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Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 6

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

A Fo	or the 2	016 calendar year, or tax year beginning and en	nding		
B Che	eck if plicable	C Name of organization		D Employer ident	ification number
\mathbf{x}	Address change	VOTER REGISTRATION PROJECT			
\mathbf{x}	Name change	Doing business as		26-	4802468
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone numb	
	Final return/		50	(20	
1	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,197,662
	Amended return		j	H(a) Is this a group	
	Applica-	F Name and address of principal officer KIM ROGERS		for subordinat	
	pending	SAME AS C ABOVE		H(b) Are all subordinates	
1 Ta	x-exem	pt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	527	• •	a list (see instructions)
		► N/A		H(c) Group exempt	•
		ganization: X Corporation Trust Association Other	L Year o		M State of legal domicile: D
Par		ummary		77 TOT MACON. 22000	THE STATE OF TOTAL COMMONS. 25
		efly describe the organization's mission or most significant activities. TO HEI	LP OR	GANIZATION	S PLAN.
2		ANAGE, AND EVALUATE VOTER REGISTRATION PROPERTY OF THE PROPERT			
Ē		eck this box if the organization discontinued its operations or dispose			assets
Governance		imber of voting members of the governing body (Part VI, line 1a)		I	3
		imber of independent voting members of the governing body (Part VI, line 1b)			1
Activities &		tal number of individuals employed in calendar year 2016 (Part V, line 2a)			5
ij		tal number of volunteers (estimate if necessary)		<u> </u>	3
ફ ∣		tal unrelated business revenue from Part VIII, column (C), line 12			a 0
Ă۱		turrelated business teveride from Fart VIII, coldrift (o), iiile 12			b 0
\dashv	D IVE	at difference business taxable income from Form 990-1, line 34	$-\tau$	Prior Year	Current Year
,	• C	entributions and grants (Part VIII line 1h)		1,652,302	
Revenue		ontributions and grants (Part VIII, line 1h)		1,052,502	
Ž		ogram service revenue (Part VIII, line 2g)	-		
æ		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	0	
		her revenue (Part VIII, eolumn W.) Thes 5, 6d, 8c, 9c, 10c, and 11e)	-	1 (52 202	<u> </u>
		tal revenue add lines 8 through 1 (must equal Part VIII, column (A), line 12)		1,652,302	
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0	
	14 Be	nefits paid to or for hembers (Part X, column)(A), line 4)	-	0	
ao i	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0	
<u> </u>	16a Pro	ofessional fundralsing fees (Rait IX, column (A), line 11e)	ຸ ⊢	0	. 0
꿃		tal fundraising expenses (Part IX, column (D), line 25) 208, 39	9• ├─	210 506	0.074.113
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		319,586	
		tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		319,586	
	19 Re	evenue less expenses Subtract line 18 from line 12		1,332,716	
t Assets or nd Balances			Beg	inning of Current Yea	
SSel		tal assets (Part X, line 16)		1,332,122	
യ≽∣		tal liabilities (Part X, line 26)	<u> </u>	0	
		at assets or fund balances Subtract line 21 from line 20		1,332,122	4,565,088
Par		Signature Block			
	-	s of perjury, I declare that I have examined this return, including accompanying schedules a		•	my knowledge and belief, it is
true, c	correct, a	and complete. Declaration of preparer (other than officer) is based on all information of whice	n preparer	nas any knowledge.	
		Signature of officer		I Date	
Sign		•			
Here	' 	KIM ROGERS, CAMPAIGN DIRECTOR		1413/17	
		Type or print name and title		Table Law	
		rint/Type preparer's name	A .	ate Check	PTIN
Paid		ENNIFER S. HAN WWW YU		1/10/17 self-emp	
Prepa		rm's name HAN GROUP LLC		Firm's EIN	-
Use O	nly Fu	rm's address 1020 19TH STREET, NW, SUITE 800			
		WASHINGTON, DC 20036		Phone no. (202) 293-7000
May t	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes N

Form **990** (2016)

orm	990 (2016) VOTER R	EGISTRATION PROJECT		<u> 26-4802468 </u>	Page 2
Pai	t III Statement of Program Sei	vice Accomplishments			
	Check if Schedule O contains a re	sponse or note to any line in this Part III			X
1	Briefly describe the organization's mission			·	
•	VOTER REGISTRATION P		TO ASSIST CITIZE	ENG OF COLOR	
	WHO ARE ELIGIBLE TO				
	PROCESS. VOTER REGIS				<u>U</u>
	VOTER REGISTRATION D			IZATIONS TO	
2	Did the organization undertake any signi	ficant program services during the year v	which were not listed on the		
	prior Form 990 or 990-EZ?	•		Yes	X No
	If "Yes," describe these new services on	Schedule O.			
3	Did the organization cease conducting, o	or make significant changes in how it con	iducts, any program services?	Yes	X No
	If "Yes," describe these changes on Sch	<u> </u>	, , , , , , , , , , , , , , , , , , ,		
4	Describe the organization's program sen		oo largeet program conjigos, as	manufed by expenses	
~				•	
	Section 501(c)(3) and 501(c)(4) organizat		r grants and allocations to othe	ars, the total expenses, a	and
	revenue, if any, for each program service				
4a		421,259. including grants of \$	9,532,917.) (Revenu)
	VOTER REGISTRATION P				WHO_
	ARE ELIGIBLE TO REGI	STER TO VOTE AND PAR	TICIPATE IN THE	DEMOCRATIC	
	PROCESS. VOTER REGIS	TRATION PROJECT PROV	IDES TECHNICAL A	ASSISTANCE T	0
	VOTER REGISTRATION D	RIVES AND PARTNERS W	ITH OTHER ORGAN	IZATIONS TO	
	CONDUCT VOTER REGIST				
	OUNDOOR TOTAL REGIST	THE TAXABLE			
		. , , .			
	*				
		-			
4b	(Code) (Expenses \$	including grants of \$) (Revenu		<u> </u>
	, (242	monading game of o	, (1070110		
					
4c	(Code) (Expenses \$	including grants of \$) (Revenu	ue \$)
					
					
	-				
4d	Other program services (Describe in Sch	edule ())			
+ u	,	,) <i>(</i> =	1	
	(Expenses \$	including grants of \$) (Revenue \$	<u>)</u>	
4e	Total program service expenses	11,421,259.			
				Form 9	90 (2016)

