Forr (Rev	· · · · ·	90 Jary 2020)	Return of Organiza Under section 501(c), 527, or 4947(a)(1) Do not enter social securit	of the Internal Revenue	Code (ex	cept private found:	ations) 2019
Depa	riment o al Revet	f the Treasury tub Service	Go to www.irs.gov/Form	•	-	•	Open to Public
			r year, or tax year beginning		ending		
Bc	heck II	C Name of	organization			D Employer ide	ntification number
· · · ·	Addres		magning Dradest				
	Ahang Namu		ersonian Project siness as ALEC Action			46-223	3126
F]change]Initial]return		and street (or P.O. box if mail is not delivered	to street address)	Room/suite		
	Final	1 2000	Crystal Drive, 6th F.		11001103010		373-0933
L	termin- aled	and the second se	wn, state or province, country, and ZIP or			G Gross recelpts \$	46,132.
	Amond		ngton, VA 22202			H(a) Is this a grou	up return
C	Applic.	F Name ar	d address of principal officer: Mrs. L	isa B. Nelson	1	for subordin	ates? Yes 🔀 No
	pandin	° same	as C above			H(b) Are all subordina	ates included? 🔄 Yes 🔛 No
-	_	mpt status:		nsert no.) 4947(a)(1)	or 52		ch a list. (see instructions)
			alecaction.org			H(c) Group exem	
		organization:	Corporation Trust Associat	on 🔄 Other 🕨	L Yea	ol formation: 201	2 M State of legal domicile: DC
lir <u>s</u> a		Summary	the organization's mission or most signifi	Fand	ato ti	e public a	and
e			ent policy makers by p				
Activities & Governance			► if the organization discontinue				
veri			ng members of the governing body (Part)				3
Ğ			pendent voting members of the governing				4 3
8 8 8			f Individuals employed in calendar year 20				5 0
ite			f volunteers (estimate if necessary)				6 0
ctiv			business revenue from Part VIII, column (7a 0.
۲	Ь	Net unrelated I	ousiness taxable income from Form 990-T.	line 39	****		7ь 0.
						Prior Year	Current Year
8	8	Contributions :	ind grants (Part VIII, line 1h)			215,00	
ň	9	Program servic	e revenue (Part VIII, line 2g)				0. 0.
Revenue	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7	'd)			0. 0.
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	Oc, and 11e)			0. 14,332.
			add lines 8 through 11 (must equal Part V			215,00	
			ilar amounts paid (Part IX, column (A), line				<u>0.</u> 0. 0.
		•	o or for members (Part IX, column (A), line			103,54	
Ses			compensation, employee benefits (Part IX				0. 0. 0.
xpenses			ndraising fees (Part IX, column (A), line 11	•	0.	an a	
<u>a</u>	i		ig expenses (Part IX, column (D), line 25)	►		143,14	
			s (Part IX, column (A), lines 11a-11d, 11f-2 . Add lines 13-17 (must equal Part IX, colu			246,68	
		•	xpenses. Subtract line 18 from line 12			-31,68	
25				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		eginning of Current Ye	
els (20	Total assets (P	art X, line 16)			308,96	
Net Assets or cund Balances	21	-				385,37	1. 431,482.
		Net assets or f	ind balances. Subtract line 21 from line 2			-76,40	3214,389.
		Signature					
			declare that I have examined this return, includ				of my knowledge and belief, it is
true,	correc	i, and complete.	Declaration of preparer (other than officer) is ba	esed on all information of wh	nich prepare	r has any knowledge.	······
		1 Din				10/20	020
Sigr	۱ I	Signature				Date	
Her	e		Bowen, CFO				
<u></u>						Date Cherl	
		Print/Type prep		rer's signature		10/26/2020	
Paid			Marcum LLP			Firm's EIN	
Prep Use		Firm's name	1899 L Street NW, St	nite 850		FRITESEIN	P
UDE	Unit	riim 5 800r#55	Washington, DC 2003	6		Phone no.	(202) 227-4000
64.000	the IP	S discuse this	return with the preparer shown above? (s		4		Yes No
	1 01-20		or Paperwork Reduction Act Notice, see		ins.		Form 990 (2019)
	- ,		· · · · · · · · · · · · · · · · · · ·			S	Ľ

^

	n 990 (2019) Jeffersonian Project	46-2233126 Page 2
٢ē	Int III Statement of Program Service Accomplishments	·
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
1	The mission of the Jeffersonian Project is to edu	cate the public and
	government policy makers by providing nonpartisan	
	events and other issues of concern to the public	
	makers.	
5	Did the organization undertake any significant program services during the year which were not lis	sted on the
	prior Form 990 or 990 EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr	am services? 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	ations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses s157,026. metuding grants of s The Jeffersonian Project prepares information and	(Revenue \$)
	the public as well as Congress on various areas,	
	civil society, welfare, education, the national b	
	environment.	udget und ene
	militada a francés de la constante de la consta	
		-
b	(Code:) (Expenses \$ including grants of \$) (Revanue \$)
	· · · · · · · · · · · · · · · · · · ·	
		ane and the second s
C	(Code:) (Expenses \$ including grants of \$) (Revenue S)
		an <u>n - ar an a</u> shaanaanaa a fa saana - sa saana saana ahaanaanaa ahaanaa
		1999-1991-1991-1991-1991-1991-1991-199
d	Other program services (Describe on Schedule O.)	***************************************
