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

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

Department of the Treasury internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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Program service revenue (Part VIII, line 2g)		PHOI 1941	1	Current Veer
Program service revenue (Part VIII, line 2g)	- 1 }-			Current Year
121				3,724,000
Investment income (Part VIII, column (A), lines 3, 4, and //d)	7 W -			0
151 NIIV " 7 7119 "	RS-08C			0
Stript revenue (1 art viii, column v v, inico o, ou, oo, po, poo, ara 1 vo,	121 -			0
	100			3,724,000
Grants and similar amounts paid (Part IX, column (A) lines 43) UEN, UT	<i>l</i>			2,680,000
Benefits paid to or for members (Part IX, column (A), line 4)				0.
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				<u>56,652</u>
Professional fundraising fees (Part IX, column (A), line 11e)				0
Total fundraising expenses (Part IX, column (D), line 25)	73. 🗀			
				1,088,784
	_			3,825,436
				<101,436
HOYORIA 1868 ON SELIOSS. CASTRAST MITO TO HOTH MITO TE	- R	eainning of Currer	ıt Vaar	End of Year
Total accepts (Part V. June 16)	10	eginning of outre	it i cai	14,531
	\vdash		-+	115,967
·	⊢		-+	
				<101,436
<u> </u>				
			_	knowledge and belief, it is
t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepare	r has any knowled	ge	
Signature of officer		Date	/10 4	•
KIM ROGERS, CAMPAIGN DIRECTOR			113/19	<i>+</i>
Type or print name and title				
Print/Type preparer's name Preparer's signature	1	Date	Check	PTIN
	1aw	11/10/17	tt self-employed	P00633304
				<u> </u>
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		1 Prione	110. \ 40	
		16	-44	Yes No Form 990 (2016
	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedule of the analysis of perjury, I declare that I have examined this return, including accompanying schedule of the analysis of perjury (other than officer) is based on all information of whether than officer is based on all information of whether than officer is signature. Signature of other KIM ROGERS, CAMPAIGN DIRECTOR Type or print name and title Print/Type preparer's name JENNIFER S. HAN Firm's name HAN GROUP LLC Firm's address 1020 19TH STREET, NW, SUITE 800 WASHINGTON, DC 20036 RS discuss this return with the preparer shown above? (see instructions) 11-18 LHA For Paperwork Reduction Act Notice, see the separate instructions	Grants and similar amounts paid (Part IX, column (A), lines (A)) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (D), line 25) Other expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Signature Block attention of preparer (other than officer) is based on all information of which prepare to the complete. Declaration of preparer (other than officer) is based on all information of which preparer to print name and title Print/Type preparer's name JENNIFER S. HAN Firm's name HAN GROUP LLC Firm's address 10-20 19TH STREET, NW, SUITE 800 WASHINGTON, DC 20036 RS discuss this return with the preparer shown above? (see instructions)	Grants and similar amounts paid (Part IX, column (A), lines (4)) DEN, Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (A), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Beginning of Currer Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Signature Block attes of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bat, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled Signature of other KIM ROGERS, CAMPAIGN DIRECTOR Type or print name and title Print/Type preparer's name JENNIFER S. HAN Firm's name HAN GROUP LLC Firm's address 1020 19TH STREET, NW, SUITE 800 WASHINGTON, DC 20036 Phone RS discuss this return with the preparer shown above? (see instructions)	Grants and similar amounts paid (Part IX, column (A), lines 1300 N, UT Benefits paid to or for members (Part IX, column (A), line 4) Salaires, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (A), line 25) Other expenses (Part IX, column (A), line 25) Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my lit, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date KIM ROGERS, CAMPAIGN DIRECTOR Type or print name and title Print/Type preparer's name JENNIFER S. HAN Freparer's signature Date 11/10/17 self-employed Firm's name HAN GROUP LLC Firm's address 1020 19TH STREET, NW, SUITE 800 WASHINGTON, DC 20036 RS discuss this return with the preparer shown above? (see instructions)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including gra

Total program service expenses

3,7

3,763,943.