Form 990 (2016) VOTER REGISTRATION PROJECT
Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(e)(1) (other than a private foundation)? 1 If Yes, "complete Schedule Schedule B, Schedule Of Contributors? 2 Is the organization required to complete Schedule B, Schedule Of Contributors? 3 Is the organization required in direct or influence political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I are organization or section 501(e)(3) organization or the very If "Yes," complete Schedule C, Part II are organization and the organization and the organization or section 501(e)(3), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-197 If "Yes," complete Schedule C, Part III organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts an such funds or account? If "Yes," complete Schedule D, Part II old the organization maintain accelerors of works of art, historical treasures, or other amiliar assets? If "Yes," complete Schedule D, Part II old the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV organizations, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, and the organization is an amount for linear part X, line 102 file "Yes," complete Schedule D, Part X organization report an amount for linear part X, line 100 file "Yes," complete Schedule D, Part X organization or amount for organization is a paginated in amount for organization is a sester reported in Part X, line 167 if "Yes," complete Schedule D, Part X organization and amount for organization additional schedule P, Part X organization				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization singular direct or indiscret political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section SO(1c/R) organizations of the organization engage in lobbying activities, or have a section SO(1c/R) organization and the organization assection of the organization assection of the organization assection of the organization maintain and revenue Procedule C, Part II Is the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical iresaures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization assets of the organization of amounts in auch funds or accounts lability, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments or their securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments or there securities in Part X, line 10? If "Yes," complete Schedule D, Part XI Did the organization report an amount for investments or there securities in Part X, line 10? If "Yes," complete Schedule D, Part XI Did the organization report an amount for other ilabilities in Part X, line 10? If "Yes," compl	1				
3 Did the organization engage in direct for indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part II 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, provide credit counseling, debt management, credit repair, or debt negatiation services? 11 If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI 10 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 VI 11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount	_	· · · · · · · · · · · · · · · · · · ·			
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4 Section 501(x/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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II Is Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, histonic land areas, or historic structures If "Yes," complete Schedule D, Part II 7, X 2 10 the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7, X 2 10 the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 if the organization sharewer to any of the following questions is "Yes," then complete Schedule D, Part X V 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X V 11 the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X V 11 the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X V 11 the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X V 11 the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X V 11 the organization report an amount for other assets in Part X, line 10? If "Yes," compl	3				v
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5 Is the organization a section SO1(o)(4), 501(o)(5), or 501(o)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization memtain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in the provide advice on the distribution or investment in the provide advice on the distribution or investment in the provide advice on the distribution or investment in the provide advice on the distribution or investment in the provide advice on the distribution or investment in the provide advice on the distribution or investment in the provide advice on the distribution or investment in the provide advice on the distribution of t	-		1		¥
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6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical markets of the vices," complete Schedule D, Part II I I I I I I I I I I I I I I I I I			5		x
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7 Dd 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 III 8 Dd the organization and areas, or historic structures? If "Yes," complete Schedule D, Part III 9 Dd the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 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? If "Yes," complete Schedule D, Part VII 14 Did the organization report an amount for other lassifies in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 15 Did the organization report an amount for other lassifies in Part X, line 25 If "Yes," complete Schedule D, Part X 16 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 19 Did the organization answered "No" to		·	6		х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization develop or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 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. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 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 VIII 14 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 16 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII so optional 18 St. Y. 19 Did the	7				
Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 VIII d Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 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, line 16? If "Yes," complete Schedule D, Part XIII d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII d Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII b Ut the organization aschool described in section 170(b)(1)(A)(b)()? If "Yes," complete Schedule E, Parts II and IV d) Did the organization aschool described in section 170(b)(1)(A)(b		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporanily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 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, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III III III III III III III III	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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Column (A), lines o and Tie? If ties, comblete scriedule G. Part I	1/				
	10		1/		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X	10		10		y
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	·	├ `		<u> </u>
complete Schedule G, Part III	10		10		x
Form 990 (2016)		Service Contract Of Fair III		990	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		_
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		1
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 3O1.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	Щ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ĺ	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2016)

2016) VOTER REGISTRATION PROJECT Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Form 990 (2016) **Part V** Sta

D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2010
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
C	Enter the amount of reserves on hand	44-		v
_	organization is licensed to issue qualified health plans Enter the amount of resource on hand			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
L	Note. See the instructions for additional information the organization must report on Schedule O			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 -	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	 	-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(e)(20) qualified perpendit health incurrence incurrence.			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
	amounts due or received from them)			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
a	Gross income from members or shareholders			
11	Section 501(c)(12) organizations. Enter			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
a	Initiation fees and capital contributions included on Part VIII, line 12			
10	Section 501(c)(7) organizations. Enter			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
	sponsoring organization have excess business holdings at any time during the year?	8		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			,,
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	to file Form 8282?	7c		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
а	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?	7a		X
7	Organizations that may receive deductible contributions under section 170(c).			
	were not tax deductible?	6b		<u></u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	any contributions that were not tax deductible as charitable contributions?	6a		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			\
b	If "Yes," enter the name of the foreign country:			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u>_</u>		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
<u>.</u>	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	filed for the calendar year ending with or within the year covered by this return 2a 7	_		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	(gambling) winnings to prize winners?	1c	<u> </u>	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	1 1		Yes	No
	Check if Schedule O Contains a response of note to any line in this Part V			لكا

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			L-1			X	
<u>Sec</u>	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		5				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other					
	officer, director, trustee, or key employee?				2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervisio	on				
	of officers, directors, or trustees, or key employees to a management company or other person?		•		3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			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 a	ppoint	one or					
	more members of the governing body?				7a_		_X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				_	
	persons other than the governing body?				7b_		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:					
а	The governing body?				8a_	X		
b	Each committee with authority to act on behalf of the governing body?				8b_	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9_		X	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)					
						Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?				10a		_X_	
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe					
	ın Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?				13_	Х		
14	Did the organization have a written document retention and destruction policy?				14	X		
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?						
а	The organization's CEO, Executive Director, or top management official				15a	X	<u> </u>	
b	Other officers or key employees of the organization		••		15b	<u> </u>	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 arrange	ement v	vith a				٠,	
_	taxable entity during the year?	_4		_	16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th		•	ו		}		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization and take steps to safeguard the organization.	anizatio	on's		401			
500	exempt status with respect to such arrangements? tion C. Disclosure				16b	L	Ь	
	List the states with which a copy of this Form 990 is required to be filed ► NONE			<u> </u>				
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Soc	tion 501(c)(3	Rie opiyi	availah	ماد		
18	for public inspection. Indicate how you made these available. Check all that apply	i (Seci	1011 30 1(0)(3	oja orny) i	avallat			
	Own website Another's website X Upon request Other (explain	n in Sc	hadula (()					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or		•	olicy and	i finan	cial		
	statements available to the public during the tax year	J. 111101 (toreat p	J., a. 10	- 11110311	J.41		
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records	•				
	RAFFA, P.C (202) 822-5000		, , , , , ,					
	1899 L STREET, NW, SUITE 850, WASHINGTON, DC 200	36						
63200	3 11-11-16				Forn	990	(2016)	

