Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No 1545-0047

<u> </u>	or th	e 2018 calendar year, or tax year beginning and	ending									
В	Check if applicab	C Name of organization		D Employer identificat	ion number							
	Addre	Jeffersonian Project										
	Name chang			46-223	33126							
$\overline{}$	Initial		Room/suite	<del></del>								
	Final	2900 Crystal Drive 6th Floor	1100111700110		373-0933							
_	return termir ated			G Gross receipts \$	215,000.							
	Amen											
-	return ``] Applic			H(a) Is this a group retur	Yes X No							
Ц.	nendina I											
_												
	J Website: ▶ www.alecaction.org   H(c) Group exemption number ▶											
	K Form of organization: X Corporation											
<u></u>			to th	o public and	<del></del>							
ě	1	Briefly describe the organization's mission or most significant activities. Education and the property of the										
Governance	1	government policy makers by providing non			<del></del>							
Ë	2	Check this box   if the organization discontinued its operations or dispos	ed of more	than 25% of its net assets	i.							
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3								
	4	Number of independent voting members of the governing body (Part VI, line 1b)		1	3							
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0							
Activities &	6	Total number of volunteers (estimate if necessary)		6	0							
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.							
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.							
				Prior Year	Current Year							
a	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	150,000.	<u>215,000.</u>							
Š	9	Program service revenue (Part VIII, line 2g)		0.	0.							
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.							
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		150,000.	215,000.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.							
<b>(A</b>	46	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		101,771.	103,544.							
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	· · -	0.	0.							
Sen	.oa	Total fundraising expenses (Part IX, column (D), line 25)	0.									
X	47	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	110,527.	143,144.							
	l .		<del>                                     </del>	212,298.	246,688.							
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12		-62,298.	-31,688.							
		Heverioe less expenses Subtract line 18 from line 12	Da	<del></del>	<del></del>							
Net Assets or		1 13	Ве	eginning of Current Year 303,451.	End of Year 308,							
SSE	20	Total assets (Part X, line 16)	2ŭ.3 📊	348,166.	385,371.							
et C	21	1 14 1401 (B)		-44,715.	-76,403.							
TE ST	rt II	Net assets of fund balances Subtract line 21 from line 20 Signature Block	<u> </u>	-44,713.1	-70,403.							
					and adaptation							
		lties of perities, I declare that I have examined this return, including acompanying schedules			owledge and delief, if is							
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.								
		Signature of officer		11/07/19	<del></del>							
Sig	n			Date .								
Her	е	Lisa Bowen, CFO										
		Type or print name and title		Data ( )	T DTIN							
Print/Type preparer's name   Preparer's signature   Date   PTIN   PO 0.916.458												
Paid	1	Thomas J. Raffa		seil-employed	P00916458							
	arer	Firm's name Marcum LLP		Firm's EIN ▶ 1	1-1986323							
Use	Only	Firm's address > 1899 L Street NW, Suite 850			,							
Washington, DC 20036 Phone no (202) 227-4000												
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No 7							
8320	01 12-3	LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form <b>990</b> (2018)							

Form	1990 (2018) Jeffersonian Project	46-2233126	Page 2
Pai	t 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 mission of the Jeffersonian Project is to educate the	e public and	
	government policy makers by providing nonpartisan research		t
	events and other issues of concern to the public and gove		
	makers.	<u> </u>	
	- 'Y' - '.'		
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	X No
	If "Yes," describe these new services on Schedule O.		[37]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X 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 r	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	013 376	Je \$	)
	The Jeffersonian Project prepares information and document	nts to educat	te
	the public as well as Congress on various areas, including	ng health car	re,
	civil society, welfare, education, the national budget ar		<del></del>
	environment.		
	environment.		
		·	
4b	(Code) (Expenses \$	ue \$	)
	/ (cook		······································
	· · · · · · · · · · · · · · · · · · ·		
		<del></del>	
4c	(Code) (Expenses \$	ie \$	)
	/ / Leaders of		′
			•
	The state of the s		
		<u>.</u>	
			-
		<del></del>	
	Other program convegs (December & School de O.)	<del></del>	
4d	Other program services (Describe in Schedule O )	•	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶ 213,376.		