Form **990** (2016)

Form 990 (2016) EDUCATION FUND
Part IV Checklist of Required Schedules

			103	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ļ		ļ
_	If "Yes," complete Schedule A	1	X	 -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	├─-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_	<u> </u>	X_
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- - -		22
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
_	Schedule D, Part III	8		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	9		_x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			ł
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	}
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ì	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		Ì	
	complete Schedule G, Part III	19		_X_
		Form	990 ((2016)

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Form 990 (2016) EDUCATION FUND
Part IV Checklist of Required Schedules (continued)

			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	Ĺ	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		 -
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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		ľ	1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	,		
	complete Schedule L, Part II	26		х
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			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
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?			
	If "Yes." complete Schedule N, Part !	31		<u>X</u>
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		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			•
04	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	^	X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
~	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	_
		Form	990 (2016)

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Form 990 (2016) EDUCATION FUND
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- If not applicable	1a	0			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng	i		l
	(gambling) winnings to prize winners?			1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1
	filed for the calendar year ending with or within the year covered by this return	2a	0			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				1
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ıty over, a			ł
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	•	<u>5</u> b_		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he orga	anızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			l
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/as req	uired		į l	
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			i l	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	rt?	<u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f	 	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		·	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8_		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		ļ		
11	Section 501(c)(12) organizations. Enter	امدا	l			
a	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	أعمدا				
40-	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ĺ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		ł	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.				[
D	Enter the amount of reserves the organization is required to maintain by the states in which the	405		l	, ,	
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b		i	.	
с 14а		13c		145		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le ()	·	14a 14b		<u>v</u>
	The state of the s	1 0 U			990	(2016

Page 6

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 Schools & Contains a resonance or moto to any line in this Bort VI			X
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			A
<u> </u>	tion A. Governing Body and Management		T	
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a 3	ł		
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint 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, stockholders, 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 by the 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 reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 Ia	_21	
		100	x	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С		40-	v	
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<u> X</u>
ь	Other officers or key employees of the organization	15b		<u>X</u>
	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 arrangement with a			
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fınan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	RAFFA, P.C (202) 822-5000			
	1899 L STREET, NW, SUITE 850, WASHINGTON, DC 20036			

632006 11-11-16

EDUCATION FUND 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, Trustee	s, Key Employees, and H	ighest Compensated	Employees	

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

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

Check this box if neither the organization ne	(B))			(D)	(E)	(F)	
Name and Title	Average			Posi	rtion			Reportable	Reportable	Estimated	
Hairie and Title	hours per	(do	not c	heck i	more	than s bot	one	compensation	compensation	amount of	
	week	offic	er an	d a d	recto	r/trus	tee)	from	from related	other	
	(list any	ctor						the	organizations	compensation	
	hours for	a p	l			 -		organization	(W-2/1099-MISC)	from the	
	related	tea o	ustee			ansat	ŀ	(W-2/1099-MISC)	,	organization	
	organizations	trus	nal tri		oyee	Ē.,				and related	
	below	Individual trustee or director	Institutional trustee	듗	ld me	oyee	Former			organizations	
	line)	蒀	last	Officer	Key	Highest compensated employee	臣				
(1) LAUREN GROH-WARGO	1.00	ļ			1						
PRESIDENT	1.00	X		X				0.	0.	0 .	
(2) EVAN BACALAO	1.00										
TREASURER		X		X				0.	0.	0.	
(3) ILONA PRUCHA	1.00										
SECRETARY		X		X				0.	0.	0	
(4) KIM ROGERS	6.00										
CAMPAIGN DIRECTOR	34.00			X				0.	133,383.	9,777	
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81-2169516 Page 8