	(Expenses S including grants of S) (Revenue S	1
2	Total program service expenses 157, 026.	
		(2019)
002	01-20-20	

٨

,

a	t IV Checklist of Required Schedules			
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule Assessment and a strategy and a strate			X
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3,	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public:office? // "Yes," complete Schedule C, Part I	3		X
Ì.	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	_		х
_	similar amounts as defined in Revenue Procedure 98-19? // "Yes," complete Schedule C; Part II/	5	•	<u> </u>
5	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
,	provide advice on the distribution or investment of amounts in such funds of accounts? (f *Yes,* complete Schedule D, Part I.			<u></u>
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
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		<u>`````````````````````````````````````</u>	
,	Schedule D, Part III	8		х
3	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serveras a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		Х
)	Did the organization, directly or through a related organization, hold assets in donor restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
ĵ.	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			• • • • •
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI water provide the providence of the prov	.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	·	<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			••
	assets reported in Part X, line 16? // "Yes," complète Schedule D, Part VIII	<u>11c</u>		X
d.	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, Ilne 16? If Yes, * complete Schedule D, Part IX	110		$\frac{X}{X}$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X, and the organization report and amount for other liabilities in Part X, line 25?	11e	·	<u> </u>
Ŧ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	<u></u>	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		X
<u>ن</u> ه	Schedule D, Parts XI and XII	12.4	·	
a		12b	X	
Í	If "Yes;" and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
•	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more?: If "Yes, " complete Schedule F, Parts I and IV ,	146		<u>X</u>
i.	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	-16		X
ŗ	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
i.	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? // Yes;" complete Schedule G, Part II	18		<u>X</u>
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H	20a]	<u>X</u>
b.	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ъ		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? // *Yes, * complete Schedule I, Parts Land //	21		<u>X</u> 2019)

•

 Form 990 (2019)
 Jeffersonian Project

 Part IV
 Checklist of Required Schedules (continued)

.

•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes, " complete			
	Schedule J	23	x	
24 :	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		<u> </u>	<u> </u>
~~~ C	last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete			
		24a		x
	Schedule K, If *No," go to line 25a	24b		
	<ul> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease</li> </ul>	240	<u> </u>	
L.		04-		
<u>.</u>	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		<u> </u>
253	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	Iransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		<u>x</u>
. 0	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ,	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ľ .		
	instructions, for applicable filing thresholds, conditions, and exceptions):	h	w	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
ŧ	Yes, * complete Schedule L, Part IV	28a		X
ь	A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? //			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? if "Yes," complete Schedule M	30		Х
<b>`</b> 31	Did the organization liquidate, terminate, or dissolve and cease operations? // "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		Х
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 and State an	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II; III, or IV, and			
•••		34	x	
35 -	Part V, line 1	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		20		
77	If "Yes," complete Schedule R, Part V, line 2	36		
37				v
-0.0	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O	38	X	
L. ai	Check it School to O contains a location of a state to pay line in this Data 1/			<b></b> 1
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> т	<u> </u>
		┍───┤	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	X	
932004		Form	990 (	2019)
		Y		
		LI		

	1990 (2019)     Jeffersonian Project     46-2233       rt V     Statements Regarding Other IRS Filings and Tax Compliance (gontinued)     46-2233	126	F	age 5
1.9	Try Statements negationing Other ins rhings and rax compliance (continued)		1	<u>T .</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[	Yes	No
•	- Inter a state of the state of	-1 '		1
p	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	3 .	
_	Note: If the sum of lines 1a and 2a is greater than 250; you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>	·	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>	<u> </u>	i
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
·	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	S	X
a	It "Yes," enter the name of the foreign country			
r-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	14 21 22 #2		x
- 5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
þ		5c	<u>  · · · · · · · · · · · · · · · · · · ·</u>	<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
ba		-6a	x	
h	any contributions that were not tax deductible as charitable contributions?	- Oa	<u> </u>	•
ŭ		. 6b	X	
7	were not tax deductible?	- 00		\$ 12 L 11 1 1
, 	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?	7.a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
-	to file Form 8282?	7c		
d		· · · ,	1 1	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7e		5%
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	*	
h:	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7h		î
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		. A.	Sec. 1
a	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	95		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		2	
11	Section 501(c)(12) organizations. Enter:		· · ·	
	Gröss income from members or shareholders		·	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			anne de
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a	· ··· ··· · · · · · · · · · · · · · ·	
	If "Yes," enter the amount of tax exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	1	
a	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	· · · · ·	*
۰.	Note: See the instructions for additional information the organization must report on Schedule O.			: 1
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.			
	\$\$\$14,5) 24-4, 1 44 54-47,5 24-11 45-57,54 14 54-57,54 24 55 7,14 24 54 57,54 24 54 57,54 24 54 57,54 24 54 57,54 24 54 57,54 24 54 54 54 54 54 54 54 54 54 54 54 54 54	14a	8 ⁻¹ - 1	X
14а ь	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	0		
9 <b>.</b>	excess parachule payment(s) during the year?	15		X
	Excess paracrotic payments) doining the year receiver and an an an announcement of the manufacture and the second			
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.		. a.	<u> </u>

Form 990 (2019)

-

PY CO

.

.

•

|--|

,

.