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

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

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

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

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

(2) LAUREN GROH-WARGO 1.00 X X 0. 0 TREASURER 1.00 X X 0. 0 (3) BILL VANDENBERG 1.00 X X 0. 0 SECRETARY X X X 0. 0 (4) KATHERINE PECK 1.00 0 0 0	organization and related organizations . 0.
Nours per Week (list any hours for related organizations below line) Nours for related organizations with the organizations (W-2/1099-MISC) Nours for related organizations (W-2/1099-MISC) Nours for for for for related organizations (W-2/1099-MISC) Nours for	amount of other compensation from the organization and related organizations
Week (list any hours for related organizations below line) From the organization (W-2/1099-MISC)	other compensation from the organization and related organizations . 0.
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	t VII Section A. Officers, Directors, Tru (A) Name and title	(B) (C) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)						one h an	(D) Reportable compensation	(E) Reportable compensation	- 1	(F) Estimat amount	of
		(list any hours for related organizations below line)	(list any lours for related anizations below repair to the organization (W-2/1099-MISC) anizations below repair to the organization (W-2/1099-MISC)						from related organizations (W-2/1099-MISC) 0 8	other compensation from the organization and related organizations		
												-	
													_
							_						
												·-	
													
			ļ				-				-		
1b	Sub-total			L	į		L.		133,383.).	9 7	777.
С	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							133,383.	().).		0. 777.
2	Total number of individuals (including but	not limited to th	ose	liste	ed a	bov	e) wh	10 r			<u> </u>	<i>, ,</i>	
	compensation from the organization											Yes	1 No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for		uste	e, ke	y er	nplo	yee	or	highest compensated e	mployee on	3		x
4	For any individual listed on line 1a, is the s	um of reportab							•	the organization			
5	and related organizations greater than \$15 Did any person listed on line 1a receive or			•						dual for services	4		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	or s	uch	pers	son				5	<u> </u>	X
1	Complete this table for your five highest co		-								- ensation	from	
	the organization. Report compensation for (A) Name and business		ear	<u>endı</u>	ng v	vith	or w	ithı	(B)			(C)	
GRA	ASSROOTS SOLUTIONS, 28		ER.	SI	ΓY	Α	VE		Description of s	ervices	Comp	ensati	on
SE,	<u>SUITE 150, MINNEAPLO</u> JE ENGINE MESSAGE & ME			414	1				CONSULTANT	AT.	5	50,0	31.
	NECTICUT AVENUE NW, S	•							COMMUNICATION CONSULTING	N _	1	35,0	00.
	ALIST, LLC, 1090 VERM TE 300, WASHINGTON, D		ENU	JE	M	W ,		- 1	RESEARCH AND TRACKING		1	17,5	500.
			,					\exists					
2	Total number of independent contractors	(including but n	ot lı	mrte	d to	tho	se lis	stec	d above) who received m	ore than			

Form **990** (2016)

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats ste	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					ŀ
A, C	c	Fundraising events	1c					
a git	d	Related organizations	1d					
S,E	е	Government grants (contribut	tions) 1e					
r tion	f	All other contributions, gifts, gran	its, and					
		similar amounts not included abo	ve 1f	15 197 662				
E D	g	Noncash contributions included in lines	1a-1f \$					
<u>8 8</u>	h	Total. Add lines 1a-1f		>	15 197 662.			
				Business Code				
ဗွ	2 a	·			: 			
E S	b							
S I	C	·						ļ <u>.</u>
Program Service Revenue	d	i			_			
5 <u> </u>	е							
۱ ۵	f	All other program service reve	enue					
\rightarrow	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	,			
	4	Income from investment of ta	x-exempt bond p	proceeds -				
	5	Royalties		>				ļ
		_	(i) Real	(ii) Personal				
	6 a							
	b	•		<u> </u>		•		
	C	` '		<u> </u>				
		Net rental income or (loss)	T	•				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	þ	Less. cost or other basis						
Ī		and sales expenses		-				
		Gain or (loss)						
	d	• '		P	····			
ne	8 a	Gross income from fundraisin						
Ven		including \$						
Other Rever		contributions reported on line]				
her		Part IV, line 18 Less. direct expenses	8					
ŏ		Net income or (loss) from fund	b dravojna ovente			i		
		Gross income from gaming a	_					
	ва	Part IV, line 19						
		Less direct expenses	a b					
j		: Net income or (loss) from gan	_					
		Gross sales of inventory, less			·			
İ	10 a	and allowances	a					
	h	Less: cost of goods sold	b					
		Net income or (loss) from sale						
ľ		Miscellaneous Revenu		Business Code				
ŀ	11 a							
ŀ	u							
	C							1
l		All other revenue						
	-	Total, Add lines 11a-11d		<u> </u>				
	12	Total revenue See instructions.	-		15 197 662.	0.	0	1
632009				· · · · · · · · · · · · · · · · · · ·				Form 990 (2016

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX								
	not Include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses				
•	and domestic governments. See Part IV, line 21	9,532,917.	9,532,917.	16					
2	Grants and other assistance to domestic	<u> </u>	2,002,32,0						
_	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	117,319.	35,196.	46,927.	35,196.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	184,853.	111,196.	49,459.	24,198.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	22,399.	12,477.	6,431.	3,491.				
10	Payroll taxes	33,095.	16,199.	10,484.	6,412.				
11	Fees for services (non-employees)								
а	Management								
b	Legal	31,252.		31,252.					
C	Accounting	46,151.		46,151.					
	Lobbying								
θ	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	-	005 000	222 252	540 440					
	column (A) amount, list line 11g expenses on Sch O.)	935,393.	392,953.	542,440.					
12	Advertising and promotion	42 554	2 266	11 000					
13	Office expenses	13,574.	2,366.	11,208.	 				
14	Information technology	4,055.		4,055.					
15	Royalties	22 200		22 200					
16	Occupancy	33,200.	37,582.	33,200.	3,420.				
17	Travel	51,962.	37,302.	10,960.	3,420.				
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials Conferences, conventions, and meetings								
19	Interest								
20	Payments to affiliates								
21 22	Depreciation, depletion, and amortization	-							
23	Insurance	523.		523.					
23 24	Other expenses. Itemize expenses not covered	<u> </u>		323.					
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	RESEARCH / TRACKING	670,226.	670,226.						
b	MAILING	268,514.	268,514.						
c	INDIRECT ALLOCATION	0.	333,662.	-465,735.	132,073.				
d									
	All other expenses	19,263.	7,971.	7,683.	3,609.				
25	Total functional expenses. Add lines 1 through 24e	11,964,696.		335,038.	208,399.				
26	Joint costs Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
00001	11-11-16				Form 990 (2016)				