Jeffersonian Project

iDa	tily Checklist of Required Schedules	<u> </u>		aye •
[FG	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	No
'	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
·	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	L	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		,	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			[
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ,	·X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	X
р	Was the organization included in consolidated, independent audited financial statements for the tax year?		<sub>V</sub>	ł
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del></del>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del> -	^
b				İ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<del>                                     </del>
15		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-
10		16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	···		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	<u> </u>	T
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		t	
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

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Form	1990 (2018) Jeffersonian Project 46-223	3126	P	age
Pa	Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<del>                                     </del>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		<sub>v</sub>	
	Schedule J	23	X	$\vdash$
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
	Schedule K If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Η.
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	$\vdash$	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	$\vdash$	<del>  ^</del>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
oe.	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		<del></del>
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		•	
		26	l	x
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	$oxed{oxed}$
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1

Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096 Enter ·0· if not ap
--

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a

1b

Rar	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	,	<b> </b>	[242] mendel	Yes	No mit 1/2 5001
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0	1 231 131 140		6.13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	⊬ জেফার ড	NO PERSON
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)		系線点	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial account acc	ccount)?	4a	96.54E.	X WHI
b	If "Yes," enter the name of the foreign country:	(5D.4.9)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAH)	Pol., 966	CALCULATE.	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control	etion?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	_	х	
	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts		x	
_	were not tax deductible?		6b		išfatbě v
7	Organizations that may receive deductible contributions under section 170(c).		· · · · · · · · · · · · · · · · · · ·	Especies 1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and serviced are serviced as a contribution are serviced as a contributio	vices provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requirea			
	to file Form 8282?		<b>7c</b> 法武		MACE I
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		Holling.	1967546
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			-	_
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interesting department.				R.X.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8	845.25 F.	SECTION AND
9	Sponsoring organizations maintaining donor advised funds.			nglend kin	
	Did the sponsoring organization make any taxable distributions under section 4966?		9a	near-year have	4,21 S. 154
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.		WANT.		200 PM
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			233
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter.				
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				でも関
_	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	.,,,	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		Mile.	N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	•	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		談話	是是	io iš
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			Z PRES	7
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	<b>建設</b>		K.
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e Ó	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N		腦腫	和蘇	歌演
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	:income?	16		X
	If "Yes," complete Form 4720, Schedule O		識さ		藝州越
			Form	990	(2018)