 
 Form 990 (2019)
 Jeffersonian Project
 46-2233126
 Pag

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Io line Ba, 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		يسيعين بين تعريبين ميسي			
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3	1	Ţ
	If there are material differences in voting rights among members of the governing body, or if the governing			1		1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				1	ĺ
h.	_ · · · · · · · · · · · · · · · · · · ·	16		3		
b		L	1	싀		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				-	
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
			********		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х.
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o				
	more members of the governing body?			7a	x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				<u> </u>	
~			,	75	x	
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		· · ·
8						<u> </u>
a	The governing body?			<u>8a</u>		X
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? // "Yes," provide the names and addresses on Schedule O	<u></u>		9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a-		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
		<i>`</i>		106		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				· .	1
	Did the organization have a written conflict of interest policy? If "No," go to line 13 statements			12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			126		
				120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	•				
	in Schedule O how this was done			12c	- <del>.</del>	
13	Did the organization have a written whistleblower policy?	مع مه ا فرمهر ف		13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	B
15	Did the process for determining compensation of the following persons include a review and approval	by ind	lependent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-		أسبب
а	The organization's CEO, Executive Director, or top management official			15a		<u> </u>
	Other officers or key employees of the organization			156		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	ih a	ъ. –		ł
	taxable entity during the year?			16a	*	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	nte na	uticication	100		i
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			.		1
			5		** ~**	·
Soot	exempt status with respect to such arrangements?			16b	l	
	ion C. Disclosure	× +++			200	1/0
	List the states with which a copy of this Form 990 is required to be filed AR, CO, CT, FL, G					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-	T (Section 501(c)(3)	is only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sct	nedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of	interest policy, an	d financ	ial	
	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 bool	ks and	records 🕨			
	Lisa Bowen, CFO - (703) 373-0933		r			
	2900 Crystal Drive, 6th Floor, Arlington, VA 22202					
93200F	01-20-20 See Schedule O for full list of states			* Louist	<del>,9</del> 90 (	20191
		í	()	$\langle \nabla \rangle$	, (	1
		JJ.	、ヽヽル戸	][		
		$\leq$		U		

Form 990 (		46-2233126	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	ANTINE TRACKS AND ADDRESS AND ADDRE	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	·	
1a Comple	te 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.

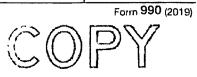
• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• 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	box	not c , unle: sur at	Pos heck ss pe	morei Ison I	than ( s both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	ke or daccine	tasiutiniti kisité	Jihey:		Meness compensaied	Patras -	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Representative Linda Upmeyer	1.00									
Director		X						0.	0.	0.
(2) Representative Phil King	1.00									_
Director		X						0.	0.	. 0 .
(3) Senator Leah Vukmir	1.00							<u> </u>	,	
Director	2 00	X		,				0.	0.	0.
(4) Lisa Nelson CEO	2.00			X				0.	423,600.	25,246.
(5) Lisa Bowen	1.00			<b>A</b> .,				<u> </u>	425,000.	23,240.
CFO	39.00			x				0.	181,440.	31,466.
										5272001
<u>a hay ben no see to be about the sector of </u>										
	·					_				
· · · · · · · · · · · · · · · · · · ·									· · · · · · · · · · · · · · · · · · ·	<u> </u>
n na sana sa sana sa sana sa						-1		i		
· · · · · · · · · · · · · · · · · · ·										
And the state of the	·									
	. <u> </u>									
932007 01-20-20						*		C	;0P	Form 990 (2019)

Form 990 (2019) Jefferson									46-22	3312	6 1	> _{age} 8
Part VII Section A. Officers, Directors, Trus	ŧ	<u>ptoy</u>	ees,			ghe:	t C		5 (continued)			
(A) Name and tille	(B) Average hours per week	602	, unic	Pos Heck	(son )	inun i inun i s boli suulvus	an	(D) Reportable compensation from	(E) Reportable compensation from related	n	(F) Estima amoun othe	ted t of r
	(list any hours for related organizations below line)	Pate Presses and	11	1	42, er 1, j.	Print British After Print Sh	1ª *·· •	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) 0	impens from ti rganiza ind rela ganiza	he Ition Ited
							_					
1b Subtotal c Total from continuation sheets to Part VII							► ►	0.	605,04	0.0.	56,7	12.
d Total (add lines 1b and 1c)	*******			· · · ·	<u>.</u>	J		0.	605,04	0.	56,7	12.
compensation from the organization					•						Yes	0 No
3 Did the organization list any former officer,			-		•		-		•			x
<ul> <li>line 1a? If "Yes," complete Schedule J for su</li> <li>For any individual listed on line 1a, is the sur</li> <li>and colored expectations granted than \$150</li> </ul>	n of reportable	e cor	mpe	nsat	ion	and	oth	er compensation from th	e organization	, <u>3</u>	x	
and related organizations greater than \$150, 5 Did any person listed on line 1a receive or ac	ccrue compen	satic	on fre	om a	алу (	unre	ate	d organization or individ	ual for services			v
rendered to the organization? <u>// *Yes,* com</u> Section B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·	. 5	1	<u> </u>
1 Complete this table for your five highest con the organization. Report compensation for the									•	nsation f	ròm	
(A) Name and business a								(B) Description of se	rvices		(C) ensatio	'n
Voter Gravity, Inc., 104 1 Lane, Purcellville, VA 201		ai]	ley	7			Ľ	Database rent	al	25	50,0	00.
	L											
								<b></b>				
2 Total number of independent contractors (ind \$100,000 of compensation from the organiza		t lim	ited	to ti	hose 1	e liste	ed a	above) who received mor	e than			



,

	n 990 irt V	(2019) Jeffersonian H III ⁺ Statement of Revenue	Project			46-2233	126 Page 9
		Check if Schedule O contains a response o	r note to any line	in this Part VIII	<u>٩</u>		
				(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512 - 514
ts	1	a Federated campaigns		<u> </u>	:		<u> </u>
, Gifts, Grants nilar Amounts		b Membership dues 1b					
An C		c Fundraising events 1c					*
iar Iar		d Related organizations					
Sins,		e Government grants (contributions) <u>1e</u>					4
her		similar amounts not included above 1f	31,800.			1	
Contributions, C and Other Simil		Noncash contributions included in lines 1a-11 1g S		_	-		-
Col		Total. Add lines 1a-1f	<b>&gt;</b>	31,800.			