Form 990 (2016)
Part·X Balance Sheet

		Obsel & Cohedula O and an analysis and the six Abia Book V	 		
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	530,655.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	3,956,528.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	•	trustees, key employees, and highest compensated employees. Complete			
	1	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S	ĺ	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	64,337.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b	1	10c	
	11	Investments - publicly traded securities		11	
	12	Investments other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,332,122.	15	227,740.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,332,122.	16	4,779,260.
	17	Accounts payable and accrued expenses		17	214,172.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	-	21	
X	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
ap		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	214,172.
		Organizations that follow SFAS 117 (ASC 958), check here		'	
88		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	1,332,122.	27	608,560.
Bal	28	Temporanly restricted net assets		28	3,956,528.
5	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ģ		and complete lines 30 through 34,			
sets	30	Capital stock or trust principal, or current funds	<u> </u>	30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	4 222 125	32	4 = 6 = 6 = 6
~	33	Total net assets or fund balances	1,332,122.	33	4,565,088.
	34	Total liabilities and net assets/fund balances	1,332,122.	34	4,779,260.

Fo <u>rm</u>	990 (2016) VOTER REGISTRATION PROJECT	26-48	02468	Pa	ge 12				
Par	t·XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
			<u> </u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	15,19	7,6	62.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,96	1,6	96.				
3									
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Pnor period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		_						
	column (B))	10	4,56	5,0	88.				
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
	<u> </u>			Yes	No				
1	Accounting method used to prepare the Form 990		_		ł				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.							
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both				ļ				
	Separate basis Consolidated basis Both consolidated and separate basis				}				
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audrt,							
	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 in Sch	edule O							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	ì						
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
	or guidte, explain why in Schedule C and departs any stone taken to undergo such guidte		26		ı				

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	lame of the organization Employer identification num							identification number	
	VOTER REGISTRATION PROJECT 2						2	6-4802468	
Par	EL.	Reason for Public (Charity Status (All organizations must c	omplete th	is part.) Se	e instruction	S.	
The o	rg <u>a</u> n	ization is not a private found	lation because it is: (For lines 1 through 12,	check only	one box.)			
1 [A church, convention of ch	urches, or associatio	on of churches describe	d ın sectio	n 170(b)(1	I)(A)(i).		
2 [A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Fon	n 990 or 99	90-EZ))			
з [A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4 [A medical research organization	ation operated in coi	njunction with a hospita	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental i	unit descnb	ped in
	_	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support	from a gov	emmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Pa	rt II)				
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	, and state o	f the colleg	e or
_		university							
10 L		An organization that norma	illy receives: (1) more	than 33 1/3% of its su	pport from	contribute	ons, member	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) f	rom busine	sses acqu	ired by the o	rganızatıon	after June 30, 1975
_		See section 509(a)(2). (Cor	•						
11		An organization organized a	and operated exclus	ively to test for public s	afety See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	purposes of one or
		more publicly supported or							Check the box in
	_	lines 12a through 12d that				•		-	
а	L_		•		•				• •
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
	_	organization You must o	•						
b	L						_		=
		control or management o			same perso	ons that co	ontrol or man	age the sup	pported
	_	organization(s) You mus	•						
С	L							illy integrate	ed with,
	_	its supported organization		•	•	•	•		
d	L	☐ Type III non-functionally							
		that is not functionally int		• ,	•		•	d an attent	iveness
	_	requirement (see instruct							
е	L	Check this box if the orga					alypel, lype	ılı, Type III	
		functionally integrated, or	• •	nally integrated suppor	ting organi	zation			Γ
		er the number of supported o	•	- d					
<u>g</u>		vide the following information I) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	,	organization	(.,,	(described on lines 1-10	Yes	Ing document?	support (see i	•	support (see instructions)
				above (see instructions))	163				
						 			
						l			
						 			
		··· ·			 	 	 	·	
		· - · · · · · · · · · · · · · · · · · ·			1				
Total								·	

Schedule A (Form 990 or 990-EZ) 2016 VOTER REGISTRATION PROJECT 26-4802468 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	5,983.	0.	631,000.	1652302.	15197662.	17486947.
2	Tax revenues levied for the organ-					1	-
	ization's benefit and either paid to				ļ		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	5,983.		631,000.	1652302.	15197662.	17486947.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6659047.
8	Public support. Subtract line 5 from line 4						10827900.
	ction B. Total Support	·		<u> </u>	 	· L	100273001
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	5,983.	(4) = 0.10	631,000.			17486947.
8	Gross income from interest,			002/000			
-	dividends, payments received on			i			
	securities loans, rents, royalties						
	and income from similar sources			ļ			
9	Net income from unrelated business						
•	activities, whether or not the				1		
	business is regularly carned on						
40	Other income Do not include gain					 	
10	or loss from the sale of capital					•	
	assets (Explain in Part VI)					i	
44					 -	 	17486947.
11	Gross receipts from related activities,	oto (soc instruction		L	<u> </u>	12	17400347.
13	· · · · · · · · · · · · · · · · · · ·	•	•	ed fourth or fifth to	ov voar oo o oostia	· · · · · · · · · · · · · · · · · · ·	
13	organization, check this box and stor	-	ilist, second, tili	u, loui ili, or ilitir te	ax year as a section	JI 30 1(c)(3)	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (·		column (fl)	-	14	61.92 %
	Public support percentage from 2015	, ,,	•	501a/181 (1))		15	66.89 %
	33 1/3% support test - 2016. If the	•	•	n line 13 and line	14 is 33 1/3% or r		
	stop here. The organization qualifies	-		·			▶ [X]
ŀ	33 1/3% support test - 2015. If the		-		l line 15 is 33 1/39	6 or more check t	
-	and stop here. The organization qual	-		=		5 5, G	▶□
17:	10% -facts-and-circumstances tes	• •	• • •		e 13 16a or 16b	and line 14 is 10%	or more
.,.	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"			-	•	art virilow the orga	▶ □
	10% -facts-and-circumstances tes	-				17a and line 15 is	10% or
•	more, and if the organization meets the	-				•	
	organization meets the "facts-and-circ				•		~
18	Private foundation. If the organization						
10		die Hot OHEOR A	20, 0,7 1110 10, 10	<u>, 100, 170, 01 171</u>			0 or 990-EZ) 2016
					JUIL		

