FARFAGLIA DIRECTOR	1.00 0.	X						0.	0.	0.
(12) PAGE GARDNER DIRECTOR	1.00 0.	X						0.	0.	0.
(13) SETH JOHNSON DIRECTOR/BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(14) CRAIG KAPLAN 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) LESLIE MARTES ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 16) MATT MORRISON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 17) MIKE PODHORZER ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 18) FRANK SMITH ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 19) WENDY WENDLANDT ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 20) JODEE WINTERHOF ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 21) JOE ZIMLICH ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 22) DEEPAK PATERIYA ----- DIRECTOR/TREASURER	1.00 0.	X		X			0.	0.	0.	
( 23) MELISSA WILLIAMS ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 24) PETER AMBLER ----- DIRECTOR RESIGNED NOV 2019	1.00 0.	X					0.	0.	0.	
( 25) SHIRIN BIDEL NIYAT ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							1,300,996.	0.	127,962.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,300,996.	0.	127,962.	

**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 **▶** 9

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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
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 **▶** 5

**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) ARIEL HAYES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.	
( 27) MARIA PERALTA ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.	
( 28) JENNY LAWSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.	
( 29) JOE DENNISON ----- DIRECTOR RESIGNED FEB 2020	1.00 ----- 0.	X						0.	0.	0.	
( 30) KAREN GASPER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.	
( 31) HEATHER HARGREAVES ----- DIRECTOR RESIGNED JULY 2019	1.00 ----- 0.	X						0.	0.	0.	
( 32) JOANNA BELANGER ----- DIRECTOR BEGAN DEC 2019	1.00 ----- 0.	X						0.	0.	0.	
( 33) BRANDON BOSWELL ----- DIRECTOR BEGAN FEB 2020	1.00 ----- 0.	X						0.	0.	0.	
( 34) PETE MAYSMITH ----- DIRECTOR BEGAN OCT 2019	1.00 ----- 0.	X						0.	0.	0.	
( 35) BEN WESSEL ----- DIRECTOR BEGAN JULY 2019	1.00 ----- 0.	X						0.	0.	0.	
<b>1b Sub-total</b> . . . . .								0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>d Total (add lines 1b and 1c)</b> . . . . .											

**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 **▶** 9

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	29,467,188.				
	g	Noncash contributions included in lines 1a-1f. . . . .	1g	\$ 75,000.				
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		29,467,188.				
<b>Program Service Revenue</b>	2a	Business Code						
	b							
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0.				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		3,990.			3,990.	
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties . . . . . ▶		0.				
	6a	Gross rents . . . . .	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) . . . . . ▶		0.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	77,519.	0.		
				(ii) Other				
	b	Less: cost or other basis and sales expenses . .	7b	75,000.	108.			
	c	Gain or (loss) . . . . .	7c	2,519.	-108.			
d	Net gain or (loss) . . . . . ▶		2,411.	-108.		2,519.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a		0.				
				0.				
				0.				
b	Less: direct expenses . . . . .	8b						
c	Net income or (loss) from fundraising events. . . . . ▶		0.					
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a		0.				
				0.				
				0.				
b	Less: direct expenses . . . . .	9b						
c	Net income or (loss) from gaming activities. . . . . ▶		0.					
10a	Gross sales of inventory, less returns and allowances . . . . .	10a		0.				
				0.				
				0.				
b	Less: cost of goods sold . . . . .	10b						
c	Net income or (loss) from sales of inventory. . . . . ▶		0.					
<b>Miscellaneous Revenue</b>	11a	REIMB PERSONNEL/OVERHEAD		184,329.	184,329.			
	b	MISCELLANEOUS INCOME		2,347.	2,347.			
	c							
	d	All other revenue . . . . .						
	e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		186,676.				
12	<b>Total revenue.</b> See instructions . . . . . ▶		29,660,265.	186,568.		6,509.		