1s Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting native sincery members of the governing body of the governing body displaced broad atthing to an exclusive committee or animal committee, opinal in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent of the control of officers, director, function, or five yearployees?  3 but the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, function, or fursities, or key employees to a management company or other person?  3 but the organization become aware during the year of a significant changes to its governing documents since the prior Form 950 was filled?  5 but the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body?  5 but the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body?  6 but the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body?  7 but the organization contemporaneously document in the meetings held or written actions undertaken during the year by the following:  8 but the organization contemporaneously document in the meetings held or written actions undertaken during the year by the following:  8 but the organization and authority to act on behalf of the governing body?  9 is there any officer, furster, rounded in Part VII, Section A, who cannot be reached at the organization have written policies?  10a but the organization have written policies and procedures governing the activates of such chapters, affikates, and by a process of other organiza	<u>"Rar</u>	Governance, Management, and Disclosure For each "Yes" response to lines 2 th			"No" re	spons	se
1s Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting native sincery members of the governing body of the governing body displaced broad atthing to an exclusive committee or animal committee, opinal in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent of the control of officers, director, function, or five yearployees?  3 but the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, function, or fursities, or key employees to a management company or other person?  3 but the organization become aware during the year of a significant changes to its governing documents since the prior Form 950 was filled?  5 but the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body?  5 but the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body?  6 but the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body?  7 but the organization contemporaneously document in the meetings held or written actions undertaken during the year by the following:  8 but the organization contemporaneously document in the meetings held or written actions undertaken during the year by the following:  8 but the organization and authority to act on behalf of the governing body?  9 is there any officer, furster, rounded in Part VII, Section A, who cannot be reached at the organization have written policies?  10a but the organization have written policies and procedures governing the activates of such chapters, affikates, and by a process of other organiza		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ır	stryctions.			
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed AR, CO, CT, FL, GA, HT, TL, KS, KY, MD, MS, M  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records  Lisa Bowen, CFO - (703) 373-0933	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	/ith a	1		22.00
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exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed AR, CO, CT, FL, GA, HI, IL, KS, KY, MD, MS, M  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O).  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records  Lisa Bowen, CFO - (703) 373-0933	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation	11.5.65		製作
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶AR, CO, CT, FL, GA, HI, IL, KS, KY, MD, MS, M  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ □  Lisa Bowen, CFO - (703) 373-0933			nizatioi	n's	學學	E VIEW	
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ►AR, CO, CT, FL, GA, HI, IL, KS, KY, MD, MS, M</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li></ul>				·····	16b	L	<u> </u>
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization n	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ (0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	(do		Pos		i than c	one	Reportable	` Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week	<b>—</b>	1				<u> </u>	from	from related	other
	(list any hours for	Jirect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	.e or 0	e e			sate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		e e	mber		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related
	below	lgng	rutton	ا تة	Key employee	est co loyee	ĕ			organizations
	line)	ş	Insti	Officer	Ě	Highest compensated employee	Former			
(1) Representative Linda Upmeyer	1.00						l		_	_
Director		X			L	<u> </u>		0.	0.	0.
(2) Representative Phil King	1.00									
Director	ļ	X	_			_		0.	0.	0.
(3) Senator Leah Vukmir	1.00							_		
Director		X	_			<u> </u>		0.	0.	0.
(4) Bob Williams	1.00	ļ								
Director		X			<u> </u>	ļ	<u> </u>	0.	0.	0.
(5) Lisa Nelson	5.00			l i	i					00 454
CEO	35.00	_	<u> </u>	Х				0.	388,270.	28,471.
(6) Lisa Bowen	1.00	1							152 650	00 207
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Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per	(do	not c	Pos heck ss per	C) ition more rson i	l than s boti	one h an	(D) Reportable compensation	(E) Reportable compensate			(F) timate	
	week (list any hours for related organizations below line)	tee or director		Officer	irecto		tee)	from the organization (W-2/1099-MISC)	from related other compensations (W-2/1099-MISC) from the organizat and relations organizat				tion e ion ed
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1b Sub-total c Total from continuation sheets to Part	VII, Section A	<u> </u>	1	<u> </u>	i	<u> </u>	<b>&gt;</b>	0.	561,9 561,9	0.		7,8	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d at	oove	) wh	no re	<del></del>	<del> </del>			1,0	0
3 Did the organization list any former office	er, director, or tr	uste	e, ke	ey en	nplo	yee,	or l	highest compensated ei	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the	sum of reportab								he organization		3	-	X
and related organizations greater than \$1  5 Did any person listed on line 1a receive or	r accrue comper	nsatı	on fi	rom	any	unre			dual for services		4	Х	Х
rendered to the organization? If "Yes." Co							41	,	N100 000 of a sec		5		
Complete this table for your five highest of the organization. Report compensation for the organization.  (A)								the organization's tax y		pensar	(C		
Name and busines Votery Gravity, Inc., 10		Ba	i 1	ev				(B) Description of s	services	С	omper		n
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2 Total number of independent contractors	· -	ot lır	nite	d to	thos	se lis	sted	above) who received m	ore than			·	<del></del> -
\$100,000 of compensation from the orga	nization				1	<u> </u>				<u> </u>	Form !	990 a	2018)