Schedule A (Form 990 or 990-EZ) 2016 VOTER REGISTRATION PROJECT Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	iow, piease com	piete i ait ii j	·	·		-
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions.						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	 -	 	-	 	 	
are not an unrelated trade or bus-						
iness under section 513						
-					-	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received				† · · · · · · · · · · · · · · · · · · ·		
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		_				
c Add lines 7a and 7b		<u>. </u>				
8 Public support. (Subtract line 7c from line 6)		<u> </u>		<u> </u>	L	ļ
Section B. Total Support		<u></u>	1	<u> </u>	·-·	
Calendar year (or fiscal year beginning in) 🟲 📙	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income		1				
(less section 511 taxes) from businesses						
acquired after June 30, 1975			İ			:
c Add lines 10a and 10b				<u> </u>		
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carned on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	the organization'	's first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	ŭ			•	(,(,)	. ▶□
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2016 (lir	<u> </u>		column (fl)		15	%
16 Public support percentage from 2015			50.G.TT (1))		16	
Section D. Computation of Invest					1 10 1	
			10 (6)		147	
17 Investment income percentage for 201	•	•	ie is, column (t))		17	%
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2016. If the c	-		•		•	17 is not
more than 33 1/3%, check this box an	=	=	-	· · · · · ·		▶∟
b 33 1/3% support tests - 2015. If the c	organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	stop here . The orga	anızatıon qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□
				0-1-	adula A /Farm 00/	000 ET) 0010

101¢ 020E0 TOMED

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D. and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
		<u></u>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	_2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	<u></u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	_3b_	<u> </u>	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	<u> </u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	<u> </u>	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	<u> </u>	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	L
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	1	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	ļ	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	Ļ	ļ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		1	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	 	<u> </u>
C				ł
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	<u> </u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	<u> </u>	L
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b	1	L

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	dule A (Form 990 or 990 EZ) 2016 VOTER REGISTRATION PROJ		• • • • • •	26-4802468 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	1 (5) 5
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
<u>6</u>	Multiply line 5 by .035	6	·	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_	Enter 950/ of line 1		· · · · · · · · · · · · · · · · · · ·	

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

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Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

instructions).

3

<u>4</u> 5

6

	Type in Non-runctionally integrated 509	(a)(a) Supporting Orga	anizacions (continuea)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	·		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions, Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	-
-	(provide details in Part VI) See instructions	•		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
		(i)	(ii)	(iii)
Senti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			-10-2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
-	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017, Add lines 3			
•	and 4c			
	Breakdown of line 7			
_ - -	Disance of the transfer of the			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015		-	
	Excess from 2016			
е	Excess HOIII 2010	L	<u></u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A	(Form 990 or 990-EZ) 2016 VOTER REGISTRATION PROJECT	26-4802468 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines III, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	or 17b; Part III, line 12; s 1 and 2, Part IV, Section C, t V. Section B. line 1e; Part V.
		
		
		
		

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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Do:	VOTER REGISTRATION		26-4802468
Par			is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	L Yes L N
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes N
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hi	stoncally important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic stru-	oture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the pe		- f
	violations, and enforcement of the conservation easements	t holds?	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	inservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesN
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthe	rance of public service, provide, in Part XIII
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historic
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of j	public service, provide the following amoun
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1	, ,	▶ \$
	Assets included in Form 990, Part X		> \$
`	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 20

	dule D (Form 990) 2016 VOTER R t NI Organizations Maintaining C	EGISTRATIO			easures, or	Other :			02468 ts (continu		<u>је 2</u>
3	Using the organization's acquisition, accessi										
	(check all that apply):										
а	Public exhibition	d	. 🔲 ı	oan or excl	hange program	s					
b	Scholarly research	е		Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organization	's exemp	t purpo:	se in Parl	XIII		
5	During the year, did the organization solicit o	r receive donations	of art, his	stoncal treas	sures, or other:	sımılar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered "Ye	es" on Fo	rm 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	s or other asse	ts not inc	luded				_
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able							
		·	•						Amount	_	
С	Beginning balance						1c				
đ	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial accoun	t liability	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	kplanatio	n has been	provided on Pa	art XIII					
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	orm 990, Part IV	/, line 10.					
		(a) Current year	(b) P	rior year	(c) Two years t	oack (d)	Three ye	ears back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
θ	Other expenditures for facilities										
	and programs				<u> </u>						
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as.						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administere	d for the	organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	owment f	funds							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. <u>S</u>	See Form 990, f	Part X, lin	e 10				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Accu	ımulate	d	(d) Book	value	
		basis (investr	ment)	basis	(other)	depre	ciation				
1a	Land										
b	Buildings										
С	Leasehold improvements							T			
d	Equipment										
	Other										
Total	Add lines 1a through 1e (Column (d) must e	aual Form 000 Part	Y colun	on (R) line 1	1001						Ο.

Schedule D (Form 990) 2016

<u>1. </u>	(a) Description of hability	(b) DOOK Value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)_		
(9)_	······································	
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2016

	dule D (Form 990) 2016 VOTER REGISTRATION PROJECT			2468 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	е.	1.145	107 660
1	Total revenue, gains, and other support per audited financial statements		1 15,	<u>197,662.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	2a		
h	Donated services and use of facilities	2b	 -	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
9	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1	•		197,662.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
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.)			<u>197,662.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	•	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total expenses and losses per audited financial statements		1 11	<u>,964,696.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		0
е	Add lines 2a through 2d		2e	0.64 606
3	Subtract line 2e from line 1		3 11	,964,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.4-1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 -	
D	Other (Describe in Part XIII) Add lines 4a and 4b	4b		0
C E	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5 11	964,696
Pa	rt XIII Supplemental Information.			, <u> </u>
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac		Part V, line 4; Part X, line	2, Part XI,
<u>PAI</u>	RT X, LINE 2:			
<u>THI</u>	ORGANIZATION FOLLOWS THE AUTHORITATIVE	GUIDANCE REI	ATING TO ACC	COUNTING
FO	R UNCERTAINTY IN INCOME TAXES INCLUDED IN	ACCOUNTING	STANDARDS	
	DIFICATION TOPIC 740-10, INCOME TAXES. T			
<u>CO1</u>	NSISTENT GUIDANCE FOR THE ACCOUNTING FOR	UNCERTAINTY	IN INCOME TA	AXES
REC	COGNIZED IN AN ENTITY'S FINANCIAL STATEME	NTS AND PRES	CRIBE A THRI	ESHOLD
OF	"MORE LIKELY THAN NOT" FOR RECOGNITION A	ND DERECOGNI	TION OF TAX	
POS	SITIONS TAKEN OR EXPECTED TO BE TAKEN IN	A TAX RETURN	1.	
THI	E ORGANIZATION PERFORMED AN EVALUATION OF	UNCERTAIN T	TAX POSITION	S FOR
	E YEAR ENDED DECEMBER 31, 2016, AND DETER			
	TTERS THAT WOULD REQUIRE RECOGNITION IN T	- -		
	4 08-29-16			(Form 990) 2016
	29			