rar	VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)	İ		(F)	
	Name and title	Average	(do			ition more	than	one	Reportable	Reportable	•	Es	timate	eď
		hours per	box	, unle	ss pe	rson I	e bot	h en	compensation	compensation			ount	
		week (list any	_	- ar	a a	00:10	,, a us		from	from related			other	
		hours for	or director	}	ļ		l_	[the	organization			pensa	
		related	9 0	gg.			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SU)		om th anızat	
		organizations	truste	a tag		, e	E E	}	(** 27 1000-141100)			_	d relat	
		below	Individual trustee	E S	<u>_</u>	e e	est co		}				nızatı	
		line)	횰	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	E E						
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	Sub-total								0.	133,3			9,7	
	Total from continuation sheets to Part V	II, Section A							0.	133,3	0.		9,7	<u>0.</u>
	Total (add lines 1b and 1c)			lint		<u> </u>	-\						9,/	//.
2	Total number of individuals (including but i	not limited to ti	iose	IIST	eo a	DOV	e) w	no r	eceived more than \$100	,υυυ οτ reportab	ie			0
	compensation from the organization				_								Yes	No
3	Did the organization list any former officer	director or tr	ieto	a ka	3V OF	mple		- Or	highest compansated a	mplayee en		-	103	140
3	line 1a? If "Yes," complete Schedule J for			c , ~	3 y G(ripic	Jyee	, 0	riigitest compensated e	mployee on				X
4	For any individual listed on line 1a, is the s			omn	ens	atıor	n ani	d ot	her compensation from	the organization	ł	_3_		
7	and related organizations greater than \$15	-		-					· ·	ti le Oigai lization		4		х
5	Did any person listed on line 1a receive or									idual for services		 -		- 41
•	rendered to the organization? If "Yes," con					-			ou organization of indivi			5		X
Sec	tion B. Independent Contractors	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		<i>p</i> 0								
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$100,000 of con	npens	ation fi	om	
	the organization. Report compensation for										_			
	(A)								(B)			(C)	
	Name and business	s address	N	ON:	E				Description of s	ervices	C	omper		n
														
_								_						
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									<u> </u>					
2	Total number of independent contractors		not li	mite	ea to		_	stec	a above) who received m	nore than				
	\$100,000 of compensation from the organ	ization >					0						200	201=
												Form \$	73U ()	ZO16)

Form	990	(2016))

Form 990 (2016) EDUCATION FUND
Part VIII | Statement of Revenue

		Check if Schedule O cont	ains 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	(D) Revenue excluded from tax under sections 512 - 514
इध	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
ا ۾ ي	c	—	1c					
まる	d	Related organizations	1d					
E,	е	Government grants (contribut	ions) 1e					
P S	f	All other contributions, gifts, gran	ts, and					}
돌		similar amounts not included above		724,000.				
	g	Noncash contributions included in lines						
<u>8 €</u>	h	Total. Add lines 1a-1f			3,724,000.			
l				Business Code		-		
စ္ပ	2 a							
اه ڲٙ	b	·						
Program Service Revenue	C							
e a	d	l						
<u>6</u>	е	·						
۳	f	All other program service reve	nue					
	_ g	Total, Add lines 2a-2f	·					
ļ	3	Investment income (including	dividends, intere	est, and				
i		other similar amounts)		▶				
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5	Royalties		•				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
l	b	Less: rental expenses						
	С	Rental income or (loss)		L				
	d	Net rental income or (loss)				ļ		
l	7 a		(i) Securities	(ii) Other				
		assets other than inventory						
	b							
		and sales expenses						
	C	Gain or (loss)	L					
ľ	d	Net gain or (loss)		_				ļ
힐	8 a		_	}				Ì
≨		including \$	of					
Re		contributions reported on line						
Other Reven		Part IV, line 18	, a					
ᅗ		Less direct expenses	b					
		Net income or (loss) from fund	-					
Ì	уa	Gross income from gaming ac Part IV, line 19						
	.		a b					
Ì		Less: direct expenses Net income or (loss) from gam	•					
		Gross sales of inventory, less						
İ	IU a	and allowances				1		
	h	Less cost of goods sold	a b					
1		Net income or (loss) from sale	•					
ŀ		Miscellaneous Revenu		Business Code				
ł	11 a			Dusinoss Code				
	ıı a					-		
ľ	C							
į	ų	All other revenue						
	ب م	Total, Add lines 11a-11d	•					
	12	Total revenue. See instructions.			3,724,000.	0.	0.	0.
		,				·	<u></u>	r 000 (22) (2)