		Check if Schedule O conta	ains a response d	or note to any lin	e 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
र्घ य	1 a	Federated campaigns	1a		1970278	TANK THE SAME OF THE		
ra di	b	Membership dues	1b					
S, A	С	Fundraising events	10					
₩,	d Related organizations e Government grants (contributions)  1d 1e							
s, C								
- Eig	f	All other contributions, gifts, grant						
절ά	,	similar amounts not included above	/e <b>1f</b>	215,000.				
Contributions, Gifts, Grants and Other Similar Amounts.	g	Noncash contributions included in lines	la-1f \$				E-FLORIDA THE	Assista to the same
೧೮	ល់ត h Total. Add lines 1a 1f				215,000.			
			•	Business Code	*******	<b>开发发展。第二次</b>	PAULYER	1490 V.O.B., 248
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Program Service Revenue	е					<u> </u>		
۱ ۵	f	All other program service reve	nue					er was expensively
		Total. Add lines 2a-2f		<u>, , , , , , , , , , , , , , , , , , , </u>		<b>表示共产业等。在关键。由第一对学习</b> 与在	Promisi "Glorepida	Louis Anna Carlotte
	3	Investment income (including of	aiviaenas, intere	st, and				•
	4	other similar amounts)	avamet band n	racacda			<del></del>	
	4 5`	Income from investment of tax Royalties	rexempt bond p	oceeds -				
	3	noyaliles	(i) Real	(II) Personal	NECESTRAL			
	6 a	Gross rents	(l) Heal	(ii) r ersonar				
	b	Less: rental expenses	· · · · · · · · · · · · · · · · · · ·					
	c	Rental income or (loss)						
Ì	d			<b>&gt;</b>	MELLINGEN TO THE PERSON TO SEE	E. 28 137 137 1000 0701 7 10 7 10 10	Jack St. F Washing 42 2 - 10 C. Committee	property of the second second
		Gross amount from sales of	(ı) Secunties	(II) Other	Mark Part 2 18	COSTOCIATOR CONTRACTOR	PANTALINA PARALLE	
		assets other than inventory		(,, -				
	b							
		and sales expenses						
	`c	Gain or (loss)						
	d	Net gain or (loss)		· •				
une	8 a	Gross income from fundraising including \$	g_events (not of	•				
e e		contributions reported on line	1c) See	•				
Other Reven		Part IV, line 18	а					
₽	b	Less direct expenses	b					
٥	С	Net income or (loss) from fund	raising events	<u> </u>			Che to habe the second second second	
	9 a	Gross income from gaming ac	tivities. See					
ļ		Part IV, line 19	· a	,				
		Less direct expenses	b	<u> </u>			RESOLUTION DE	
-		Net income or (loss) from gam		<u> </u>	Philip Carlet Chemic Management No.	7 85 50 2 3 30 35 55 55 55 50 50 50	or, a the book, the Rosen of Control of	series a servicionario
- 1	10 a	Gross sales of inventory, less i	returns					
		and allowances	a					
		Less: cost of goods sold	b		REPART OF CHILD			2016264523341
ŀ	С	Net income or (loss) from sales			Electricalistic services	luis de Generalies	Aleber attractive se	assetta elementaria
ŀ	44 -	Miscellaneous Revenue	9	Business Code	1.154.144.16.166.196.12.	カルススピカ語は高度を表現を表	Harastan Romania	
	11 a		<del></del>					
	b						<del></del>	· <del></del> -
	ن بہ	All other revenue	·····					
;	u	Total. Add lines 11a-11d		<b></b>	7			
	12	Total revenue See instructions			215,000.	0.	0.	0.

#### Part X 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 (A) Total expenses Do not include amounts reported on lines 6b, Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 6<u>,</u>198 16,670. 22,868. trustees, and key employees \*\*Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 65,,557 58,170. 387. Other salaries and wages Pension plan accruals and contributions (include ·· 1;537. 391 146. section 401(k) and 403(b) employer contributions) 6,949. 6,143. 806. Other employee benefits 5,638. 995. 6,633. Payroll taxes 10 Fees for services (non-employees) Management 14,994 14,994 Legal Accounting Lobbying Paris and the same Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 15. Office expenses 1,368. Information technology 163 205. 15 Royalties Occupancy 16 42. 42 Payments of travel or entertainment expenses \* for any federal, state, or local public officials Conferences, conventions, and meetings, 19 20 Payments to affiliates 21 2,000. Depreciation, depletion, and amortization 13,333. 11,333. 22 Insurance' 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 109,531 Subscriptions/research 109,531. 3,861. 3,282. 579. Dues/memberships All other expenses 246,688. 376. 33,312. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2018)
- Part X Balance Sheet

