# SCANNED DEC 1 9 2018

(C, 2)

# Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public

	For the 2017 calendar year, or tax year beginning and ending									
В	Check if applicat	c Name of organization		D Employer identification number						
	Addr	ess change Jeffersonian Project								
	Name	e change D.B.A. ALEC Action		46-2233126						
	Initia	Number and street (or P.O. box, if mail is not delivered to street ad	dress) Room/suite	<del>                                     </del>						
	Final termi	return/ nated 2900 Crystal Drive, 6th Floor	<u>c</u>	(7.03)	373-0933					
	Amer	City or town, state or province, country, and ZIP or foreign postal of	code	F Group Exen	nption					
	Applic	ation pending Arlington, VA 22202	0.1	Number -						
G	Accour	nting Method: Cash X Accrual Other (specify)		H Check ▶ ☐ If the organization						
1 '	Websi	te: ▶www.alecaction.org		not required to attach Schedule B						
<u>J</u>	Tax-ex	tempt status (check only one) — 501(c)(3) X 501(c) (4 ) ◀(Ins	sert no.) 4947(a)(1) or 527	527 (Form 990, 990-EZ, or 990-PF).						
K	Form o	of organization: X Corporation Trust Association	Other		<u>.</u>					
L	Add lın	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$2	200,000 or more, or if total assets (Part	II,						
		1 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	150,000.					
P	art I	Revenue, Expenses, and Changes in Net Assets of	or Fund Balances (see the instru	uctions for Part	·					
_		Check if the organization used Schedule 0 to respond to any question in the	nis Part I	<del></del>	X					
	1	Contributions, gifts, grants, and similar amounts received		1	<u>150,000.</u>					
	2	Program service revenue including government fees and contracts		2	<u> </u>					
	3	Membership dues and assessments		3	<u> </u>					
	4	Investment income	1 1	4						
	5a	Gross amount from sale of assets other than inventory	5a							
	b	Less: cost or other basis and sales expenses	5b							
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a)	5c						
	6	Gaming and fundraising events								
ā	a	Gross income from gaming (attach Schedule G if greater than	,	,						
Revenue		\$15,000)	6a							
Re	b	Gross income from fundraising events (not including \$	of contributions	'						
_		from fundraising events reported on line 1) (attach Schedule G if the sum of	such							
		gross income and contributions exceeds \$15,000)	6b							
	C	Less: direct expenses from gaming and fundraising events	6c							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6	_ 6d							
	7a	Gross sales of inventory, less returns and allowances	7a	,						
	þ	Less: cost of goods sold	DEOEU (TO							
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	RECEIVED	7c	<del></del>					
	8	Other revenue (describe in Schedule 0)	50	8	150 000					
_	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	150,000.					
	10	Grants and similar amounts paid (list in Schedule 0)	8 NUV 1 3 2018   Q	10						
	111	Benefits paid to or for members	OGDEN, UT	11	101 771					
ses	12	Salaries, other compensation, and employee benefits	CODEN, UI	12	101,771. 11,146.					
Expenses	13	Professional fees and other payments to independent contractors		13	11,140.					
Ä	14	Occupancy, rent, utilities, and maintenance		14	461.					
	15	Printing, publications, postage, and shipping	See Schedule O	15 16	98,920.					
	16 17	Other expenses (describe in Schedule 0)	see schedule o		212,298.					
	<del></del>	Total expenses Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)		17	<62,298.>					
ets	18 19	Net assets or fund balances at beginning of year (from line 27, column (A))		10	<u> </u>					
Net Assets	1'3	(must agree with end-of-year figure reported on prior year's return)		19	17,583.					
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		<b>≥</b> 21	<44,715.>					
TH.		Panerwork Reduction Act Notice see the senarate instructions		F   61	Form <b>990-EZ</b> (2017)					