**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  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	15,495,500.	15,495,500.		
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 . . . . .	847,208.	305,232.	274,176.	267,800.
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 . . . . .	4,018,017.	3,277,738.	547,573.	192,706.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	112,713.	93,633.	14,098.	4,982.
9 Other employee benefits . . . . .	384,148.	297,180.	63,390.	23,578.
10 Payroll taxes . . . . .	385,279.	285,413.	64,921.	34,945.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	95,670.		95,670.	
c Accounting . . . . .	211,771.		211,771.	
d Lobbying . . . . .	126,996.	126,996.		
e Professional fundraising services. See Part IV, line 17.	195,662.			195,662.
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.) <u>ATCH 2</u>	3,199,386.	2,930,198.	235,855.	33,333.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	235,207.		231,247.	3,960.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	648,224.	480,204.	109,226.	58,794.
17 Travel . . . . .	252,599.	178,055.		74,544.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	412,089.	331,358.		80,731.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	25,226.		25,226.	
23 Insurance . . . . .	35,170.		35,170.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>ISSUE ACTIVITIES</u>	1,492,743.	1,492,743.		
b <u>TELEPHONE/INTERNET</u>	137,622.		137,622.	
c <u>TRAINING</u>	580,454.	580,454.		
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	28,891,684.	25,874,704.	2,045,945.	971,035.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	6,052,065.	<b>1</b>	8,573,201.
	<b>2</b> Savings and temporary cash investments. . . . .	1,007,392.	<b>2</b>	1,379,898.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net. . . . .	1,518,324.	<b>4</b>	589,386.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	73,701.	<b>9</b>	232,933.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 166,154.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 109,541.		
		54,821.	<b>10c</b>	56,613.
	<b>11</b> Investments - publicly traded securities. . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	46,008.	<b>15</b>	53,744.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	8,752,311.	<b>16</b>	10,885,775.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	574,357.	<b>17</b>	1,519,974.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	75,684.	<b>25</b>	494,950.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	650,041.	<b>26</b>	2,014,924.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	4,254,813.	<b>27</b>	3,526,973.
	<b>28</b> Net assets with donor restrictions. . . . .	3,847,457.	<b>28</b>	5,343,878.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	8,102,270.	<b>32</b>	8,870,851.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	8,752,311.	<b>33</b>	10,885,775.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	29,660,265.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	28,891,684.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	768,581.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	8,102,270.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	8,870,851.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>		X
<b>3a</b>		X
<b>3b</b>		

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**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) . . . . . ▶ \$ 8,966,905.
- 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 . . . . . ▶ \$ 2,986,905.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ 5,980,000.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ 8,966,905.
- 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) A BETTER WISCONSIN TOGETHER POL FUND	6516 MONONA DRIVE MADISON, WI 53716	84-4295097	250,000.	0.
(3) BETTER COLORADO ALLIANCE	1567 S UNIVERSITY BLVD DENVER, CO 80210	83-2505764	112,500.	0.
(4) BLACKPAC	700 13TH ST, NW #600 WASHINGTON, DC 20005	81-1460820	500,000.	0.
(5) FLORIDA PLANNED PARENTHOOD PAC	736 CENTRAL AVE SARASOTA, FL 34236	46-5055821	100,000.	0.
(6) LEADING COLORADO FORWARD	1567 S UNIVERSITY BLVD DENVER, CO 80210	83-2522034	112,500.	0.

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

Schedule C (Form 990 or 990-EZ) 2019

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 main 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...; 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, Amount. 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); 2a Current year; 2b Carryover from last year; 2c 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.

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**Part IV** Supplemental Information *(continued)*

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**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
PLANNED PARENTHOOD ADVOCATES WI POL	302 N JACKSON ST MILWAUKEE, WI 53202 700 13TH STREET, NW	27-3225544	100,000.	
SOMOS PAC	WASHINGTON, DC 20005	84-3253759	500,000.	



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.

2019

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2019

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 make 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 program
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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f 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 Term 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:

Table with 3 columns: (i) Unrelated organizations, (ii) Related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Sub-table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- 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 5 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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	4,000.
(3) ACCRUED PAYROLL LIABILITIES	127,697.
(4) DEFERRED RENT PAYABLE	363,253.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	494,950.

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 FASB 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.

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

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**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, 2020, 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)*

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**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.

**2019**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
AMERICA VOTES

Employer identification number  
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			
<b>1</b> GROSS CONTRIBUTIONS 1155 CONN AVE, WASH, DC			X	29,467,188.		29,467,188.
<b>2</b> SHELLIE LEVIN SOLUTIONS 22800 SW 157 MIAMI, FL	LARGE DONOR		X		90,838.	-90,838.
<b>3</b> STRAUS BAKER LLC 79 MADISON AVE NY, NY	LARGE DONOR		X		104,824.	-104,824.
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				▶ 29,467,188.	195,662.	29,271,526.

**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, GA, 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	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> 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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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).

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**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