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SCHEDULE (Form 990)

Department of the Treasury nternal Revenue Service

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

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

OMB No 1545-0047 2016 Open to Public

Inspection

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

2 | 18. Schedule I (Form 990) (2016) Employer identification number JOTER REGISTRATION: NORTH OTER REGISTRATION: NORTH LORIDA, GEORGIA, NEVADA, 26-4802468 LORIDA, GEORGIA, NORTH (h) Purpose of grant OTER REGISTRATION: OTER REGISTRATION: OTER REGISTRATION: ARIZONA, COLORADO, OTER REGISTRATION or assistance ARIZONA, COLORADO, X Yes WORTH CAROLINA Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any AROLINA AROLINA CAROLINA ARIZONA RIZONA 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance : : : (f) Method of valuation (book, FMV, appraisal, other) FWV 꾪 O.FMV Ě FW (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 2,596,836 216,550 1,231,093 2,264,531 1,187,487 344,757 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA * For Paperwork Reduction Act Notice, see the Instructions for Form 990. PROJECT 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table VOTER REGISTRATION 23-7206810 27-2459538 20-1115618 26-2533551 37-1782220 52-1379661 General Information on Grants and Assistance (p) EIN cnteria used to award the grants or assistance? 600 PENNSYLVANIA AVE SE, SUITE 400 1625 MASSACHUSETTS AVE NW, SUITE 3 EDUCATION FUND - 1920 L STREET NW, 1 (a) Name and address of organization SUITE 800 - WASHINGTON, DC 20036 NC LEAGUE OF CONSERVATION VOTERS 3739 NATIONAL DRIVE, SUITE 228 112 S BLOUNT STREET, SUITE 103 530 E MCDOWELL ROAD, SUITE 107 LEAGUE OF CONSERVATION VOTERS FAIR SHARE EDUCATION FUND or government WASHINGTON, DC 20003 WASHINGTON, DC 20036 Name of the organization PHOENIX AZ 85004 RALEIGH, NC 27612 RALEIGH, NC 27601 STATE VOICES BLUEPRINT NC ONE ARIZONA Part Part II

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Schedule I (Form 990) VOTER REGISTRATION PROJECT Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	REGISTRATION Other Assistance to Gov	PROJECT Wernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		26-4802468 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA A.PHILIP RANDOLPH INSTITUTE, INC 1408 HILLSBOROUGH STREET - RALEIGH, NC 27605	56-1088116	501(C)(3)	179,627.	0	ΔМА		VOTER REGISTRATION: NORTH CAROLINA
CENTRAL AZ FOR A SUSTAINABLE ECONOMY - 2401 N CENTRAL AVENUE, SUITE 120 - PHOENIX, AZ 85004	26-1689914	501(C)(3)	220,273.	0	PMV		VOTER REGISTRATION: ARIZONA
NAACP NATIONAL VOTER FUND 1200 G STREET NW, SUITE 800 WASHINGTON, DC 20005	52-2242476	501(C)(4)	220,674.	0	PMV		VOTER REGISTRATION: NORTH CAROLINA
NEW ERA COLORADO 1722 HUMBOLDT STREET DENVER, CO 80218	26-1389272	501(C)(3)	108,308,	0	PMV		VOTER REGISTRATION: COLORADO
ARIZONA CENTER FOR EMPOWERMENT 3120 N 19TH AVE, SUITE 190 PHOENIX, AZ 85015	27-2366780	501(C)(3)	185,912.	0	PMV		VOTER REGISTRATION: ARIZONA
THE PEOPLE'S ALLIANCE FUND 1011 MINERVA AVE DURHAM, NC 27701	58-1429955	501(C)(3)		0	PMV		VOTER REGISTRATION; NORTH CAROLINA
ACTION INSTITUTE NC 5500 EXECUTIVE CENTER DRIVE, SUITE CHARLOTTE, NC 28212	56-1088116	501(C)(3)	119,805,	0	РМV		VOTER REGISTRATION: NORTH CAROLINA
9 TO 5 NATIONAL ASSOCIATION OF WORKING WOMEN - 207 E BUFFALO STREET, SUITE 211 - MILWAUKEE, WI 53202	52-1201710	501(C)(3)	109,390.	0.0	Λ Ν .		VOTER REGISTRATION: GEORGIA
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA - 203 SOUTH ARLINGTON - RENO, NV 89501	88-0318655	501(C)(3)	90,562.	0	ΛWA		VOTER REGISTRATION: NEVADA Schedule (Form 990)
							סכוובחחום ו (בת ווו פפה)

26-4802468 Page 1	
990) VOTER REGISTRATION PROJECT	tation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)
orm 990)	ntinuati