Form 990 (2016) EDUCATION FUND
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	clude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	its and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	2,680,000.	2,680,000.		
-	nts and other assistance to domestic				
	viduals. See Part IV, line 22				
	nts and other assistance to foreign				
_	anizations, foreign governments, and foreign			}	
	viduals. See Part IV, lines 15 and 16 efits paid to or for members				
	npensation of current officers, directors,			· · · · · · · · · · · · · · · · · · ·	
	tees, and key employees	12,896.	3,869.	5,158.	3,869
	pensation not included above, to disqualified				3,003
	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)				
	er salaries and wages	34,369.	22,613.	9,187.	2,569
	sion plan accruals and contributions (include				
	ion 401(k) and 403(b) employer contributions)				
	er employee benefits	4,170.	2,595.	1,170.	405
I 0 Pay	roll taxes	5,217.	2,949.	1,574.	694
1 Fees	s for services (non-employees)				
a Mar	nagement _				
b Lega	al .	2,999.		2,999.	
c Acc	ounting	13,893.		13,893.	
d Lob	bying				
e Prof	essional fundraising services. See Part IV, line 17				
	estment management fees				·
-	er (If line 11g amount exceeds 10% of line 25,				
	mn (A) amount, list line 11g expenses on Sch O.)	84,137.	35,999.	48,138.	
-	rertising and promotion	0.405	204		
	ce expenses	2,487.	384.	2,103.	
	rmation technology	456.		456.	
	ralties			F 400	
	cupancy	5,400. 3,888.	2,958.	5,400. 930.	
7 Trav		3,000.	4,930.	930.	
-	ments of travel or entertainment expenses				
_	any federal, state, or local public officials ferences, conventions, and meetings	······································			
	rest				
	ments to affiliates				
-	preciation, depletion, and amortization				
	urance	76.		76.	
	er expenses. Itemize expenses not covered				
abov	ve. (List miscellaneous expenses in line 24e. If line				
amo	amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule O.)				
	ILING	888,820.	888,820.		
b RE	SEARCH & TRACKING	83,376.	76,011.	7,365.	
c IN	DIRECT ALLOCATION	0.	46,244.	<57,127.>	10,883
d					
e Alic	other expenses	3,252.	1,501.	1,398.	353
25 Tota	I functional expenses. Add lines 1 through 24e	3,825,436.	3,763,943.	42,720.	18,773
26 Join	t costs. Complete this line only if the organization		Ì	}	
-	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
Chec	k here if following SOP 98-2 (ASC 958-720)				Form 990 (201

	. /\	Check if Schedule O contains a response or note to any line in this Part 3	· .		
			(A)		(B)
—,			Beginning of year	<u> </u>	End of year
	1	Cash · non-interest-bearing		1_	12,031.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3_	<u> </u>
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Comple	te		
- {		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined			
l		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contr	ibuting		
		employers and sponsoring organizations of section 501(c)(9) voluntary		1	
<u>ş</u>		employees' beneficiary organizations (see instr). Complete Part II of Sch	L	6	
Assets	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
I	11	Investments - publicly traded securities		11	
l	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
Ì	15	Other assets. See Part IV, line 11	0.	15	2,500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	14,531.
	17	Accounts payable and accrued expenses		17	6,174.
Į	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	
ies	22	Loans and other payables to current and former officers, directors, trust	•		
#		key employees, highest compensated employees, and disqualified personal disqualified per	ons		
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
Ì	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part >	l		100 703
į		Schedule D	0.		109,793.
\dashv	<u> 26 </u>	Total liabilities. Add lines 17 through 25	0.	26_	115,967.
.		Organizations that follow SFAS 117 (ASC 958), check here	and		
ध्र	07	complete lines 27 through 29, and lines 33 and 34.		07	-101 436
<u>a</u>	27	Unrestricted net assets		27	<101,436.
<u> </u>	28	Temporanly restricted net assets Permanently restricted net assets		28	
<u> </u>	29	Organizations that do not follow SFAS 117 (ASC 958), check here	<u>, </u>	29	
֡֡֡֞֞֡֡֡֡֞֞֡֡֡֡֡֡		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Sei	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	0.	33	<101,436.>
	34	Total liabilities and net assets/fund balances	0.	34	14,531.
		Total napinties and flet assets/fully palatives		, 04	Form 990 (2016)