**2019**

**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
<b>(1)</b> ADVANCE NORTH CAROLINA PO BOX 27421 RALEIGH, NC 27611	47-2740671	501 (C) (4)	115,000.				GENERAL SUPPORT
<b>(2)</b> ALLIANCE FOR YOUTH ACTION 915 5TH ST,NW WASHINGTON, DC 20001	46-2914731	501 (C) (4)	500,000.				GENERAL SUPPORT
<b>(3)</b> 9 TO 5 NATIONAL ASSOC OF WORKING WOMEN 207 E BUFFALO ST MILWAUKEE, WI 53202	52-1210710	501 (C) (5)	55,000.				GENERAL SUPPORT
<b>(4)</b> A BETTER WI TOGETHER POL FUND 6516 MONONA DR MADISON, WI 53716	84-4295097	527	250,000.				GENERAL SUPPORT
<b>(5)</b> A BETTER WISCONSIN TOGETHER 6516 MONONA DR MADISON, WI 53716	84-3646174	501 (C) (4)	75,000.				GENERAL SUPPORT
<b>(6)</b> ACTION FOR LIBERATION 1565 MILITARY ROAD DETROIT, MI 48209	83-1522206	501 (C) (4)	114,000.				GENERAL SUPPORT
<b>(7)</b> ACTION NC 1817 CENTRAL AVE CHARLOTTE, NC 28205	27-2050581	501 (C) (4)	90,000.				GENERAL SUPPORT
<b>(8)</b> ACTION TOGETHER NEPA PO BOX 521 MOUNTAIN TOP, PA 18707	82-1570948	501 (C) (4)	55,000.				GENERAL SUPPORT
<b>(9)</b> ALIANZA FOR PROGRESS 11602 LAKE UNDERHILL RD ORLANDO, FL 32825	82-5519787	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(10)</b> ASIAN AMERICAN ADVOCACY FUND 5680 OAKBROOK PKWY NORCROSS, GA 30097	83-1198242	501 (C) (4)	100,000.				GENERAL SUPPORT
<b>(11)</b> ASIAN PACIFIC ISLANDER POL ALLIANCE 5010 WALTON AVE PHILADELPHIA, PA 19143	85-0685612	501 (C) (4)	117,000.				GENERAL SUPPORT
<b>(12)</b> BETTER COLORADO ALLIANCE 1567 S UNIVERSITY BLVD DENVER, CO 80210	83-2505764	527	112,500.				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) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICA VOTES

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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
<b>(1)</b> BLACK MALE VOTER PROJECT 384 NORTHYARDS BLVD NW ATLANTA, GA 30313	84-3530186	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(2)</b> BLACK PROGRESSIVE ACTION COALITION 700 13TH STREET WASHINGTON, DC 20005	81-1514760	501 (C) (4)	500,000.				GENERAL SUPPORT
<b>(3)</b> BLACK VOTERS MATTER FUND 3390 STONEWALL TELL RD ATLANTA, GA 30349	81-3625061	501 (C) (4)	100,000.				GENERAL SUPPORT
<b>(4)</b> BLACKPAC 700 13TH STREET NW WASHINGTON, DC 20005	81-1460820	527	500,000.				GENERAL SUPPORT
<b>(5)</b> CARE IN ACTION 45 BROADWAY NEW YORK, NY 10006	46-4605470	501 (C) (4)	100,000.				GENERAL SUPPORT
<b>(6)</b> CAROLINA FEDERATION PO BOX 61113 DURHAM, NC 27715	83-0936641	501 (C) (4)	60,000.				GENERAL SUPPORT
<b>(7)</b> CASA IN ACTION 8151 15TH AVE HYATTSVILLE, MD 20783	27-2145405	501 (C) (4)	315,000.				GENERAL SUPPORT
<b>(8)</b> CITIZEN ACTION OF WISCONSIN 221 S 2ND STREET MILWAUKEE, WI 53204	39-1424314	501 (C) (4)	225,000.				GENERAL SUPPORT
<b>(9)</b> CLEAN WATER ACTION 1444 EYE STREET NW WASHINGTON, DC 20005	23-7128611	501 (C) (4)	120,000.				GENERAL SUPPORT
<b>(10)</b> COLORADO ETHICS INSTITUTE 191 UNIVERSITY BLVD DENVER, CO 80206	84-4585348	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(11)</b> COMMON CAUSE 805 15TH STREET, NW WASHINGTON, DC 20005	52-6078441	501 (C) (4)	30,000.				GENERAL SUPPORT
<b>(12)</b> CONSERVATION VOTERS OF PA PO BOX 2125 PHILADELPHIA, PA 19103	27-0800179	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) (2019)