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 40,000.  b Less. accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 303,451. 16 30	year
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12   Investments · other securities See Part IV, line 11   13   13   14   Intangible assets   14   15   15   16   16   16   17   18   19   19   19   19   19   19   19	
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20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 20 21 22 23 24 24 25 26 27 28 29 29 20 20 21 21 22 23 24 24	
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25 Other liabilities (including rederal income tax, payables to related third	
partice, and other lighting not included an lines 17.24). Complete Part V of	
parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  25	
	5,371.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	公司的政策
27 Unrestricted net assets -44,715. 27 -17	6,403.
28 Temporarily restricted net assets . 28 10	0,000.
29 Permanently restricted net assets	
Organizations that do not follow SFAS 117 (ASC 958), check here	
and complete lines 30 through 34.	
2 30 Capital stock or trust principal, or current funds 30	
Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Gapital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total not assets or fund balances	
32 Retained earnings, endowment, accumulated income, or other funds	·
	6,403.
34 Total liabilities and net assets/fund balances 303,451. 34 30	

	1990 (2018) Jeffersonian Project	46-	2233126	Pa	ge 12
'Pa	rt XI <sup>2</sup> Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		}			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00.
2	Total expenses (must equal Part IX, column (A), line 25)	2			88.
3	Revenue less expenses Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-44	1,7	<u> 15.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-76	, 4	<u>03.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		` -	,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	)			لنبإ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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.			,	ŗ
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		1,7
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	roviow, or compilation of its financial statements and selection of an independent accountant?		20		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	lit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	nt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		, , 3b		

Form **990** (2018)

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

2018

Open to Public Inspection

Name of the organization **Employer identification number** Jeffersonian Project 46-2233126 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? 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? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	Nule D (Form 990) 2018 Jeffers	onian Proje	ect					46-22	33126	Page 2
Par	tilli Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t are a sigr	nificant u	use of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	d	· <u> </u>	Loan or excl	hange progra	ams				
b	Scholarly research	е		Other						<del></del>
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII	
5	During the year, did the organization solicit o					er sımılar a	ssets		7	
li Dian	to be sold to raise funds rather than to be ma								Yes	No
<u>Rar</u>	tilVi Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" on F	orm 990	), Part IV, I	ine 9, or	
	•	· · · · · · · · · · · · · · · · · · ·						-		
па	Is the organization an agent, trustee, custodi	an or other intermed	lary for t	contributions	s or other ass	sets not in	ciuaea	Γ-	Yes	No
	on Form 990, Part X?	-u-l-aa-u-alata tha fal		abla				Ļ	_ res	L NO
В	If "Yes," explain the arrangement in Part XIII	and complete the loi	iowing t	able					Amount	· <del></del>
_	Beginning balance						1c		Amount	<del></del>
c d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			· · · · ·
	Did the organization include an amount on Fe	orm 990. Part X. line	21, for e	escrow or cu	istodial acco	unt liability			Yes	□ No
	If "Yes," explain the arrangement in Part XIII						•			
	Party Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10									
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (	d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	_								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balance		g, column (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c sho		, 	مامط حدما		rad far tha	0.000.0	otion		
3a	Are there endowment funds not in the posse	ssion of the organiza	uon ma	it are rielo ai	iu aurimistei	rea for the	organiz	alion	<u></u>	res No
	by: (i) unrelated organizations								3a(i)	165 140
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R2					3b	
4	Describe in Part XIII the intended uses of the									
	t <mark>VI∎</mark> Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part I\	/, line 11a S	ee Form 990	), Part X, lı	ne 10			
	Description of property	(a) Cost or o			or other	Τ	cumulat	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements			ļ <u></u>						
d	Equipment			<u> </u>						
	Other			•	0,000.	<u> </u>	<u> 26,6</u>	67.		<u>,333.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. colun	nn (B). line 1	0c.)				13	<u>,333.</u>