	990 (2016) EDUCATION FUND	<u>81-21</u>	<u> 169516</u>	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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,724		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,82		
3	Revenue less expenses. Subtract line 2 from line 1	3	<101	.,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<101	<u>, 4</u>	<u> 36.</u> :
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?				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:				
	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 separat	e basis,			
	consolidated basis, or both.				
	X 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 audıt,			
	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 Audit		ŀ	
	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 requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2016)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number VOTER REGISTRATION PROJECT 81-2169516 EDUCATION FUND Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 EDUCATION FUND

81-2169516 Page 2

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) Section A. Public Support 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") 3724000. 3724000. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 3724000. 3724000. 4 Total, Add lines 1 through 3 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) 3724000. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 Calendar year (or fiscal year beginning in) (e) 2016 (f) Total 3724000. 3724000. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 3724000. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 15 Public support percentage from 2015 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016, If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2016

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 EDUCATION FUND

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 qualify under the tests listed below, please complete Part II)

Section A. Public Support						
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		ļ		Į.		
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, 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		ļ				
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						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support			*			
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		1			1	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain			-	-	 	
or loss from the sale of capital assets (Explain in Part VI)	· · · · · · · · · · · · · · · · · · ·	ļ		<u> </u>		
13 Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>	<u> </u>	
14 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	·					
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2016 (lir	ne 8, column (f) c	divided by line 13,	column (f))		15	9
16 Public support percentage from 2015	, ,,		-,·		16	9
Section D. Computation of Inves			·			
17 Investment income percentage for 201	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 2	•		. (7)		18	9
19a 33 1/3% support tests - 2016. If the d	•	•	on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box an						▶
b 33 1/3% support tests - 2015. If the c	•	•	• •			and
line 18 is not more than 33 1/3%, chec						±10
•			•		•	~
20 Private foundation. If the organization	GIO HOL CHECK A	SOA OFFICE 14, 18	a, or 190, check t		edule A (Form 990	

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.)

<u>Sec</u>	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		ĺ	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u> </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status		1	
	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	За	l	
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		
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		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ь				
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		ŀ	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С		75	_	
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1	İ	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1		
	purposes.	4c		
50	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	140		
Ja	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	1		
	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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Sa_		
	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	i — —	
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<u>50</u>	-	
6		}		
	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		1 1	
7	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	Į.		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	_		
_	, ,	7		
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		
ya	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		
b				
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	
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		
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.)

Sche	VOTER REGISTRATION PROJECT adule A (Form 990 or 990-EZ) 2016 EDUCATION FUND 81	216951	6 в	ane f
	rt IV Supporting Organizations (continued)		<u>. O , , , , , , , , , , , , , , , , , , </u>	age .
<u> </u>			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.00	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	}	
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	İ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		ļ	
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ		
	the supported organization(s).	1 1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Ī		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ł	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	Ì		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	ee instructions	;)	
2	Activities Test Answer (a) and (b) below.	•	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b			\vdash	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			

Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2016

3a

Schedule A'(Form 990 or 990-EZ) 2016 EDUCATION FUND 81-2169516 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Pnor Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 6 Multiply line 5 by 035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

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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instructions)

Schedule A'(Form 990 or 990-EZ) 2016 EDUCATION FUND 81-2169516 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Pre-2016 Section E - Distribution Allocations (see instructions) Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2016: ь c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c 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 3j and 4c 8 Breakdown of line 7: b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	<u>(Form 990 or 990-E</u>	Z) 2016 EDU	CATION F	עאט			81-2169516 Page 8
Part VI	Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, 3 tion D, lines 2 a 6, and 8, and F	3c, 4b, 4c, 5a, 6, and 3. Part IV, Se	, 9a, 9b, 9c, 11a, ection E. lines 1c	11b, and 11c; Pa , 2a, 2b, 3a, and (art IV. Section B. line:	or 17b, Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V, tional information.
	(See instructions.)						
						 _	
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(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