**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

**2019**

**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
<b>(1)</b> DATA SQUAD 705 8TH STREET, SE WASHINGTON, DC 20003	84-4031526	501 (C) (4)	250,000.				GENERAL SUPPORT
<b>(2)</b> DEMOCRATIC LEG CAMPAIGN CMPE 1225 I STREET, NW WASHINGTON, DC 20005	52-1870839	527	100,000.				GENERAL SUPPORT
<b>(3)</b> DOWN HOME NC 2617 SPRINGWOOD DRIVE GREENSBORO, NC 27403	26-2613701	501 (C) (4)	100,000.				GENERAL SUPPORT
<b>(4)</b> EQUAL GROUND ACTION FUND 424 E CENTRAL BLVD ORLANDO, FL 32801	83-4432795	501 (C) (4)	100,000.				GENERAL SUPPORT
<b>(5)</b> EQUALITY FLORIDA PO BOX 13184 ST PETERSBURG, FL 33733	47-1338104	501 (C) (4)	80,000.				GENERAL SUPPORT
<b>(6)</b> FAIR FIGHT ACTION 1270 CAROLINE STREET SE ATLANTA, GA 30307	47-1427359	501 (C) (4)	500,000.				GENERAL SUPPORT
<b>(7)</b> FAITH IN PUBLIC LIFE ACTION FUND PO BOX 33668 WASHINGTON, DC 20033	26-3827419	501 (C) (4)	70,000.				GENERAL SUPPORT
<b>(8)</b> FAMILY FRIENDLY ACTION FUND 114 N MAIN STREET CONCORD, NH 03301	83-1806898	501 (C) (4)	900,000.				GENERAL SUPPORT
<b>(9)</b> FARMERS EDUCATIONAL AND COOP UNION 117 W SPRING ST CHIPPEWA FALLS, WI 54729	39-0808571	501 (C) (5)	65,000.				GENERAL SUPPORT
<b>(10)</b> FLORIDA CONSERVATION VOTERS 1700 N MONROE STREET TALLAHASSEE, FL 32303	46-0560492	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(11)</b> FLORIDA PLANNED PARENTHOOD PAC 736 CENTRAL AVE SARASOTA, FL 34236	46-5055821	527	100,000.				GENERAL SUPPORT
<b>(12)</b> FOR OUR FUTURE ACTION FUND 1411 K STREET, NW #900 WASHINGTON, DC 20005	81-2638345	501 (C) (4)	915,000.				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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

AMERICA VOTES

Employer identification number

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**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
<b>(1)</b> INDIVISIBLE PROJECT PO BOX 43884 WASHINGTON, DC 20010	81-494067	501 (C) (4)	11,000.				GENERAL SUPPORT
<b>(2)</b> LEADERS IGNITING TRANSFORMATION 2821 N 4TH STREET #213 MILWAUKEE, WI 53212	82-3166802	501 (C) (4)	205,000.				GENERAL SUPPORT
<b>(3)</b> LEADING COLORADO FORWARD 1567 S UNIVERSITY BLVD DENVER, CO 80210	83-2522034	527	112,500.				GENERAL SUPPORT
<b>(4)</b> LEAGUE OF CONSERVATION VOTERS 740 15TH STREET NW WASHINGTON, DC 20005	52-1733698	501 (C) (4)	1,300,000.				GENERAL SUPPORT
<b>(5)</b> LEAGUE OF WOMEN VOTERS OF OHIO 100 E BROAD STREET COLUMBUS, OH 43215	34-0439175	501 (C) (4)	25,000.				GENERAL SUPPORT
<b>(6)</b> LIVING UNITED FOR CHANGE IN AMERICA 5716 N 19TH AVE PHOENIX, AZ 85015	27-13998645	501 (C) (4)	25,000.				GENERAL SUPPORT
<b>(7)</b> MI ORGANIZING STRATEGY ENABLING STRENGTH AC 200 BAGLEY STREET #212 DETROIT, MI 48226	82-3243368	501 (C) (4)	80,000.				GENERAL SUPPORT
<b>(8)</b> MAINE VOTES 60 CHESTNUT STREET BATH, ME 04530	01-0383493	501 (C) (4)	275,000.				GENERAL SUPPORT
<b>(9)</b> MAKE THE ROAD ACTION 449 TROUTMAN STREET #C BROOKLYN, NY 11237	27-1408443	501 (C) (4)	225,000.				GENERAL SUPPORT
<b>(10)</b> MI FAMILIA VOTA 1710 E INDIAN SCHOOL RD PHOENIX, AZ 85016	81-0668995	501 (C) (4)	225,000.				GENERAL SUPPORT
<b>(11)</b> MICHIGAN LEAGUE OF CONSERVATION VOTERS 3029 MILLER ROAD ANN ARBOR, MI 48103	38-3481677	501 (C) (4)	65,000.				GENERAL SUPPORT
<b>(12)</b> MPOWER360 3880 W ANN ROAD N LAS VEGAS, NV 89138	84-4238934	501 (C) (4)	175,000.				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

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Schedule I (Form 990) (2019)