			Business Code				<u> </u>
e	2						
ervi		)					
m S Ven	1						
Program Service Bevenue		······································					
Pro		All other program service revenue					
		Total. Add lines 2a-2/				· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					<del></del>
	5	Royalties () Real	(ii) Personal		1 1×100 - 11 - 1	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	6	Gross rents 6a	(1)	~~		,	
		Less: rental expenses 6b	<b>`</b>		•		
		Rental income or (loss)				ž .	
		Net rental income or (loss)					;
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
	,	assets other than inventory 7a				-	
e	1	and sales expenses			,		
enu		Gain or (loss)					
Rev		Net gain or (loss)	►				
ther Revenue		Gross income from fundraising events (not	1				1
ŏ		including \$ of					l.
		contributions reported on line 1c). See		-			:
I.		Part IV, line 18 8a. Less: direct expenses 8b		-	٤		F
		Net Income or (loss) from fundraising events					
l		Gross income from gaming activities. See					
		Part IV, line 19	'				
		Less: direct expenses9b	<u>.</u>				
		Net income or (loss) from gaming activities	<u></u>	··· w ···			
	10 a	Gross sales of inventory, less returns				· · · ·	
	·	and allowances 10a Less: cost of goods sold 10b			•		
						·	· · · · · · · · · · · · · · · · · · ·
			Business Code			-	
Miscellaneous <u>Revenue</u>	<b>1</b> 1 a	Other	900099	14,332.	14,332.		
epu	ł						<u></u>
Bey	c						
Ξ		All other revenue		14,332.			
	12	Total revenue. See instructions		46,132.	14,332.	0.	0.
932009							Fay 1999 72019)

.

COPY

#### 16-2222126 0

Form 990 (2019) Jeffersonian Project

46-2233126 Page 10

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	se or note to any line in ( (A) Total expenses	his Part IX (B) Program service	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			•••••••••••••••••••••••••••••••••••••••	
4	Benefits paid to or for members			·_ ·_ ·_ ·	
5	Compensation of current officers, directors,				
	trustees, and key employees	11,106.	7,182.	3,924.	<del>.</del>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	C1 FF4	<u> </u>		<u></u>
7	Other salaries and wages	61,554.	54,287.	7,267.	
8	Pension plan accruals and contributions (include	1 0 0 0	1 630		
_	section 401(k) and 403(b) employer contributions)	1,833.	1,630.	203.	
9	Other employee benefits	5,085.	4,543.	542.	
0	Payroll taxes	5,496.	4,671.	825.	
	Fees for services (nonemployees):				
a		11,552.		11 550	NN
b	• · · · · · · · · · · · · · · · · · · ·	500.	425.	11,552.	
c			425.	/5.	
d		****.		- Bernetzer-server and a server a serve	
	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
f	Investment management fees				
g					
~	column (A) amount, list line 11g expenses on Sch 0.)		······		· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	116.	99.	17.	
3	Office expenses	2,038.	1,732.	30.6.	
4	Information technology	2,010.	1,152.		
5 6	Royalties				
0 7	Occupancy	53.	45.	8.	
7 8≦	Payments of travel or entertainment expenses		<u></u>		
0	for any federal, state, or local public officials				
0	Conferences, conventions, and meetings				
9 0				·	i
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	13,333.	11,333.	2,000.	
23					
4	Other expenses. Itemize expenses not covered	· · · ·		<u>,</u>	an an a sa mar a
•	above (List miscellaneous expenses on line 24e. If			. 1	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		ľ		
а	Subscriptions/research	68,968.	68,968.	<u></u>	
b	Dues/memberships	2,484.	2,111.	373.	
c					
d			······································		
	All other expenses	<u> </u>			
с ;	Total functional expenses. Add lines 1 through 24e	184,118.	157,026.	27,092.	
<u></u> 3	Joint costs. Complete this line only if the organization				······································
-	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here  (I following SOP 98-2 (ASC 958-720))				

932010 01-20-20

۶·

[[orn] 990 (2019)

,

# Form 990 (2019) Jeffersonian Project

## 46-2233126 Page 11

.

.

		· · · ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			49,802.	1	59,460
	2	Savings and temporary cash investments				2	
•	3	Pledges and grants receivable, net		**************************************	100,000.	3	11,800
	4	Accounts receivable, net				4	······································
	5	Loans and other receivables from any current i				5 7	· · · · · ·
į	•	trustee, key employee, creator or founder, sub		· · · · · · · · · · · · · · · · · · ·		-	y .
•		controlled entity or family member of any of the			атына, нақазақтуштары 1969-г. жайтарайдаға бі	5	3 e 1
	6	Loans and other receivables from other disgua			a na ana ana ana ana ana ana ana ana an	5	
		under section 4958(f)(1)), and persons describe	,	1		6	
	7	Notes and loans receivable, net				7.	
Assets	8:	Inventories for sale of use to the second se				8	
ST	9	and the second sec		*****	145,833.	9	145,833
	-	Land, buildings, and equipment: cost or other		аналан айылын айтартар айтар айтар тарайдар. Ал 11	and the second secon		
	100	basis. Complete Part VI of Schedule D	10a	40,000.			