Name of the organization

VOTER REGISTRATION PROJECT

EDUCATION FUND

Employer identification number 81-2169516

Schedule D (Form 990) 2016

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.					
		(a) Donor advised funds	(b) Fu	nds 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						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds				
	are the organization's property, subject to the organization's			Yes No			
6	Did the organization inform all grantees, donors, and donor a		e used only				
	for charitable purposes and not for the benefit of the donor		•				
	Impermissible private benefit?						
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (e.g., recreation or		torically impo	rtant land area			
	Protection of natural habitat	Preservation of a cer					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	ation easement on the last			
_	day of the tax year			Held at the End of the Tax Year			
я	Total number of conservation easements		2a	THE STATE OF THE TEXT OF			
h	Total acreage restricted by conservation easements		2b				
	Number of conservation easements on a certified historic st	ructure included in (a)	2c				
٨	Number of conservation easements included in (c) acquired	• •					
ď	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	eleased extinguished or terminated by th		n during the tax			
Ŭ	year >	reacte, examples loc, or terminated by the	io Organizacio	Trading the tax			
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe		:				
·	violations, and enforcement of the conservation easements			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting		nservation ear				
		,	10011211011011	terrior during the your			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ation easeme	nts during the year			
•	S		4,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	daming and you			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(b)(4)(B)(i)				
•	and section 170(h)(4)(B)(ii)?		-(-)(-)(-)(-)	Yes No			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement.				
Ū	include, if applicable, the text of the footnote to the organiza						
	conservation easements		5 ti 15 5 gui 1125	tion of decounting to			
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or (Other Simi	ar Assets.			
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (A		ement and bal	ance sheet works of art.			
	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descri			, , , , , , , , , , , , , , , , , , , ,			
h	If the organization elected, as permitted under SFAS 116 (A		nt and balanc	e sheet works of art, historical			
_	treasures, or other similar assets held for public exhibition, e						
	relating to these items:	production of pr	abiio oci (100,	provide the leaving afficults			
	(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 tro	easures or other similar assets for financial	ial dain, provid	*			
2	the following amounts required to be reported under SFAS		iai gairi, provid				
	Revenue included on Form 990, Part VIII, line 1	. To y 100 000) relating to these items.	_	\$			
d h	Assets included in Form 990, Part X			<u> </u>			
	. additional and a second and a			<u>* </u>			

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

Par	till Organizations Maintaining C		+ Hist	orical Tr	00011500 0	r Otho			69516		<u> 18 2</u>
3	Using the organization's acquisition, accessi	on, and other record	is, checi	k any of the	following that	are a si	gnificant	use of its	collection i	tems	
	(check all that apply):										
a	Public exhibition	d	' '	Loan or exc	hange progra	ms					
b	Scholarly research	e	,	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizatıc	n's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımılar	assets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pai										
	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other ass	sets not	included				
	on Form 990, Part X?		,						Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	table.	•				_,		
	in roo, explain the arrangement in rate with	and complete the	,	.ub(0,					Amount		
_	Beginning balance						1c		Allount		
	Additions during the year		•				1d		 -		—
_	Distributions during the year	•					1e				—
f	Ending balance		04 4			. 12 - 1 - 1	<u>1f</u> _		٦.,	- 1	
	Did the organization include an amount on Fo						rty?	L <u>.</u>	_ Yes	片	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete		T						T		
		(a) Current year	(b) F	rior year	(c) Two year	s back	(d) Three	ears back	(e) Four y	ears b	<u>ack</u>
1a	Beginning of year balance				<u> </u>						
b	Contributions				ļ						
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
ø	Other expenditures for facilities								İ		
	and programs	L			l						
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as				· · · · · ·		
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	<u></u> %	_								
c	Temporarily restricted endowment ▶	 %									
•	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse	•	ation tha	at are held a	and administer	red for th	ne organi:	zation			
•	by:								[v	es l	No
	(i) unrelated organizations								3a(i)	 	 _
	(ii) related organizations	•						•	3a(ii)	- †-	
h	If "Yes" on line 3a(ii), are the related organizations	atione lieted as requi	red on S	Schadula B2	•				3b		
	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·							<u> </u>		—-
Par	t VI Land, Buildings, and Equipm		Ownient	lulius							
. 41			n Part II	/ line 11e (See Form 900	Dart V	line 10				
	Complete if the organization answere								(a) Da =1		
	Description of property	(a) Cost or o			t or other	\ - /	ccumulate preciation	l l	(d) Book v	alue	
		Dasis (Invest	ment)	Dasis	(other)	uer	neciation				—-
	Land										—-
þ	Buildings	<u> </u>		 							
C	Leasehold improvements			ļ							
d	Equipment			ļ							
	Other	<u> </u>		L							
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Pan	t X, colui	mn (B), line	10c.)						0.