Schedule I (Form 990) VOTER REGISTRATION PROJECT Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	I STRATION Assistance to Go	PROJECT	nizations in the Ur	nited States (Scho	edule I (Form 990), Par		26-4802468 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA STAND UP 501 PULLIAM STREET SW, SUITE 144 ATLANTA, GA 30312	20-0984437	501(C)(3)	85,001.	*0	PMV		VOTER REGISTRATION: GEORGIA
GEORGIA NAACP 970 MARTIN LUTHER KING JR SW SUITE ATLANTA, GA 30314	58-2045335		71,286,	.0	PMV		VOTER REGISTRATION PROJECT: GEORGIA
BUS FEDERATION CIVIC FUND 333 SE 2ND AVENUE PORTLAND, OR 97214	46-2465621	501(C)(3)	64,136,	0	PMV		VOTER REGISTRATION PROJECT: ARIZONA
GALEO LATINO COMMUNITY DEVELOPMENT FUND - 1100 PEACHTREE STREET, SUITE 2800 - ATLANTA, GA 30309	20-1565775	501(C)(3)	48,476,	0.0	PMV		VOTER REGISTRATION: GEORGIA
PROJECT VOTE 1420 K STREET NW, SUITE 700 WASHINGTON, DC 20005	72-1268719	501(C)(3)	36,103.	0	FMV		VOTER REGISTRATION: COLORADO
NEO PHILANTHROPY 45 W 36TH STREET, 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	21,258,	0.	PMV		VOTER REGISTRATION: STATES
632241 04-01-16			33				Schedule I (Form 990)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) TO RUN PROGRAMS (MAIL, FIELD, AND BLENDED ACTIVITIES) IN THE TARGET STATES. STANDARDS, AND QUALITY THE CAMPAIGN WILL ENTER INTO "JOINT EFFORT AGREEMENTS" WITH ORGANIZATIONS Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed INCLUDING INSTALLMENT FUNDING BASED UPON CONTROL AND ACCOUNTABILITY MEASURES BEYOND WHAT CAN BE DONE THROUGH (d) Amount of non-cash assistance (c) Amount of cash grant INCLUDED IN THESE AGREEMENTS WILL BE CLEAR METRICS, (b) Number of recipients TRADITIONAL GRANT AGREEMENTS, (a) Type of grant or assistance BENCHMARKS TO GOAL LINE 2: PART I, Part

Schedule I (Form 990) (2016)

34

632102 11-01-16

Page 2

26-4802468

VOTER REGISTRATION PROJECT

Schedule I (Form 990) (2016)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Inspection

Employer identification number

	VOTER REGIST	<u> VATTON</u>	PRODECT	·	20-480	1490	
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contribution		s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional Interests						
4	Books and publications					_	
5	Clothing and household goods						
6	Cars and other vehicles				·		_
7	Boats and planes	· · · · · · · · · · · · · · · · · · ·	 		 		
8	•		 		 	_	
_	Intellectual property	X	3	1,951,019	EM77	-	
9	Securities - Publicly traded		<u>-</u>	1,331,013	rmv		
10	Securities - Closely held stock		-		 		
11	Securities - Partnership, LLC, or						
	trust interests				 		
12	Securities - Miscellaneous		·				
13	Qualified conservation contribution -						
	Historic structures		ļ			_	
14	Qualified conservation contribution - Other				<u> </u>		
15	Real estate - Residential				<u> </u>		
16	Real estate - Commercial		ļ <u>-</u>				
17	Real estate - Other					_	
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts	_					
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other ()						
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organic	zation durin	g the tax year for o	contributions	· 		
	for which the organization completed Form 82			l i			
	io who had againzation completed form oz	00,1 4.1.1,		<u>zo</u> _		Vas	No
ദവം	During the year, did the organization receive b	v contributi	on any property re	norted in Part I lines 1 thro	igh 28, that if	- 103	1.00
500	must hold for at least three years from the date				-		}
	exempt purposes for the entire holding period		ai commodion, and	willon isin thequired to be		20	X
L		•			3	0a	 ^
	If "Yes," describe the arrangement in Part II	naliay that :	oguiree the review	of any panetendard sent-t	utions?	.	v
31	Does the organization have a gift acceptance				· -	81	X
328	Does the organization hire or use third parties	or related o	rganizations to sol	ıcπ, process, or sell noncas			٠,,
_	contributions?				3	2a	X
	If "Yes," describe in Part II		_			- 1	
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	ty for which column (a) is ch	ecked,	- 1	
	describe in Part II.			·			

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

Schedule M (Form 990) (2016)

Schedule M (F											<u> 26-4802</u>	<u>468 </u>	Page 2
İS	Supplements reporting in the part for the pa	n Part I, d	olumn (b), the numb	de the infor er of contri	mation requibutions, the	ired by F number	Part I, lines 30 r of items rece	b, 32b, sived, o	and 33, r a comb	and whether the ination of both.	organiza Also com	ation iplete
SCHEDUL	E M, I	ART	I, CC	LUMN	(B):								
THE NUM	BER OF	CON	TRIBU	TIONS	REPRE	ESENTS	THE	NUMBER	OF	CONT	RIBUTORS	WHO	
DONATED	THE E	UBLI	CLY I	RADED	SECUR	RITIES	•					.	
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632142 08-23-16											Schedule l	M (Form	990) (2016

SCHEDULE 0

(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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number VOTER REGISTRATION PROJECT 26-4802468 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONDUCT VOTER REGISTRATION DRIVES. FORM 990, PART V, LINE 2A VRP ENTERED INTO A SERVICE AGREEMENT WITH VVN. VVN IS THE EMPLOYER OF RECORD FOR THE PURPOSES OF PAYING WAGES. VVN REMITS ALL TAXES AND FILES ALL RETURNS UNDER THE VVN EIN 46-1801360. VVN IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) AND PROVIDES HUMAN RESOURCE SERVICES TO THEIR CLIENTS. FORM 990, PART V, LINE 13A: VOTER REGISTRATION PROJECT COMPLIES WITH APPLICABLE RULES REQUIRING THAT IT MAKE ITS FEDERAL FORM 990 AND RELATED SCHEDULES AVAILABLE TO THE PUBLIC FOR INSPECTION. VOTER REGISTRIAION PROJECT DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART VI, SECTION B, LINE 11B: DRAFT COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS. UPON APPROVAL, THE FINAL COPY OF THE 990 IS SIGNED BY THE EXECUTIVE DIRECTOR AND FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY SHALL BE DISTRIBUTED ANNUALLY TO ALL

OFFICERS, MEMBERS OF BOARD COMMITTEES.