**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.  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICA VOTES

Employer identification number

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OMB No. 1545-0047

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**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
<b>(1)</b> NARAL PRO-CHOICE OHIO 11811 SHAKER ROAD CLEVELAND, OH 44120	31-0963461	501 (C) (4)	20,000.				GENERAL SUPPORT
<b>(2)</b> NC A PHILIP RANDOLPH EDUCATIONAL FUND 1408 HILLSBOROUGH ST RALEIGH, NC 27605	47-3555626	501 (C) (4)	200,000.				GENERAL SUPPORT
<b>(3)</b> NC LATINO POWER 4907 GARRETT ROAD DURHAM, NC 27707	81-2248241	501 (C) (4)	70,000.				GENERAL SUPPORT
<b>(4)</b> NEW GEORGIA PROJECT ACTION FUND 165 COURTLAND STREET #A ATLANTA, GA 30303	82-0934131	501 (C) (4)	175,000.				GENERAL SUPPORT
<b>(5)</b> NEW VIRGINIA MAJORITY 3801 MOUNT VERNON AVE ALEXANDRIA, VA 22305	26-1377619	501 (C) (4)	250,000.				GENERAL SUPPORT
<b>(6)</b> NC ASIANS TOGETHER IN ACTION 711 HILLSBOROUGH ST RALEIGH, NC 27609	84-2889172	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(7)</b> OHIO WOMEN'S ALLIANCE 360 S THIRD STREET COLUMBUS, OH 43215	27-4562105	501 (C) (4)	25,000.				GENERAL SUPPORT
<b>(8)</b> ONE APIA NEVADA 6675 S TENAYA WAY #200 LAS VEGAS, NV 89113	83-0846881	501 (C) (4)	200,000.				GENERAL SUPPORT
<b>(9)</b> ONE PENNSYLVANIA 1414 BRIGHTON RD PITTSBURGH, PA 17102	82-0714373	501 (C) (4)	40,000.				GENERAL SUPPORT
<b>(10)</b> ORGANIZE FLORIDA 134 E COLONIAL DRIVE ORLANDO, FL 32801	27-1869914	501 (C) (4)	300,000.				GENERAL SUPPORT
<b>(11)</b> ORGANIZING EMPOWERMENT PROJECT PO BOX 288 MCFARLAND, WI 53558	84-2852380	501 (C) (4)	500,000.				GENERAL SUPPORT
<b>(12)</b> PENNSYLVANIA UNITED 841 CALIFORNIA AVE PITTSBURGH, PA 15212	82-3674888	501 (C) (4)	45,000.				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Department of the Treasury  
Internal Revenue Service

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

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**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
<b>(1)</b> PLAN ACTION FUND 2330 PASEO DEL PRADO LAS VEGAS, NV 89102	45-2606048	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(2)</b> PLANNED PARENTHOOD ADVOCATES OF MICHIGAN PO BOX 15041 LANSING, MI 48901	38-2765858	501 (C) (4)	60,000.				GENERAL SUPPORT
<b>(3)</b> PLANNED PARENTHOOD ADVOCATES OF WI 302 N JACKSON ST MILWAUKEE, WI 53202	39-1678012	501 (C) (4)	100,000.				GENERAL SUPPORT
<b>(4)</b> PLANNED PARENTHOOD ADVOCATES WI POL 302 N JACKSON STREET MILWAUKEE, WI 53202	27-3225544	527	100,000.				GENERAL SUPPORT
<b>(5)</b> PLANNED PARENTHOOD AFFILIATES OF OHIO 206 E STATE STREET COLUMBUS, OH 43215	31-0937837	501 (C) (4)	20,000.				GENERAL SUPPORT
<b>(6)</b> PLANNED PARENTHOOD PENNSYLVANIA ADV 1514 N 2ND STREET HARRISBURG, PA 17102	23-2208281	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(7)</b> PLANNED PARENTHOOD VOTES NEW MEXICO 7155 E 38TH AVENUE DENVER, CO 80207	84-0404253	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(8)</b> PODER LATINO, PROJECT OF TIDES ADVOCACY 5449 S SEMORAN BLVD ORLANDO, FL 32803	94-3153687	501 (C) (4)	100,000.				GENERAL SUPPORT
<b>(9)</b> PODER NC ACTION 1101 HAYNES STREET RALEIGH, NC 27604	84-2828142	501 (C) (4)	85,000.				GENERAL SUPPORT
<b>(10)</b> PRIORIES USA 1030 15TH STREET, NW WASHINGTON, DC 20005	47-4596232	501 (C) (4)	1,000,000.				GENERAL SUPPORT
<b>(11)</b> PROGRESS MICHIGAN 614 SEYMOUR AVENUE LANSING, MI 48933	26-0900990	501 (C) (4)	125,000.				GENERAL SUPPORT
<b>(12)</b> PROGRESS NOW AZ 530 E MCDOWELL ROAD PHOENIX, AZ 85004	36-1781665	501 (C) (4)	25,000.				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 . . . . . ▶