	5	Less: accumulated depreciation		40,000.	13,333.	10c	0
	11	Investments - publicly traded securities	-			11	
	12:	Investments - other securities. See Part IV, line				. 12	
	13	Investments - program-related. See Part IV, line				13	
	13	Intangible assets				14	······································
	15	Other assets, See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			308,968.	• 16	217,093
+	17	Accounts payable and accrued expenses			385,371.	17	431,482
		Grants payable				18	
		Deferred revenue				19	
	20:	Tax-exempt bond liabilities *			in the second	20	
	21	Escrow or custodial account llability. Complete				21	N. N. N.
	22	Loans and other payables to any current or for		TV .			
riabilities	22	trustee, key employee, creator or founder, sub-		1.			
		controlled entity or family member of any of the			9999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	22	
	23	Secured mortgages and notes payable to unre	•			23	
	23 24	Unsecured notes and loans payable to unrelate			·····	24	
		Other liabilities (including federal income tax, p			····· ··· ··· ··· ··· ··· ··· ··· ···		
	23	parties, and other liabilities not included on line	•				
						25	
	26	of Schedule D. Total liabilities. Add lines 17 through 25			385,371.	26	431,482
-	20	Organizations that follow FASB ASC 958, ch					
2		and complete lines 27, 28, 32, and 33.	ECK HE				
2	<u>27</u>				-176,403.	27	-214,389
		Net assets with donor restrictions			100,000.	28	0
3		Organizations that do not follow FASB ASC				20 7 78	
5		• .	906, ch				
	20	and complete lines 29 through 33.	~	\$-	ang Marana ana ang ang ang ang ang ang ang ang	29	(24a) and such any and address and
3		Capital stock or trust principal, or current funds				30	· · · · · · · · · · · · · · · · · · ·
		Paid in or capital surplus, or land, building, or e				31.	<u>,</u>
5	31 32	Retained earnings, endowment, accumulated in Total net assets or fund balances			-76,403.	31. 32	-214,389

.

Form 990 (2019)



For	n 990 (2019) Jeffersonian Project	46-22	33126	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			32.
2	Total expenses (must equal Part IX, column (A), line 25)	2			18.
3	Revenue less expenses. Subtract line 2 from line 1	3.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-76	, 4	03.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	4		
7	Investment expenses	7.			
8	Prior period adjusiments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32;				
	column (B))	10	-214	., 3	<u>89.</u>
'Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XI	*****		<b></b> .	
i	Accounting method used to prepare the Form 990: Cash X Accrual Other	D.		Yes	No
. 2a		** *** * * * * * * * * * * * * * * * * *	2a		X
	.If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			ļ. ,
	separate basis, consolidated basis, or both:		,		
	Separate basis Consolidated basis Both consolidated and separate basis		in the		
b	Were the organization's financial statements audited by an independent accountant?	·****************************	, <u>2b</u>	<u>x</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	·		ľ
	consolidated basis, or both:				Į. I
	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?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin			-	
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	·		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	****	. Зь		L
				00	(2010)

Form 990 (2019)

.

(For Depair	HEDULE D m 990) Iment of the Treasury al Revenue Service	Supplementa Complete if the org Part IV, line 6, 7, 8, 9, 10 Go to www.irs.gov/Form9	anization answered ' , 11a, 11b, 11c, 11d, Attach to Form 990.	'Yes" on Form 99( 11e, 11f, 12a, or 1	), 2b.		OMB No. 1545-00 <b>2019</b> Open to Pub Inspection	
	e of the organizati		<u>2010/ 105 001.010 21</u>	the intest into in		Employer	identification nur	mber
14011	e er me ergemeen	Jeffersonian Proje	ct				6-2233126	
Pa	rt I Organiza	ations Maintaining Donor Advise		Similar Funds	or Ac	counts.	Complete if the	
<b>L</b>	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.					
		<u></u>	(a) Donor adv	ised funds	(t	b) Funds and	d other accounts	
1	Total number at er	nd of year						
2		i contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5		on inform all donors and donor advisors in		held in donor advis	sed fund:	s		
		in's property, subject to the organization's					Yes	] No
6		on inform all grantees, donors, and donor a						
	-	oses and not for the benefit of the donor o						
		ate benefit?		-		-	Yes .	No
Pa		ation Easements. Complete if the or						
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply	v).				
•	-	of land for public use (for example, recrea		Preservation o	f a histor	ically impor	tant land area	
		f natural habitat	······································	Preservation o				
		of open space	·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2		through 2d if the organization held a qualif	led conservation cont	ribution in the form	of a con	servation ea	sement on the las	ŧ
-	day of the tax year						it the End of the Tax	
а		• onservation easements			r I	2a		
b						2b		
c		vation easements on a certilied historic stru				2c .		
		vation easements included in (c) acquired a						
u		al Register		• •		2d '		
3		vation easements modified, transferred, rel					the tax	
3	year >	and casements modified, insidenced to	64366, extragelation, e	n totti intatog og titt	. organiz	unon domig		
4	· · · · · · · · · · · · · · · · · · ·	where property subject to conservation eas	ement is located					
5		tion have a written policy regarding the per		ection handling of				
		programmer a written policy regularing the per-	· · · · · ·				Yes	No
6		r hours devoted to monitoring, inspecting,						1,100
Ó		nobra devoreo to monitoring, inspecting,	nandning or molations,	and amonding con	Ser Facion	r cuacimento	doing and you	
7	Amount of expansi	es incurred in monitoring, inspecting, hand	line of violations, and	enforcing conserva	tion eas	aments duri	ng the year	
'	► \$	es (licuned in nonitoring, inspecting, nand	ing of ficiationa, and	citicitii de activative	non bas		ig the year	
8		vation easement reported on line 2(d) abov	a satisfu the requirem	ants of section 170				
0		(4)(B)(ii)?					Yes 🗌	] No
9	in Dart VIII. describ	e how the organization reports conservation	n azemente in ite in	inning and evenes	etáteme	nt and		] ,
3		I include, if applicable, the text of the footn					ha	
		ounting for conservation easements.	ore to the organization	i o indiretar orateini				
Pai	t III Organiza	tions Maintaining Collections of	Art. Historical T	reasures, or O	her Si	milar Ass	ets.	