Schedule D (Form 990) 2018

mvesuments - Other Securities.		111 0 5 000		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		), Part X, line 12 valuation Cost or end	of year market value
	(b) Book value	(c) Metrica of	Valuation Cost of end	-oryear market value
(1) Financial derivatives ,	•	<del>                                     </del>		<del> </del>
(2) Closely-held equity interests (3) Other	1,	·	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
		<del> </del>		<del></del>
(A)	7	+		·
(B)				
(C)		<del>                                     </del>	<del> </del>	1.
(D)	,,	<u> </u>		<u> </u>
(E)	, ,	<del> </del>	<del></del>	
(F)	<u> </u>	+	· ··-·	<u> </u>
(G)	4			
(H)  Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.	• - •	Stalls wat anne venture and	a consideration which a production is the state of the st	了在大型的类似。我是不知识的一个人,然后是一个人,不是一个人,不是一个人。
·		11a Cas Farm 000	Dort V. Imp. 12	•
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		valuation Cost or end	-of-year market value
	(b) book value	(C) Michiga Ci	, valuation cost of cha	or year market value
(1)				
(2)				
(3)				
(4)	,	-		
(5)	•			
(6)			#s	
			~	
(8)		<del>'</del>	*	
(9)		Tarries-Estatore et conspersion	northe the expension	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Rant IX Other Assets.	,	states of military as executable to		range and the fill of the angle of the property of the second
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d Soo Form 990	) Part Y line 15	
	Description	3 11d. 366 1 0111 930	), Fait X, IIII0 13.	• (b) Book value
(1)				
(2)		<u>, , , , , , , , , , , , , , , , , , , </u>		
(3)	· · ·			
(4)			-	4
(5)				
(6)	•		<del></del>	-
(7)		• 1		
(8)		- "- "		<u>.</u>
(9)			•	-
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15\	<del>,</del>		<i>j</i> 4,
Pair X Other Liabilities.	: 13.1	-		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f See Fo	rm 990. Part X. line 25	•
1. (a) Description of liability	<u> </u>	,(b) Book value		
(1) Federal income taxes		7,000		
(2)		. +		
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)		•		
(5)	<del></del>	•		
(6) '-		<u> </u>		
(7)		-		
(8)		·		
(9) Total (Column (h) must equal Form 990, Part Y, col. (R) line	.051			
TUTAL IL DILIMON INI MILLET PAULAI FORM UULI DAR Y AAL (D) lina	3 75 I PT 14		LOWER THE REAL WINDSHOP THE PROPERTY OF THE PARTY OF THE	THE PERSON CONTRACTOR OF THE PERSON AND A PERSON OF THE PE

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

Schoolule D. (Form 990) 2019

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Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Jeffersonian Project	46-2233126 Page 5
Part XIII   Supplemental Information (continued)	
Part XII, Line 2d - Other Adjustments:	
Expenses of entities other than the Organization included	in the
Expenses of entitles other than the organization included	III CIIE
consolidated audited financial statements, net of	
elimination entries.	9,619,279.
elimination entries.	5,015,275
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### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

Department of the Treasury

Jeffersonian Project

**Employer identification number** 

OMB No 1545-0047

46-2233126

"P.	nt⊞ Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			THE
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		154	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	Mile		的學
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
		N. S.		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract		44	
	Independent compensation consultant Compensation survey or study		<b>THE</b>	
	Form 990 of other organizations  Approval by the board or compensation committee	和超		
			理数	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.	<b>對於電</b>	TO SERVICE SER	
				<b>扩</b> 热
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		NEW Y	<b>克拉路</b>
<sup>•</sup> 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			124
а	The organization?	5a		X
b	Any related organization?	5b		X
	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			MA.
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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		P. S. S.	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	說機		訓練
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1311	i i i i i i i i i i i i i i i i i i i	能出路
	Populations section 53 4059 6/o/2			l