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**SCHEDULE I  
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Department of the Treasury  
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<b>(1)</b> PROGRESS NOW NEW MEXICO 625 SILVER AVE ALBUQUERQUE, NM 87102	45-4130072	501 (C) (4)	10,000.				GENERAL SUPPORT
<b>(2)</b> SHOWING UP FOR RACIAL JUSTICE 81 PROSPECT STREET BROOKLYN, NY 11201	81-2081153	501 (C) (4)	20,000.				GENERAL SUPPORT
<b>(3)</b> SOMOS PAC 700 13TH STREET, NW WASHINGTON, DC 20005	84-3253759	527	500,000.				GENERAL SUPPORT
<b>(4)</b> SOMOS VOTANTES 114 N MAIN STREET CONCORD, NH 03301	83-1806898	501 (C) (4)	500,000.				GENERAL SUPPORT
<b>(5)</b> TAKE ACTION MN 705 RAYMOND AVENUE ST PAUL, MN 55114	20-3338691	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(6)</b> THE NEW FLORIDA MAJORITY 10800 BISCAYNE BLVD MIAMI, FL 33161	27-0167620	501 (C) (4)	175,000.				GENERAL SUPPORT
<b>(7)</b> THREE POINTS STRATEGIES 830 MOUNTAIN STREET PHILADELPHIA, PA 19148	47-5224386		25,000.				GENERAL SUPPORT
<b>(8)</b> TIDES CENTER PO BOX 399385 SAN FRANCISCO, CA 94139	94-3212100	501 (C) (4)	10,000.				GENERAL SUPPORT
<b>(9)</b> UNIDOS US ACTION FUND 1126 16TH ST NW WASHINGTON, DC 20036	45-5341145	501 (C) (4)	15,000.				GENERAL SUPPORT
<b>(10)</b> VOCES DE LA FRONTERA ACTION 1027 S 5TH STREET MILWAUKEE, WI 53204	02-0759160	501 (C) (4)	235,000.				GENERAL SUPPORT
<b>(11)</b> WISCONSIN LEAGUE OF CONSERVATION VOTERS 133 S BUTLER STREET #320 MADISON, WI 53703	39-2018854	501 (C) (4)	50,000.				GENERAL SUPPORT
<b>(12)</b> WISCONSIN MUSLIM CIVIC ALLIANCE 759 N MILWAUKEE ST MILWAUKEE, WI 53202	84-2546299	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
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Schedule I (Form 990) (2019)

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(1) WISDOM ACTION NETWORK 2821 N VEL PHILLIPS AVE MILWAUKEE, WI 53212	82-4196797	501 (C) (4)	350,000.				GENERAL SUPPORT
(2) WORKING FAMILIES ORGANIZATION 81 PROSPECT STREET BROOKLYN, NY 11201	20-4994044	501 (C) (4)	105,000.				GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2019)

**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

Name of the organization

AMERICA VOTES

**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.

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**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 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? . . . . . **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**
- 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? . . . . . **5a**
- b** Any related organization? . . . . . **5b**
- 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? . . . . . **6a**
- b** Any related organization? . . . . . **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . . **7**

**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 . . . . . **8**

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

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

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Schedule J (Form 990) 2019

**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	256,944.	0.	0.	7,617.	23,879.	288,440.	
2	SARA SCHREIBER MANAGING DIRECTOR	174,442.	0.	0.	6,283.	6,339.	187,064.	0.
3	BUBBA SCOTT NUNNERY NATIONAL POLITICAL DIRECTOR	165,829.	0.	0.	6,120.	8,907.	180,856.	0.
4	JOSIETTE WHITE NATIONAL FIELD DIRECTOR	145,371.	0.	0.	5,475.	11,655.	162,501.	0.
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	1.	75,000.	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other. . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy. . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29	
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .	30a	X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a	X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

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

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICA VOTES

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

26-4568349

PART VI SECTION B, LINE 11B

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

PART VI SECTION B, LINE 12C

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.

PART VI SECTION C, LINE 19

THE ORGANIZATION PROVIDES THE FORM 990 FILING UPON REQUEST.

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>
NGP VAN INC. PO BOX 392264 PITTSBURGH, PA 15251	DATA SERVICES	738,229.
CATALIST LLC 1310 L STREET, NW WASHINGTON, DC 20005	DATA SERVICES	535,775.
VVN INC. 1155 CONNECTICUT AVE NW WASHINGTON, DC 20036	STAFFING SERVICES	402,717.
CLARITY CAMPAIGN LABS LLC 729 15TH STREET, NW WASHINGTON, DC 20005	DATA SERVICES	240,000.
GILBERT & WOLFAND PC 2201 WISCONSIN AVE NW WASHINGTON, DC 20007	ACCOUNTING SERVICES	106,945.