<u>L</u>	F	the organization answered "Yes" on Form						
		elected, as permitted under FASB ASC 95		evenue statement a	nd halar	ice sheet w	orks	······
10		asures, or other similar assets held for pub						
		Part XIII the text of the footnote to its finar						
ь		elected, as permitted under FASB ASC 95				sheet works	of	
5		ures, or other similar assets held for public						
			exitinities, coopies,	a research an an		or public 301		
	•	ng amounts relating to these items:				•		
		ded on Form 990. Part VIII, line 1						
~		d in Form 990, Part X received or held works of art, historical trea				ovide		
Z.					י אישע יי			
	· · ·	Ints required to be reported under FASB A				► \$		
		on Form 990, Part VIII, line 1				► \$	<u> </u>	
		Form 990, Part X		terrae, press & portel and	··· · · · · · · · · · · · · · · · · ·		ule <u>D (Form 990)</u>	2010
	•	eduction Act Notice, see the Instructions	101 FORM 990.		1			2019
932051	10-02-19						ミリジ	
					r.	しい	ע ∥	

	edule D (Form 990) 2019 Jeffers Irt III   Organizations Maintaining C	onian Proj	the second s	torical Tre	easures. d	or Othe	er Sim		223312 ets (can		
3	Using the organization's acquisition, access									mmern	
Ū	collection items (check all that apply):			it ally at the			er grantes				
а			d 🗌	Loan or exc	change prog	ram					
b			•								
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how t	hey further ti	he organizati	ion's exe	empt pu	rpose in P	art XIII.		
5	During the year, did the organization solicit of			-	-						
	to be sold to raise funds rather than to be m								Yes		No
Pa	rt IV Escrow and Custodial Arran								IV, line 9, c	or	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	is or other as	sets not	include	d			
	on Form 990, Part X?								Yes		] No
ь	If "Yes," explain the arrangement in Part XIII										
									Amou	nt	
с	Beginning balance		* * * * * * * * * * *			aa salada in 6 aa	1	c			
d	A REPORT OF A R							d			
e								e			
f	Ending balance				. ,			1			
2a	Did the organization include an amount on F							******	Yes		] No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								•••••	<u> </u>	]
Pa	rt V Endowment Funds. Complete i	if the organization ar	swered	"Yes" on Fo	orm 990, Par	t IV, line	10.				
		(a) Current year	(b) (	Prior year	(c) Two yea	ars back	(d) Thr	ee years ba	ick (e) Fo	ur years	s back
1a	Beginning of year balance						ļ				
b	Contributions						L				
	Net investment earnings, gains, and losses		<u> </u>					. <u>.</u>			
d	Grants or scholarships										
	Other expenditures for facilities				•	-	-				
	and programs						•				
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 🕨	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	at are held ar	nd administe	red for th	he orga	nization			
	by:	-								Yes	No
	(j) Unrelated organizations								(3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	tiVI   Land, Buildings, and Equipm						-				
	Complete if the organization answered	d "Yes" on Form 990	, Part Í	/, line 11a. S	lee Form 990	), Part X,	line 10	•			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	Accumu	lated	(d) Bo	ok valu	9
		basis (investr	nent)	basis	(other)		preciat				
1a	Land						• <b>••</b> *	· · ·			
	Buildings			·							
	Leasehold improvements			Γ						,,	
	Equipment			1							
	Other			4	0,000.		40,	000.			0.
	. Add lines 1a through 1e. (Column (d) must ex		X. coluin				·				0.
		manne i seitti aracida i silla	a manufacture (		<del>n 1944</del>			Sched	ule D (For	m 990)	



.

Schedule D (Form 990) 2019 Jeffersonia Part VII Investments - Other Securities.	n Project		46-2233126 Page 3
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 calegory (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			<u>.</u>
(3) Oiher			
(A)			
(B)			
(C)			
(D) (E)			
(F)		n Millio Addini da anna ann ann ann ann ann ann ann ann	
(G)			·······
(H)			······································
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	· · · · · · · · · · · · · · · · · · ·	1	
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)			·····
		-	
Totat. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		L	
Complete if the organization answered "Yes"	on Form 900, Part IV, line	11d See Form 000 Part X line 15	
	Description	110. See Point 950, Part A, line 15.	(b) Book value
(1)			
(2)			
(3)		······································	
(4)			
(5)			
(6)			
(7)			
(8)	· · · ·		
(9)	-		
Total. (Colymn (b) must equal Form 990. Part X. col. (B) line	15.)	1	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line :	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	·····		
		·····	
Total. <u>(Column (b) must equal Form 990, Part X, col. (b) line</u> 2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statement	that reports the
- chonicy for oncontain tax pushturis. In Fart Ain, provide	The reaction the roothold to	are organization a manufa statements	anactepoits 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 X Schedule D (Form 990) 2019



932053 10-02-19

•

	edule D (Form 990) 2019 Jeffersonian Project rt XI:   Reconciliation of Revenue per Audited Financial Statements With Revenue per R		2233126 Page 4
Ļ	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	cturn.	