Schedule J (Form 990) 2018

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

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

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

	1							
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Silents	(a).(i)(a)	reported as deferred on prior Form 990
(1) Lisa Nelson	E	0	0	0.	0	0.	0	0
СЕО	(ii)	308,27	80,000.	0	10,000.	18,471.	416,741.	0
(2) Lisa Bowen	Ξ		0	•0	0	0	0	0
CFO	(ii)	163,65	10,000.	• 0	6,992.	22,405.	.03,056	0.
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Schedule J (Form 990) 2018

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

► Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service **Employer identification number** Name of the organization 46-2233126 Jeffersonian Project Form 990, Part VI, Section A, line 3: The Organization's operations are managed by its parent company, the American Legislative Exchange Council. Form 990, Part VI, Section A, line 6: Pursuant to the Organization's governing documents, the sole member of the Organization is the American Legislative Exchange Council. Form 990, Part VI, Section A, line 7a: The Board of Directors of the Organization is determined by the Organization's sole member, the American Legislative Exchange Council. Form 990, Part VI, Section A, line 7b: Decisions made by the Board of Directors of the Organization are subject to approval by the Organization's sole member, the American Legislative Exchange Council. Form 990, Part VI, Section A, line 8a: There were no board meetings held in 2018. Form 990, Part VI, Section A, line 8b: The Organization does not have any board committees. Form 990, Part VI, Section B, line 11b: The CFO of the Organization and of the American Legislative Exchange

Council reviews the Organization's Federal Form 990.

Such review takes

Employer identification number Open to Public Inspection OMB No 1545-0047 2018 Direct controlling 46-2233126 entity  $\boldsymbol{\varepsilon}$ End-of-year assets (e) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income € Related Organizations and Unrelated Partnerships ► Go to www.irs.gov/Form990 for instructions and the latest information. Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) ▶ Attach to Form 990. Primary activity Jeffersonian Project Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part I

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	ttions. Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34, b	ecause it had one o	r more related tax-exen	npt	
(a)	(q)	. (o)	(p)	(e)	(1)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b)	(c) Ya)>
of related organization		foreign country)	section	status (if section	entity	entity?	77
				501(c)(3))		Yes	N <sub>o</sub>
American Legislative Exchange Council -	Share research & educational info with						
52-0140979, 2900 Crystal Drive, 6th Floor,	State Legislators, Congress and the						
Arlington, VA 22202	general public	Illinois		501(c)(3)			×

For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part VII for Continuations

Schedule R (Form 990) 2018

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Page 2 46-2233126

Schedule R (Form 990) 2018 Jeffersonian Project

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 Part III

Schedule R (Form 990) 2018 General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? 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 Percentage ownership Yes 9 Ξ Code V.UBI amount in box 20 of Schedule -Share of end-of-year assets Disproportionate Yes No allocations? Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ **e** Legal domicile (state or foreign country) <u>Θ</u> (d)
( Direct controlling entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> Part IV

Page 3

Yes

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ctions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	
Complete if the organiza	I, or IV of this schedule.
Transactions With Related Organizations.	ie: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
Ра	ž

- b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
    - d Loans or loan guarantees to or for related organization(s)
      - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

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- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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If the answer to any o	
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(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) American Legislative Exchange Council	Z	223,335.	223,335. Fair value
(2) American Legislative Exchange Council	0	103,543.	103,543. Fair value
(3)			
(4)			
(9)			
(9)			

Schedule R (Form 990) 2018

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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

ı	o -	1	ı	1	1	<b>1</b>	1	<b>1</b>	1 1
3	General or Percentage managing ownership partner?								
	ging Per?						•		
3	General or managing partner?								
(6)	Dispropor- Code V-UBI Galouate amount in box 20 malocations? of Schedule K-1 FYes No (Form 1065)								
	ate ions?			•					
3	Disproportionate allocations?								
(6)	of ear s								
<b>(£)</b>	ي پ _ د								
	Are all 501(c)(3) orgs?								
	Are all partners sec 501(c)(3) orgs Yes No								
(b)	Predominant income (related, unrelated, excluded from tax und sections 512-514)								
(5)	micile oreign ny)								
(b)	ctivity								
(a) (b) (c) (d) (d)	Name, address, and EIN of entity								

Schedule R (Form 990) 2018