Name of the organization  
AMERICA VOTESEmployer identification number  
26-4568349ATTACHMENT 2FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
DATA SERVICES	1,810,379.	1,810,379.		
GENERAL SERVICES	195,879.	39,975.	155,904.	
RESEARCH SERVICES	731,497.	698,164.		33,333.
STAFFING SERVICES	461,631.	381,680.	79,951.	
TOTALS	<u>3,199,386.</u>	<u>2,930,198.</u>	<u>235,855.</u>	<u>33,333.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICA VOTES

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

Employer identification number

26-4568349

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	AMERICA VOTES ACTION FUND 1155 CONN AVE NW #600 WASHINGTON, DC 20036 27-4522665	POLITICAL	DC	527		AMER. VOTES	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2019

**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?	
								Yes	No
(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.

		Yes	No
<b>1</b> 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?			
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .		
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .		
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .		
<b>f</b>	Dividends from related organization(s) . . . . .		
<b>g</b>	Sale of assets to related organization(s) . . . . .		
<b>h</b>	Purchase of assets from related organization(s) . . . . .		
<b>i</b>	Exchange of assets with related organization(s) . . . . .		
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .		
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .		
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .		
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .		
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .		
<b>2</b> 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
<b>(1)</b>	AMERICA VOTES ACTION FUND	1L		LESS THAN \$50K
<b>(2)</b>	AMERICA VOTES ACTION FUND	1O	176,730.	ACTUAL AMOUNT
<b>(3)</b>	AMERICA VOTES ACTION FUND	1Q	149,623.	ACTUAL AMOUNT
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(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)													

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**Part VII** **Supplemental Information**

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

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**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.  
▶ Go to [www.irs.gov/F1041](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2019**

Name of estate or trust

AMERICA VOTES

Employer identification number

26-4568349

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Note:** Form 5227 filers need to complete *only* Parts I and II.

**Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	77,519.	75,000.		2,519.
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ▶				<b>7</b> 2,519.

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				<b>12</b>
<b>13</b> Capital gain distributions . . . . .				<b>13</b>
<b>14</b> Gain from Form 4797, Part I . . . . .				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss Carryover Worksheet . . . . .				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back . . . . . ▶				<b>16</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2019



<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>Caution:</b> Read the instructions before completing this part.				
<b>17</b>	<b>Net short-term gain or (loss).</b> . . . . .	<b>17</b>		2,519.
<b>18</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>18a</b>		
b	Unrecaptured section 1250 gain (see line 18 of the worksheet). . . . .	<b>18b</b>		
c	28% rate gain . . . . .	<b>18c</b>		
<b>19</b>	<b>Total net gain or (loss).</b> Combine lines 17 and 18a. . . . . ▶	<b>19</b>		2,519.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>20</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of: a The loss on line 19, column (3) or b \$3,000 . . . . .	<b>20</b>	( )
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**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

<b>21</b>	Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39). . . . .	<b>21</b>		
<b>22</b>	Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero. . . . .	<b>22</b>		
<b>23</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>23</b>		
<b>24</b>	Add lines 22 and 23 . . . . .	<b>24</b>		
<b>25</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . . ▶	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	<b>26</b>		
<b>27</b>	Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	<b>27</b>		
<b>28</b>	Enter the <b>smaller</b> of the amount on line 21 or \$2,650 . . . . .	<b>28</b>		
<b>29</b>	Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . .	<b>29</b>		
<b>30</b>	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . . ▶	<b>30</b>		
<b>31</b>	Enter the <b>smaller</b> of line 21 or line 26 . . . . .	<b>31</b>		
<b>32</b>	Subtract line 30 from line 26 . . . . .	<b>32</b>		
<b>33</b>	Enter the <b>smaller</b> of line 21 or \$12,950 . . . . .	<b>33</b>		
<b>34</b>	Add lines 27 and 30 . . . . .	<b>34</b>		
<b>35</b>	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	<b>35</b>		
<b>36</b>	Enter the <b>smaller</b> of line 32 or line 35 . . . . .	<b>36</b>		
<b>37</b>	Multiply line 36 by 15% (0.15) . . . . . ▶	<b>37</b>		
<b>38</b>	Enter the amount from line 31 . . . . .	<b>38</b>		
<b>39</b>	Add lines 30 and 36 . . . . .	<b>39</b>		
<b>40</b>	Subtract line 39 from line 38. If zero or less, enter -0- . . . . .	<b>40</b>		
<b>41</b>	Multiply line 40 by 20% (0.20) . . . . . ▶	<b>41</b>		
<b>42</b>	Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>42</b>		
<b>43</b>	Add lines 37, 41, and 42 . . . . .	<b>43</b>		
<b>44</b>	Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>44</b>		
<b>45</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, line 41) . . . . . ▶	<b>45</b>		

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment  
Sequence No. **12A**

Name(s) shown on return  
AMERICA VOTES

Social security number or taxpayer identification number  
26-4568349

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	860SHS EGO RESOURCES	07/01/2019	07/10/2019	77,519.	75,000.			2,519.	
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶				77,519.	75,000.			2,519.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment  
Sequence No. **27**

▶ **Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.**

Name(s) shown on return AMERICA VOTES	Identifying number 26-4568349
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1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .	1
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**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ATTACHMENT 1						-108.