1	Total revenue, gains, and other support per audited financial statements	1	9,233,553.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 9, 187, 421	<u>.</u>	
е	Add lines 2a through 2d	2e	9,187,421.
3	Subtract line 2e from line 1	3	46,132.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
3	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIII.) 4b	2	
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	46,132.
Pa	rt XII' Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
. <u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	9,344,866.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments2b		
С	Other losses		
d	Other (Describe in Part XIII.) 2d 9,160,748.	<b>.</b> .	
e	Add lines 2a through 2d	2e	9,160,748.

Part	x,	Line	2:	

Part XIII Supplemental Information.

Management	reviews	and	assesses	all	activities	annually	to	identify	v an	v

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,

changes	in	the	scope	of	the	activ	rities	and	revenue	sources	and	the	tax

treatment thereof to identify any uncertainty in income tax. For the year

4b

ended December 31, 2019, management did not identify any uncertainty in

income tax requiring recognition or disclosure in the financial

3 Subtract line 2e from line 1

c Add lines 4a and 4b

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)

statements.

Part XI, Line 2d - Other Adjustments:

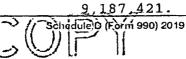
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Revenue of entities other than the Organization included in the

consolidated audited financial statements, net of

elimination entries.

932054 10-02-19



184,118.

184,118.

Ο.

3

4c

5

Schedule D (Form 990) 2019 Jeffersonian Project Part XIII Supplemental Information (continued)	46-2233126 Page 5
Part Am Supplemental Information (continued)	
Part XII, Line 2d - Other Adjustments:	
Expenses of entities other than the Organization included i	n the
consolidated audited financial statements, net of	
elimination entries.	9,160,748.
	· ·
	,
· · · · · · · · · · · · · · · · · · ·	
•	
	<u> </u>
	manadara .
	and the second
	Schedule D. (Form 990) 2019
32055 10-02-79	

· ·

•

.

SCHEDULE J	Compensation Information	OMB No	, 1545-00	.17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	140	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		)19	
Department of the Traasury	Attach to Form 990.		to Publ	
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		ection	
Name of the organization		Employer identificat		mber
	Jeffersonian Project	46-223312	26	
Part I Question	s Regarding Compensation			r
	and a second		Yes	No
••••	iate box(es) if the organization provided any of the following to or for a person listed on Form 9	90,		ļ
	line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or				
Travel for con	y warmang .	dence		
	cation and gross-up payments		ť	
L] Discretionary	spending account Personal services (such as maid, chauffeur	, chei)		
				i
•	on line 1a are checked, did the organization follow a written policy regarding payment or	····	ŀ .	
	provision of all of the expenses described above? If "No," complete Part III to explain			
-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
nusiees, and onice	ers, including the CEO/Executive Director, regarding the Items checked on line 1a?	2	-	
2. Indianta which it a	ny of the following the exception that used to establish the companying of the crossingtion			
	ny, of the following the organization used to establish the compensation of the organization's			)
	ector, Check all that apply. Do not check any boxes for methods used by a related organization at the CEO/Executive Director, but explain to Bart III.	110		ľ
· ·	ation of the CEO/Executive Director, but explain in Part III.			
· · · ·	compensation consultant	mmillen		
Foun aan of c	ther organizations Approval by the board or compensation co	minitee		
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 re	•	-		1
•		4a	امه. ان	X
	e payment or change of control payment?		+	X
	ceive payment from, an equity-based compensation arrangement?			X
	tes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		· · · ·	
in 165 to dify of a				i
Only section 501/c	.)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			-
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		4 1	
contingent on the r				•
-	· · · · · · · · · · · · · · · · · · ·	5a	- *	Х
b Any related organiz	ation?	5b		X
If "Yes" on line 5a c	pr 5b, describe in Part III.	·····		
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the n			ľ l	
		6a		X
b Any related organiz	ation?	6b		X
	r 6b, describe in Part III,		1	· .
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	No		
,	ies 5 and 67 If "Yes," describe in Part III	7	' `	Х
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			· · · ·
		8		X
	d the organization also follow the rebuttable presumption procedure described in			·····
	53.4958-6(c)?			
• • • • • • • • • • • • • • • • • • • •	eduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)	2019



For each individual whose compensation must be reported on Schedule Do not list any individuals that aren't listed on Form 990, Part VII.	e repi		report compensati	on from the organiza	J, report compensation from the organization on row (i) and from related organi	n related organizations	J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii),	uctions, on row (ii).
			a tailann taile a t					
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.	d indi	ividual must equal th	e total amount of ru	orm 990, Part VII, Se	ction A, line 1a, applic	abte column (D) and (E	) amounts for that indiv	vidual.
		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	L	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benelits	(C)-(i)(8)	in colurnn (B) reported as deferred on prior Form 990
(1) Lisa Nelson	e	0	.0		•0	0.	0	0
	: 🗉	321,300.	102,300.	.0	10,000.	15,246.	448,846.	.0
(2) Lîsa Bowen	Ξ	1	1 [		.0			0
	Ξ	171,440.	10,000.	0.	7,254.	24,212.	212,906.	•
	ε							
	2 G							
	6							
	: 8							
	Ξ							
	(1)							
	(!)							
	(j)							
	Ξ							
	Û							
	Ξ							
	Ξ							
	Ξ							
	3							
	E							
	19							
	Ξ							
	: E							
	Ξ							
	(ii)							
	Ξ							
			,					

.

Schedule J (Form 990) 2019 Jeffersonian Project	46-2233126	Pace 3
Part II Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines Ta, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	this part for any additional information.	