46-2233126

Page 2

Pa	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res	spond to any que	stion in this Part II				X
			(A) Beginning of year		(B) E	nd of year	
22	Cash, savings, and investments	Ī	77,709	. 22	<u> </u>	48,0	84.
23	Land and buildings	1		23			<del></del>
24	Other assets (describe in Schedule 0) See Schedule C	, †	40,000		-	255,3	67
25	Total assets	'	117,709			303,4	
26	Total liabilities (describe in Schedule 0) See Schedule C	,	100,126			348,1	
27	,	<b>'</b>	17,583			< 44,7	
	art III Statement of Program Service Accomplishme	nts (see the instr	uctions for Part III)	•121			15.
ГС	Check if the organization used Schedule O to res	•	•	r⊋r   (B		penses for section	
Mileo			Suon in this Fait in	50 <del>  122  </del>	1(c)(3)	and 501(c)	(4)
	it is the organization's primary exempt purpose? See Schedule C				ganızatıd ners.)	ons; option	al for
	ribe the organization's program service accomplishments for each of its three largest program her, describe the services provided, the number of persons benefited, and other relevant inform		penses in a clear and concise	"	1615.)		
		iditory for each program time			Т		
28	See Schedule O			— İ			
			<del></del>				
				<u>ا ا</u>		405 0	
	(Grants \$ ) If this amount includes foreign of	grants, check here	<u> </u>	28	3	<u>185,0</u>	143.
29		· · ·		— I			
				<u> </u>			
			<del> </del>	<u>—</u> ,			
	(Grants \$ ) If this amount includes foreign g	grants, check here	<u> </u>	29	1		
30				İ			
				<u> </u>			
				<u>—</u>	1		
	(Grants \$ ) If this amount includes foreign of	rants, check here		<u>   30</u>	1		
	Other program services (describe in Schedule O)		•				
	(Grants \$ ) If this amount includes foreign of	grants, check here	<b>&gt;</b>	<u>   31</u>	<del></del>		
	Total program service expenses (add lines 28a through 31a)					<u> 185,0</u>	<u>43.</u>
Pa	art IV List of Officers, Directors, Trustees, and Key E				ructions f	or Part IV)	_
	Check if the organization used Schedule O to res	spond to any que	stion in this Part IV				
	•	(b) Average hours	( )	d) Health (d) contributi	benefits,	(e) Estin	
	(a) Name and title	per week devoted t	W-2/1099-MISC)	employee plans, and	benefit	amount o	
		position	(if not paid, enter -0-)	compens		compens	
	presentative Linda Upmeyer						
	rector	1.00	0.		0.		0.
<u>Re</u>	presentative Phil King	]					
	rector	1.00	0.		0.		0.
	nator Leah Vukmir	]					
	rector	1.00	0.		0.		0.
<u>Bo</u>	b Williams	j					
<u>Di</u>	rector	1.00	0.		0.		0.
<u>Li</u>	sa Nelson	}					
<u>CE</u>		2.00	0.		0.		0.
<u>Li</u>	sa Bowen						
<u>CF</u>	0	1.00	0.		0.		0.
		]					
		]	1				
		1					
		1					
		1			İ		
		1					
		i	1				