3 Gain, if any, from Form 4684, line 39 . . . . .	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .	5
6 Gain, if any, from line 32, from other than casualty or theft . . . . .	6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .	7

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .	8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .	9

**Part II Ordinary Gains and Losses (see instructions)**

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							

11 Loss, if any, from line 7 . . . . .	11	( 108 )
12 Gain, if any, from line 7 or amount from line 8, if applicable. . . . .	12	
13 Gain, if any, from line 31 . . . . .	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	16	
17 Combine lines 10 through 16 . . . . .	17	-108.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4 . . . . .	18b

**For Paperwork Reduction Act Notice, see separate instructions.** Form **4797** (2019)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Table with 3 columns: (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired (mo., day, yr.); (c) Date sold (mo., day, yr.). Rows A, B, C, D.

Main table with 5 columns: Property A, Property B, Property C, Property D. Rows 20-29b for various property types (1245, 1250, 1252, 1254, 1255).

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Summary table with 3 columns: Description, Line Number, Value. Rows 30-32 for total gains and adjustments.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

Table with 3 columns: (a) Section 179, (b) Section 280F(b)(2). Rows 33-35 for recapture amounts.



Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return AMERICA VOTES

Identifying number 26-4568349

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for general depreciation calculations and 13 rows for detailed property information including description, cost, and elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance, section 168(f)(1) election, and other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2019 and a checkbox for general asset accounts.

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction.

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Recovery period, Convention, Method, and Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for summary calculations: Listed property amount, Total depreciation, and Portion of basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1, 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2019 tax year (see instructions): 43 Amortization of costs that began before your 2019 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

**Description of Property**

GENERAL DEPRECIATION

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
TELEPHONE SYS [MN]	04/28/2006	4,992.	100.000			4,992.	4,909.	4,909.	200DB	MO			7		
LVO E530 LAPTOP	07/24/2012	605.	100.000			605.	605.	605.	200DB	HY			5		*
CONF PHONE SYSTEM	02/01/2013	15,930.	100.000			15,930.	15,220.	15,930.	200DB	HY			7		710.
LVO LAPTOP ES31	02/12/2014	606.	100.000			606.	604.	606.	200DB	HY			5		*
EPSON PL 1751	03/04/2015	666.	100.000			666.	628.	666.	200DB	HY			5		38.
LVO 11E LAPTOP	07/01/2015	648.	100.000			648.	536.	648.	200DB	HY			5		75.
LVO E550 LAPTOP	07/24/2015	648.	100.000			648.	536.	648.	200DB	HY			5		75.
LENOVO TS LAPTOP	08/18/2010	910.	100.000			910.	910.	910.	200DB	HY			5		
DELL LAPTOP E5570	12/06/2016	1,740.	100.000			1,740.	1,239.	1,439.	200DB	HY			5		200.
19 DELL E7470 LAPT	12/06/2016	31,920.	100.000			31,920.	22,727.	26,404.	200DB	HY			5		3,677.
POWEREDGE R530 SER	01/24/2017	6,362.	100.000			6,362.	4,530.	5,263.	200DB	HY			5		733.
LVO E550 LAPTOPS	10/01/2015	600.	100.000			600.	496.	565.	200DB	HY			5		69.
[15] DELL LATITUDE	08/02/2017	33,015.	100.000			33,015.	17,168.	23,507.	200DB	HY			5		6,339.
DELL LATITUDE 7480	12/06/2017	2,432.	100.000			2,432.	1,264.	1,731.	200DB	HY			5		467.
[3] DELL LATITUDE	03/05/2018	7,297.	100.000			7,297.	3,794.	5,195.	200DB	HY			5		1,401.
[5] DELL LATITUDE	06/11/2018	13,219.	100.000			13,219.	6,874.	9,412.	200DB	HY			5		2,538.
[8] DELL LATITUDE	08/14/2018	18,696.	100.000			18,696.	3,739.	9,722.	200DB	HY			5		5,983.
[9] DELL LATITUDE	11/19/2019	17,000.	100.000			17,000.		1,700.	SL	HY	5.000		5		1,700.
[5] DELL LATITUDE	06/10/2020	10,125.	100.000			10,125.		1,013.	SL	HY	5.000		5		1,013.
Less: Retired Assets															
<b>Subtotals</b>															

**Listed Property**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less: Retired Assets							
<b>Subtotals</b>							
<b>TOTALS</b>							

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less: Retired Assets							
<b>Subtotals</b>							
<b>TOTALS</b>							

\*Assets Retired