		Î
C	Schedule J (Form 990) 2019	1 990) 2019

SCHEDULE O	
------------	--

(Form 990 or 990-EZ)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Jeffersonian Project



Employer identification number 46-2233126

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 2019.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form-990 pr-990-EZ) (2019)

Name of the organization Jeffersonian Project	Employer identification number 46-2233126
place upon receipt of the draft Form 990 received from the	independent
public accounting firm who conducts the consolidated finan	cial statement
audit of the American Legislative Exchange Council, of whi	ch the
Organization is a part. The review involves comparison of	financial data
in the Form 990 with the audited financial statements and	review of all
narrative information for accuracy and completeness. The	CEO of the
Organization and of the American Legislative Exchange Coun	cil then reviews
the Form 990.	
Form 990, Part VI, Line 17, List of States receiving copy	of Form 990:
AR, CO, CT, FL, GA, HI, IL, KS, KY, MD, MS, MO, NJ, NY, NC, OR, PA, SC, TN, U	T.VA,WA,WI
Form_990, Part VI, Section C. Line 19:	est.
	"ODV

Page 2

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990) Depentment of the Treasury Interati Reserves Set taken	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 355, 36, or 37. Attach to Form 990.	Organizations and Unrelated Partnerships anization answered "Yes" on Form 990, Part IV, line 33, 34, 355, Attach to Form 990. Attach to Form 990. Attach instructions and the latest information	nerships e 33, 34, 355, 36 information	, or 37.		2019 2019 Open to Public Instaction
^{ation} Jeffersonian	Project				Employer identification number 46-2233126	ication number L 2 6
Part. I Identification of Disregarded Entities: Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	te if the organization answered "Yes"	on Form 990, Part IV, line 33.		. <b>.</b>		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Prîmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(!) Direct controlling entity
Part II. Identification of Related Tax-Exempt Organizations.	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990,	Part IV, line 34, bi	cause it had one o	more related tax-exe	ampt
- F						
(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
American Legislative Exchange Council - 52-0140979, 2900 Crystal Drive, 6th Floor, Arlington, VA 22202	Share research & educational info. with State Legislators, Congress and the general public.	, 111indis		501(c)(3)		
						V-1
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns far Form 990.				Schedule R	Schedule R (Farm 990) 2019

Schedule R (Form 990) 2019 Jeffersonian Project Part III Identification of Related Organizations Taxable as a Partn organizations treated as a partnership during the tax year.	Jeffersonian Project ated Organizations Taxable as a Partn as a partnership during the tax year.	oject. s a Partne x year.	tership. Complete if the	the organization answered	answered "Yes"	on Form 990,	Part IV, line	34, because	$\frac{46-2233126}{1000}$ Part IV, line 34, because it had one or more related	46-2233126 one or more related	d Page 2
(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 (rolated, unrelated, excluded from tax under sections 512-514		(f) Share of total SI income end	(g) Share of end-of-year assets	(h) Displopolitichais allocations? Vec No.	(i) Code V-UBI armount in box 20 of Schedule K-1 (Form 1065)		(i) (k) General or Percentage managing ownership Daimer?
								2			
Part IV Identification of Related Organizations Taxable as a Corporatic organizations (reated as a corporation or frust during the tax year.	ganizations Taxable a	is a Corpoi g the tax y	on or Trust.	Complete if the organization answered "Yes"	ganization ansv	wered "Yes" on F	orm 990, Pa	rt IV, line 34	on Form 990, Part IV, line 34, because it had one or more related	d one or n	ore related
(a) Name, address, and EIN of related organization	2 c	Prīm	(b) Prīmary 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 încome		(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 5120X133 controlled controlled relity?
				- 							
									· · ·		
									Scher	dule R (Fo	Schedule R (Form 990) 2019

•

,

v

# Form 8868

(Rev. January 2020)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Opportment of the Treasury Internal Revenue Service

### File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see instruct	ctions.	an e calendar de la constante e constante de la	Taxpaye	r identificatio	on numbei	r (TIN)
print Jeffersonian Project				46-22	33126	5
File by the due date for hiling your rolum, See 2900 Crystal Drive, 6th Flo	or					
instructions. City, town or post office, state, and ZIP code. For a fo Arlington, VA 22202	reign auui	ess, see instructions.				
Enter the Return Code for the return that this application is for (file	a separat	e application for each return)		<u></u>		0 1
Application	Return	Application				Return
Is For	Code	Is For				Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-BL	02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720 (other than individual)				09
Form 990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				. 11
Form 99D-T (trust other than above) Lisa Bowen, CFO	06	Form 8870				12
<ul> <li>If the tax year entered in line 1 is for less than 12 months, ch</li> <li>Change in accounting period</li> </ul>	in the Uni Group Exer and atta Nover nnization's , an neck reaso	Fax No. ▶         ted States, check this box         mption Number (GEN)         ch a list with the names and TINs of         aber 16, 2020         nteturn for:         d ending         n:       Initial return	f this is fo all memb	r the whole ers the extern npt organiza	group, che nsion is fo	<u>r.</u>
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less	3a	\$		Ο.
any nonrafundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		┸───	,	
estimated tax payments made. Include any prior year overpa			3ь	s		0.
<ul> <li>Balance due. Subtract line 3b from line 3a. Include your pay</li> </ul>	·····			<u> </u>		
using EFTPS (Electronic Federal Tax Payment System). Sce	instruction	19.	30	S		0.
Caution: If you are going to make an electronic funds withdrawal ( instructions. LHA For Privacy Act and Paperwork Reduction Act Notice, s		and the second	53-EO an		9-EO for p	