## Jeffersonian Project D.B.A. ALEC Action

33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes," provide a detailed description of each activity in Schedule 0  34 Write any significant changes made to the organization for the provided in the provided occurrent of the year of the provided increase. 19 August	Pa	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the			X
33 Out the organization engregs in any significant activity not previously reported to the IRSP II "Yes", provide a detailed description of leach activity in Schedule () See instructions)  34 Were any significant changes made to the organization's name. Otherwise, explain the foliage in Schedule () See instructions)  35 Unit organization have unrieated useness grows more of \$1,000 or nor during the year from the steeps activities (such as those reported on lines 2, 6a, and 7a, among others)?  36 Unit organization have unrieated useness grows more of \$1,000 or nor during the year from thesess activities (such as those reported on lines 2, 6a, and 7a, among others)?  36 Unit organization activities (\$1,000 or 100 (100,4), 501 ((5),6), or 501 ((5),6) or 501 ((5),					
activity in Schedule 0  A Wirs an synothicate changes made to the organization go privaring documents? If "res", altach a conformed copy of the amended documents of they reflect a change to the organization's name. (Direvese), explain the change on Schedule 0 (see instructions)  35	22	Did the organization engage in any conditional activity not provide by reported to the IPS2 If "Vec." provide a detailed description of each		163	140
34 Were any significant changes made to the or ganzanton or governing documents? If Yes,* attach a conformed copy of the amended documents if the ryselect a change to the organization is name. Otherwise, equal the total page of Schedule () (see in Schedule () (see i	00		33		x
34	34	·			
35.a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on less 2, 6a, and 7a, among others)?  5. If Yas's to line 35a, has the organization field a Form 990-T for the year? If No.* provide an explanation in Schedule O  6. Was the organization assection 301(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) notices, reporting, and prixy lax requirements during the year? If Yes,* complete Seatedule, Part III  7. So the organization undergo a liquidation, dissociution, eminisation, or significant disposition of net assets during the year? If Yes,* complete seatedule in N  7. So the organization busineding at the end of the tax year covered by the return?  7. So but the organization the Form 1120-PDL or this year?  7. So but the organization the Form 1120-PDL or this year?  7. So but the organization the Form 1201 and enter the total amonet involved  7. If Yes, Yes, and capital contributions included on line 9  7. So but the organization school-time of the tax year covered by the return?  7. So bection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization during the year under:  7. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization engage in any section 4955 by N/A  7. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disqualited persons during the year under sections 4912, 495, and 495  7. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disqualited persons during the year under sections 4912, 495, and 495  7. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization in a foreign country; leaves the artists active? If Yes, complete Schedule L Part II  7. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the org	04		34		x
or hines 2, Bis, and 7s, among others)?  b) If Yes' for low 65s, has the organization field a Form 990-T for the year? If Yo.; provide an explanation in Schedule 0  c) Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III  Did the organization undergo a fluidation, dissolution, or significant deposition of net assets during the year? If Yes, complete Schedule N  35b. X  35c finate amount of political expenditures, director indirect, as described in the instructions  D) bit the organization in Form 1122-POL for this year?  36 b) If Yes, complete Schedule L, Part II and enter the total amount involved  37 b) If Yes, complete Schedule L, Part II and enter the total amount involved  38 b) If Yes, complete Schedule L, Part II and enter the total amount involved  38 b) If Yes, complete Schedule L, Part II and enter the total amount involved  38 b) If Yes, complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year undersections 4912. A specific amount of tax imposed on any of the price Form 590 or 990-E27 If Yes, Complete Schedule L, Part II  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on any of the price Form 590 or 990-E27 If Yes, complete Schedule L, Part II  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on any of the price Form 590 or 990-E27 If Yes, complete Schedule L, Part II  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations in a sections 4912, 455, and 4958  4 Section 501(c)(3), 501(c)(4), and 501(c)(29) o	35 a				
b If "Yes" to line 35s, has the organization lated a Form 990-1 for the year? If "No," provide an explication in Schedule O  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule (C, Part III  50. Old the organization of Horizon Schedule (C, Part III)  51. Did the organization of Horizon Schedule (C, Part III)  52. Did the organization fee Form 190-POL for this year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL for the year?  53. Did the organization fee Form 190-POL form 190-POL form 190-POL feet feet feet feet feet feet feet fee	004		35a		x
e Was the organization a section 501 (c)(4), 601 (c)(5), or 501 (c)(6), or 501 (	b			N/	
requirements during the year? If "Yes," complete Schedule C, Part III  50. bit the organization undergo a bitudation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  73. a line amount of political expenditures, direct or indirect, as described in the instructions  8. diversal of the organization file form 1140-P0. for this year?  8. diversal of the organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for this year?  8. diversal organization file form 1140-P0. for file file file form 1140-P0.  8. diversal organization file form 1140-P0. for file file file file file file file file					<u> </u>
See Did the organization undergo a loculation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  bid the organization for Form 1120-PDL for this year?  38b In the organization fore form on, or make any biasts to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  bif Yes, "complete Schedule L, Part II and enter the total amount involved  38b N/A  38c X  37b N/A  38c X  37b N/A  38c X  37c N/A  38c N/A  3	٠		35c		x
as a point and point and point and approach point approach point and approach point and approach point and approach point approa	36		"		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-PQL for this year?  37b Did the organization for Form 1120-PQL for this year?  37c Set Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  1 If Yes's complete Schedule L, Part II and enter the total amount involved  38b N/A  39 Section 50 (c)(7) organizations. Enter:  a Instation fees and capital contributions included on line 9  1 Organizations, included on line 9 (1) organizations. Enter amount of tax imposed on the organization during the year under: section 50 (t)(3), 50 (t)(4), 4n ad 50 (t)(2) organizations. Did the organization engage in any section 4995 excess benefit transaction during the year under sections 50 (t)(3), 50 (t)(4), 4n ad 50 (t)(2)(2) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958  C Section 50 (t)(3), 50 (t)(4), and 50 (t)(2)(2) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958  O . 4 Section 50 (t)(3), 50 (t)(4), and 50 (t)(2)(2) organizations. Enter amount of tax on line 40c reimbursed by the organization.  All organizations At any time during the teat year, was the organization and party to a prohibited tax sheller transaction? If Yes', complete form 8886-1  40 Eaction 50 (t)(3), 50 (t)(4), 4n did 50 (t)(2) organizations. Enter amount of tax on line 40c reimbursed by the organization books are in care of ▶ Lisa Bowen, CFO  Telephone no. ▶ (703) 373–0933  Located at ▶ 2900 Crystal Drive, 6th Floor, Artlington, VA  2IP +4 ▶ 22202  All the organization books are in care of ▶ Lisa Bowen, CFO  All your time during the calendary year, did the organization have an interest in or a segniture or other autho	•		36		x