Schedule D (Form 990) 2016

VOTER REGIS	TRATION PROJ	ECT		
Schedule D (Form 990) 2016 EDUCATION F	UND_		81-	2169516 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other		_		
(A)				
(B)	-			
(C)				
(D)				
(E)			····	
(F)				
(G)				
(H)	 			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related.	 			
Complete if the organization answered "Yes"	on Form 990 Part IV Im	e 11c See Form 990	Part Y line 13	
(a) Description of investment	(b) Book value		aluation Cost or end-	of-vear market value
				
(3)	· <u> </u>			
(4)	·			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	<u> </u>			
<u> </u>	F 000 D+ IV I	- 44 d. O E 000	D -+ V 1 45	
Complete if the organization answered "Yes"		e 11a See Form 990,	Part X, line 15	(b) Book value
	Description			
(1) DEPOSIT				2,500
(2)		·		
(3)				
				
(5)				
(6)				
				
				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			2,500
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, III		n 990, Part X, line 25	
1. (a) Description of liability	····	(b) Book value		
(1) Federal income taxes]	
(2) DUE TO RELATED PARTY		109,793.		
(3)			1	
(4)	l		1	

(5) (6) (7) (8) (9) 109,793. 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 X

Schedule D (Form 990) 2016

VOTER REGISTRATION PROJECT EDUCATION FUND Schedule D (Form 990) 2016 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 3,724,000. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 29 b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) e Add lines 2a through 2d 3,724,000. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4b c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,825,436. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a_ a Donated services and use of facilities 2b **b** Prior vear adjustments c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE PERIOD FROM INCEPTION (MARCH 24, 2016) TO DECEMBER 31, 2016, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN

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Schedule D (Form 990) 2016

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SCHEDULE 1 (Form 990)

-am 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

≗ Schedule I (Form 990) (2016) OTER REGISTRATION - OHIO Employer identification number 81 - 2169516(h) Purpose of grant VOTER REGISTRATION or assistance OTER REGISTRATION TOTER REGISTRATION X Yes 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 'IRGINIA SEORGIA EORGIA : 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) ö ö : ö (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. 000 009 (d) Amount of 500,000 380,000 200,000 cash grant 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. VOTER REGISTRATION PROJECT 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 27-1705920 26-1601472 58-2421574 46-1064042 General Information on Grants and Assistance (b) EIN EDUCATION FUND criteria used to award the grants or assistance? 1 (a) Name and address of organization THE OHIO ORGANIZING COLLABORATIVE 165 COURTLAND STREET, SUITE A-231 FUND - 3801 MOUNT VERNON AVENUE NEW VIRGINIA MAJORITY EDUCATION 25 EAST BOARDMAN STREET, #428 PROGEORGIA STATE TABLE, INC. 1530 DEKALB AVENUE, SUITE A or government ALEXANDRIA, VA 22305 YOUNGSTOWN, OH 44503 Name of the organization NEW GEORGIA PROJECT ATLANTA, GA 30303 ATLANTA, GA 30307 Part I Part N