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

632211 08-25-16

AND

STAFF. DIRECTORS

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization **Employer identification number** 26-4802468 VOTER REGISTRATION PROJECT OFFICERS, AND SENIOR STAFF SHALL SIGN AN ANNUAL ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED A COPY OF THIS POLICY, UNDERSTAND IT, AND AGREE TO ABIDE BY ITS TERMS. FORM 990, PART VI, SECTION B, LINE 15A: VOTER REGISTRATION PROJECT'S BOARD OF DIRECTORS RECEIVES NO COMPENSATION FOR THEIR SERVICES. THE BOARD OF DIRECTORS SETS THE CAMPAIGN DIRECTOR'S SALARY. TO ACCOMPLISH THIS, THE BOARD OF DIRECTORS APPOINTED A TEMPORARY TASK FORCE OF THREE BOARD MEMBERS TO STUDY THE ISSUE AND MAKE A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS. THE TASK FORCE REPORTED THAT IT EXAMINED SALARIES AT COMPARABLE ORGANIZATIONS. ASSESSED THE ORGANIZATIONS FINANCIAL RESOURCES AND COMPENSATION CULTURE, AND BROUGHT A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS. THE FULL BOARD OF DIRECTORS MET IN AN EXECUTIVE SESSION, DISCUSSED THE TASK FORCE'S RECOMMENDATION, AND VOTED ON A SPECIFIC SALARY. CONTEMPORANEOUS MINUTES WERE RECORDED. FORM 990, PART VI, SECTION C, LINE 19: VOTER REGISTRATION PROJECT COMPLIES WITH APPLICABLE RULES REQUIRING THAT IT MAKE ITS FEDERAL FORM 990 AND RELATED SCHEDULES AVAILABLE TO THE PUBLIC FOR INSPECTION. VOTER REGISTRTAION PROJECT DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART XII, LINE 2C: THE MANAGEMENT TEAM REVIEWS THE PROPOSALS RECEIVED FROM THE INDEPENDENT ACCOUNTANTS. THE MANAGEMENT TEAM MAKES AN INTERNAL RECOMMENDATION ON

THE SELECTION OF INDEPENDENT ACCOUNTANT AND AUDITORS, WHICH IS THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE MANAGEMENT TEAM Schedule O (Form 990 or 990-EZ) (2016)

Schedu	le O (Form	990 or	990-EZ	(2016)									Page 2
Name o	f the organ	ızation		rer re	GISTR	ATION	PROJE	CT			Employe 26	er identification -4802468	number
ALSO	REVI	ews	THE	ENGAG	EMENT	AGRE	<u>EMENTS</u>	FROM	THE	ACCOUNTIN	G AND	AUDIT	
FIRM	S ANN	UALI	ĽY.			_		-					
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number 26-4802468

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

(a)	(q)	(2)	9	(e)		€	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Tota	End-of-		Direct controlling	
of disregarded entity		foreign country)				entrty	
				_			
						1	
				-			
							
Part II Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year	rtions. Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one	r more related tax-exer	прt	
(a)	(q)	(3)	(D)	(e)	€	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Sode	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity	-
				501(C)(3))		Yes	N _o
REGISTER AMERICA - 81-2163801							
1725 DESALES STREET, NW	PROMOTION OF SOCIAL						
						_	

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

Schedule R (Form 990) 2016

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IYPICALLY UNDERREPRESENTED DISTRICT OF COLUMBIA 501(C)(3)

REGISTRATION AMONG GROUPS

INCREASE VOTER

VOTER REGISTRATION PROJECT EDUCATION FUND 81-2169516, 1725 DESALES STREET, NW,

WASHINGTON, DC 20036

PROJECT VOTE, INC. - 72-1268719 1420 K STREET, NW, SUITE 700

WASHINGTON, DC 20005

WASHINGTON, DC 20036

WELFARE

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DISTRICT OF COLUMBIA 501(C)(4)

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26-4802468

Page 2

VOTER REGISTRATION PROJECT Schedule R (Form 990) 2016 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage managing ownership Schedule R (Form 990) 2016 (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Yes Yes Percentage ownership Ξ amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI Share of end-of-year assets Disproportionate Yes allocations? \equiv Share of total Income Share of end-of-year assets 6 Type of entrty (C corp, S corp, or trust) Share of total income Direct controlling entity (related, unrelated, excluded from tax under sections 512-514) € Predominant income **e** Legal domicile (state or foreign country) 41 ত্ত Direct controlling € Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EiN of related organization Name, address, and EIN of related organization 632162 09-06-16 Part IV

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Page 3

Schedule R (Form 990) 2016 VOTER REGISTRATION PROJECT

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Ö			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•	1a		×
b Gift, grant, or capital contribution to related organization(s)	: .	P		×
c Gift, grant, or capital contribution from related organization(s)	:	٢		×
d Loans or loan guarantees to or for related organization(s)	:	10		X
e Loans or loan guarantees by related organization(s)	:	1e		×
f Dividends from related organization(s)		#		×
g Sale of assets to related organization(s)	:	1g		×
h Purchase of assets from related organization(s)	:	4		×
i Exchange of assets with related organization(s)	•	;=		×
j Lease of facilities, equipment, or other assets to related organization(s)	•	1,		X
k Lease of facilities, equipment, or other assets from related organization(s)		*		×
l Performance of services or membership or fundraising solicitations for related organization(s)	•	=		×
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1h	X	
o Sharing of paid employees with related organization(s)	:	10	X	
			L	

r Other transfer of cash or property to related organization(s)	:			-	
s Other transfer of cash or property from related organization(s)				1.	s
2 If the answer to any of the above is "Yes," see the instructions for info	formation on who must comple	ete this line, including covered	tions for information on who must complete this line, including covered relationships and transaction thresholds	lds.	

Permbursement paid to related organization(s) for expenses
 Reimbursement paid by related organization(s) for expenses

4 5

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VOTER REGISTRATION PROJECT EDUCATION FUND	Z	197,097.	197,097.COST BASIS
(2) VOTER REGISTRATION PROJECT EDUCATION FUND	0	56,652.	56,652.COST BASIS
(3) REGISTER AMERICA	Z	196,935.	196,935. COST BASIS
(4) REGISTER AMERICA	0	59,811.	59,811, COST BASIS
(5) PROJECT VOTE	0	1,332,122.COST BASIS	COST BASIS
(9)			
632163 09-06-18	42		Schedule R (Form 990) 2016

Page 4

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

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

(K)	rcentage					'
9	General or Per managing partner? Ow Yes No					
(i)	Uspapo Mandal amount in box 20 managua of Percentage Mandal amount in box 20 managua ownership Mandal amount in box 20 managua ownership Mandal Mandal M					
(F)	uspropor- tionate allocations? 0		-	 		
	Share of end-of-year assets	i				
1	Share of total income					
(e) Are all	be partners sec 501(c)(3) orgs 7					
(p)	Predominant income par (related, unrelated, excluded from tax under sections 512-514)					
(c)	Legal domicile (state or foreign country)					
(9)	Primary activity					
(a) (c) (d)	Name, address, and EIN of entity					

Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016 VOTER REGISTRATION PROJECT	26-4802468 Page 5
Part VII	Supplemental Information.	
	Provide additional information for responses to questions on Schedule R. See instructions	
	1 TOTICO additional information for responses to questions on confederations	
		
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