b Did the organization file Form 1120-PGL for this year?  38a Did the organization forow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obtained at the end of the tax year covered by this return?  b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b N/A  38b	37 a		-		
38 a Did the organization biorrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the faxy errovered by this return?  38 b N/A  38 section 501(c)(7) organizations. Enter in the total amount involved  39 Section 501(c)(7) organizations. Enter in a section 4912 b N/A  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39 a N/A  39 Section 501(c)(3) 501(c)(4) and 501(c)(29) organizations. Did the organization during the year under:  39 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year under:  40 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualisted persons directly the year of year that has not been reported on any of its prior from \$90 or 990-E/2 if Yes, 'complete Schedule L, Part I  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8888-T  40 All organizations books are in care of ► Lisa Bowen, CFO  41 The organization is books are in care of ► Lisa Bowen, CFO  42 The organization is books are in care of ► Lisa Bowen, CFO  42 The organization is books are in care of ► Lisa Bowen, CFO  43 The organization is books are in care of ► Lisa Bowen, CFO  44 The organization is books are in care of ► Lisa Bowen, CFO  54 All yither during the calendary yard, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ►  45 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu			37h	***********	×
m a prior year and still outstanding at the end of the tax year covered by this return?  b If Yes', complete Schedule L, Part II and enter the total amount involved  section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A    Section 4911 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A     Section 4910 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A     Section 4910 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A     Section 4910 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A     Section 4910 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A     Section 501(c)(3), 501(c)(4), 301(c)(4), 4015 € (c)(2), 501(c)(4), 4015 € (c)(2), 901 € (c)			U.U.		
b If Yes', complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911  N/A ; section 4912  N/A ; section 4915  N/A  39b  N	<b>,</b>		38a	P	X
39 Section 501(c)(7) organizations. Enter: a Intation fees and capital contributions included on line 9 b Gross receipts, included on line 9 (pro public use of club facilities) 40 Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess sherifit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes,* complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955  O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations and any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-1  11 List the states with which a copy of this return is fled. ▶ See Schedule O  12 Elephone no. ▶ (70.3) 373–09.33  12 Located at № 29.00 Crystal Drive, 6th Floor, Arlington, VA ZiP+4 ≥ 22.20  b At any time during the calendar year, did the organization have an interest in or a signature or orither authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account; Pirks,* enter the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank accountry (such as a bank accountry organization maintain any donor advised funds during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ in lieu of Form	h		- 554		, ;
a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 40 Section 50 (Ic(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911  NA ; section 4912  NA ; section 4958  NA ; b Section 50 (Ic(3), 50 (Ic(4), and 50 (Ic(22) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did relargage in an excess benefit transaction during the year, of did relargage in an excess benefit transaction during the year, of did relargage in an excess benefit transaction during the year of did relargage in an excess benefit transaction managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 50 (Ic(3), 50 (Ic(4), and 50 (Ic()/29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 50 (Ic(3), 50 (Ic(4), and 50 (Ic()/29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 8886-1  List the states with which a copy of this return is filed See Schedule O  12 The organization's books are in care of Lisa Bowen, CFO Telephone no (703) 373-0933 Located at P290 Crystal Drive, 6th Floor, Arlington, VA ZIP+4 22202  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; See the instructions for exceptions and fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If Yes, enter the name of the foreign country:  See the instructions for exceptions and fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account					
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4915 ► N/A  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year; or did the engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization amangers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization amangers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations and the foreign counting the year under sections 4912, 4955, and 4958  O. all the organization and 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations by the organization and the year amount of tax shelter transaction? If Yes, complete form 886-T  40c					
Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ► N/A   section 4915 ► N/A    Section 4915 ► N/A   section 4915 ► N/A    Section 4916 ► N/A   section 4915 ► N/A    Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4956 ► xeess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 II "Yes," complete Schedule L, Part I    Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   O    Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T    40e			1.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization engage in any section 4958 excess benefit transaction during the year; or did it engage in an excess benefit transaction during the year; or did it engage in an excess benefit transaction during the year; or did it engage in an excess benefit transaction during the year; or did it engage in an excess benefit transaction during the year; or did it engage in an excess benefit transaction during the year; or did it engage in an excess benefit transaction during the year; or did it engage in an excess benefit transaction or some state of the year of the year? If "Yes," complete Schedule L, Part I  40b			i		j j
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did the engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZP if "Yes," complete Schedule I, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ See Schedule O  12a The organizations books are in care of ▶ Lisa Bowen, CFO  Lisa Bowen, CFO  Telephone no. ▶ (703) 373-0933  Located at ▶ 2900 Crystal Drive, 6th Floor, Arlington, VA  2IP+4 ▶ 22202  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; locus as a bank account, securities account, or other financial accounts of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1141 - Check here and enter the name of the foreign country: ▶  40 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization have a control	704		,		
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZP If Yes," complete Schedule L, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  O.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866-T  List the states with which a copy of this return is filed  See Schedule O  2a The organization's books are in care of Lisa Bowen, CFO Telephone no. (703) 373-0933  Located at 2900 Crystal Drive, 6th Floor, Arlington, VA  ZIP+4 22202  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If Yes,* enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If Yes,* enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42b  X  42c  X  Idea  X  Yes No  42b  X  Yes No  42c  X  If Yes,* enter the name of the foreign country: See the instructions for exceptions and filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or	h				
of its prior Forms 990 or 990-E27 If Yes,* complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete form 8886-T  List the states with which a copy of this return is filed  See Schedule O  12a The organization's books are in care of  Lisa Bowen, CFO  Telephone no. (703) 373-0933  Located at  2900 Crystal Drive, 6th Floor, Arlington, VA  ZIP+4 22202  b At any time during the calendar year, did the organization have an interest in or a signature or other funancial accounts over a financial account in a foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  1 and one the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  b) did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  c) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  c) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  d) The organization operate one or more ho	•			-	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			40b		x
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ▶ See Schedule O  42a The organization's books are in care of ▶ Lisa Bowen, CFO Telephone no. ▶ (703) 373-0933 Located at ▶ 2900 Crystal Drive, 6th Floor, Arlington, VA ZIP+4 ▶ 22202  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?)  If Yes,* enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If Yes,* enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year?  d Uffer 990-EZ  c Did the organization filed a Form 720 to report these payments? If *No,* provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controll	c		100	, ,	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  List the states with which a copy of this return is filed  See Schedule O  Telephone no. (703) 373-0933  Located at 2900 Crystal Drive, 6th Floor, Arlington, VA  List the states with which a copy of this return is filed  See Schedule O  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If Yes, enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  To the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  Under the organization receive any payments for indoor tanning services during the year?  Under the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section.	·			•	
by the organization  e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T  1. List the states with which a copy of this return is filed. See Schedule O  1. Telephone no. (703) 373-0933  1. Located at (2900 Crystal Drive, 6th Floor, Arlington, VA ZIP+4 22202  1. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts account; or instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  2. At any time during the calendar year, did the organization maintain an office outside the United States?  2. If Yes," enter the name of the foreign country:  2. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  2. At any time during the calendar year, did the organization maintain any donor advised funds during the year? If Yes," Form 990 must be completed instead of Form 990-EZ  2. Did the organization operate one or more hospital facilities during the year? If Yes," Form 990 must be completed instead of Form 990-EZ  2. Did the organization operate one or more hospital facilities during the year?  3. At any time during the year of the provide an explanation in Schedule O  3. At any time during the year of the provide an explanation in Schedule O  3. At any time during the search of the provide and explanation in Schedule O  3. At any time during the very of the provide and explanation in Schedule O  3. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  3. Did the organization receive any payment from or engage in any transaction with a controlled entity within th	d				1.5
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed ▶ See Schedule O  Lisa Bowen, CFO Telephone no. ▶ (703) 373-0933  Located at ▶ 2900 Crystal Drive, 6th Floor, Arlington, VA ZIP+4 ▶ 22202  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  442	ŭ		1.	٠.	
transaction? If Yes,* complete Form 8886-T  1 List the states with which a copy of this return is filed	e			, ,	ا
List the states with which a copy of this return is filled ► See Schedule O  Located at ► 2900 Crystal Drive, 6th Floor, Arlington, VA ZIP+4 ► 22202  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  c At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ►  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section \$12(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of sec	٠		40e		X
42a The organization's books are in care of ► Lisa Bowen, CFO Telephone no. ► (703) 373-0933  Located at ► 2900 Crystal Drive, 6th Floor, Arlington, VA ZIP+4 ► 22202  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ►  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d A5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	41				
Located at ▶ 2900 Crystal Drive, 6th Floor, Arlington, VA  IP+4 ▶ 22202  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  If "Yes," Form 990-EZ  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Up the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Up the organization receive any payments for indoor tanning services during the year?  If "No," provide an explanation  In Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section  In Schedule O			373	-09	33
the stany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country;    If "Yes," enter the name of the foreign country:    See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:    42c    X  1					
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section  Label Table	h				
account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section    Ada	-			Yes	No
If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section			42b	•	Х
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		•			
c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1					
If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Under the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "No," provide an explanation in Schedule O  440  451  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	c		42c		X
A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section					
Ada Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	43				
Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			N/A		
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		· · · · · · · · · · · · · · · · · · ·			
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section				Yes	No
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			',
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			44a		X
of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	•		
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	•		44b		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  5 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	C			_	
un Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X  5 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section					
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	-		44d		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45 a				Х
	_		45b		Х

	Jeffersonian Project						
orm 990-E	Z(2017) D.B.A. ALEC Action		<u>.</u>	<u>46-22331</u>			ige 4
•					Y	es	No
6 Did th	e organization engage, directly or indirectly, in political campaign activitie	es on behalf of or in opposition	n to candidates for p	ublic office?			
	s," complete Schedule C, Part I				46	-	Х
Part VI	<del>/ </del>	· · · · · · · · · · · · · · · · · · ·		<u></u>			
i ait vi		401 - 450 - 1 1-1		- 50 154			
	All section 501(c)(3) organizations must answer questions 47-	•	e the tables for line	es 50 and 51		_	
	Check if the organization used Schedule O to respond to any	question in this Part VI					_
					Y	es	No
7 Did th	e organization engage in lobbying activities or have a section 501(h) elec	tion in effect during the tax y	ear? If "Yes," complet	e Sch. C, Part II	47		
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				48		
	ne organization make any transfers to an exempt non-charitable related or				49a		-
	s," was the related organization a section 527 organization?	gamzanon			49b	_	
		. (athar than afficient disease		_			
	elete this table for the organization's five highest compensated employees	•	s, trustees, and key t	ampioyees) who ea	acii recei	veu n	Ю
than	\$100,000 of compensation from the organization. If there is none, enter "I			L	1		
	(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefits, contributions to		stıma	
		per week devoted to	compensation (Forms W-2/1099-MISC)	employee benefit	amoui		
,	N/A	position		plans, and deferred compensation	comp	ensat	ion
					1		
		1					
				<del> </del>	┿		—
		{	1		1		
				<u></u>	—		
		]			1		
					<u>L</u>		
	· · · · · · · · · · · · · · · · · · ·						
		1					
				·	+		
		-					
				İ	J		
	number of other employees paid over \$100,000	<b>-</b>					
i1 Com	plete this table for the organization's five highest compensated independe	nt contractors who each rece	eived more than \$100	,000 of compensa	ition fron	n the	
orgar	nization. If there is none, enter "None." N/A						
(	a) Name and business address of each independent contractor	(b	) Type of service	(c) C	ompens	atıon	
<del> ·- · · · · · · · · · · · · · · · · ·</del>							
•							
	<u> </u>						
d Total	number of other independent contractors each receiving over \$100,000		<b></b>				
2 Did tl	ne organization complete Schedule A? Note: All section 501(c)(3) organiz	ations must attach a					
coma	eleted Schedule A			▶ [	☐ Yes		] N
	alties of perjury, I declare that I have examined this return, including accor	mnanung schodules and stat	ements, and to the hi	ect of my knowled		olinf	_
	ct, and complete. Declaration of preparer (bther than officer) is based on a				ge une e	unui,	. 13
rue, corre	ct, and complete. Declaration of preparer (biller that officer) is based on a	an information of which prepa	irei ilas ally knowledi		0		_
	Signature of officer			/// // Date	8		
Sign				Date			
Here	Lisa B. Nelson, CED						
	Type or print name and title						
				<del></del>			
	Print/Type preparer's name Preparer's signature	Date	i Check i	I If I PTIN			
	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			
Paid	( ) ) h		self- emple	oyed			
	Thomas J. Raffa	Date 19/3	self- emplo	pyed P009			
Prepare	Thomas J. Raffa		self- emplo	oyed			
	Thomas J. Raffa Firm's name > Raffa, P.C.	19/3	self- emplo	pyed P009  N ► 52-151	1127	5	
Prepare	Thomas J. Raffa  Firm's name  Raffa, P.C.  Firm's address  1899 L Street NW, Sui	19/3	self- emplo	pyed P009  N ► 52-151		5	0
Prepare Jse On	Thomas J. Raffa Firm's name > Raffa, P.C.	19/3	self- emplo	P009 N ► 52-151 . (202) 8	1127	5	0

Form 990-EZ (2017)

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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.

Jeffersonian Project D.B.A. ALEC Action

OMB No 1545-0047 Open to Public Inspection

Employer identification number 46-2233126

Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: 70,950. Subscriptions Depreciation \_\_\_\_\_\_ 13,333. Meals and lodging 11,434. 3,108. Travel Dues/membership 80. \_\_\_\_15. Bank fees Total to Form 990-EZ, line 16 98,920. Form 990-EZ, Part II, Line 24, Other Assets: Description Beg. of Year End of Year 228,700. Prepaid expenses 40,000. 26,667. Other Depreciable Assets Total to Form 990-EZ, line 24 40,000. 255,367. Form 990-EZ, Part II, Line 26, Other Liabilities: Beg. of Year End of Year Description 100,126. 348,166. Accounts payable Form 990-EZ, Part III, Primary Exempt Purpose - The mission of the Jeffersonian Project is to educate the public and government policy makers by providing nonpartisan research on current events and other issues of concern to the public and government policy makers.

Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization  Jeffersonian Project  D.B.A. ALEC Action	Employer identification number 46-2233126
The Jeffersonian Project prepares information and	
documents to educate the public as well as Congress on	
various areas, including health care, civil society,	
welfare, education, the national budget and the environment	ent.
Form 990-EZ Part V, Line 41, List of States receiving con	y of Form 990-EZ:
AR, CO, CT, FL, GA, HI, IL, KS, KY, MD, MS, MO, NJ, NY, NC, OR, PA, SC, TN,	UT, VA, WA, WI
Form 990-EZ, Part V, Information Regarding Personal Benef	it Contracts:
The organization did not, during the year, receive any fu	inds, directly,
or indirectly, to pay premiums on a personal benefit cont	ract.
The organization, did not, during the year, pay any premi	ums, directly,
or indirectly, on a personal benefit contract.	
	•
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	<u> </u>