Page 2

Schedule I (Form 990) (2016) EDUCATION FUND

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) REGISTRATION EFFORT IS NOT A 501(C)(3), VRP-EF MAY MAKE A CONTROLLED GRANT 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. ALTHOUGH IN SOME CASES VRP-EF IS A GRANTMAKING ENTITY. ITS DISBURSEMENTS ARE EXPECTED TO GO WHERE THE MOST APPROPRIATE LOCAL ORGANIZATION TO CONDUCT A VOTER (d) Amount of non-cash assistance (c) Amount of cash grant PRIMARILY TO RECOGNIZED 501(C)(3) ORGANIZATIONS, (b) Number of recipients (a) Type of grant or assistance LINE 2: PART I, Part

TO A NON-501(C)(3) ORGANIZATION, SUBJECT TO THE CONDITION THAT IT BE USED

SOLELY FOR 501(C)(3)-PERMISSIBLE ACTIVITY. RECIPIENT ORGANIZATIONS WILL

HAVE A HISTORY OF CONDUCTING SUCCESSFUL VOTER REGISTRATION AND CIVIC

PARTICIPATION PROGRAMS. VRP-EF DOES NOT INTEND TO CONDUCT ANY VOTER

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Part IV Supplemental Information Schedule (Form 990) EDUCATION FUND 8	1-2169516 Page 2
Part IV Supplemental Information	
REGISTRATION ACTIVITIES INDEPENDENTLY, BUT RATHER WILL FOCUS	ITS EFFORTS ON
FUNDRAISING AND SUBSEQUENT GRANTMAKING TO OTHER ORGANIZATIONS	THAT PLAN AND
ADMINISTER VOTER REGISTRATION PROGRAMS.	

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.

2016 Open to Public

OMB No 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service VOTER REGISTRATION PROJECT Name of the organization EDUCATION FUND

Employer identification number 81-2169516

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROCESS
FORM 990, PART V, LINE 2A
VOTER REGISTRATION PROJECT (VRP) SHARES ITS EMPLOYEES WITH VRP-EF WHO
USES A PROFESSIONAL EMPLOYER ORGANIZATION (PEO). 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 PEO AND PROVIDES HUMAN RESOURCE
SERVICES TO THEIR CLIENTS.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS. UPON
APPROVAL, THE FINAL COPY OF THE 990 IS SIGNED BY THE CAMPAIGN 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
DIRECTORS, OFFICERS, MEMBERS OF BOARD COMMITTEES, AND STAFF. DIRECTORS,
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 C, LINE 19:

VOTER REGISTRATION PROJECT EDUCATION FUND COMPLIES WITH APPLICABLE RULES

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

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

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization VOTER REGISTRATION PROJECT EDUCATION FUND	Employer identification number 81-2169516
REQUIRING THAT IT MAKE ITS FEDERAL FORM 990 AND RELATED S	CHEDULES AVAILABLE
TO THE PUBLIC FOR INSPECTION. REGISTER AMERICA DOES NOT M	AKE ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	TEMENTS AVAILABLE
TO THE PUBLIC.	
FORM 990, PART XII, LINE 2C:	
THE MANAGEMENT TEAM REVIEWS THE PROPOSALS RECEIVED FROM T	HE INDEPENDENT
ACCOUNTANTS. THE MANAGEMENT TEAM MAKES AN INTERNAL RECOM	MENDATION ON
THE SELECTION OF INDEPENDENT ACCOUNTANT AND AUDITORS, WHI	CH IS THEN
REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE MAN	AGEMENT TEAM
ALSO REVIEWS THE ENGAGEMENT AGREEMENTS FROM THE ACCOUNTIN	G AND AUDIT
FIRMS ANNUALLY.	
	

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SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

2016

OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. VOTER REGISTRATION PROJECT

EDUCATION FUND

Name of the organization Department of the Treasury Internal Revenue Service

Part

Open to Public Inspection

Employer identification number

81-2169516

(g) Section 512(b)(13) ž × × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling End-of-year assets ×. e status (if section Public charity 501(c)(3)) LINE 7 Total income € **Exempt Code** section DISTRICT OF COLUMBIA 501(C)(3) DISTRICT OF COLUMBIA 501(C)(4) ਉ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) છ Primary activity Primary activity ENCOURAGING CIVIC ASSIST WITH VOTER 9 REGISTRATION ENGAGEMENT VOTER REGISTRATION PROJECT - 26-4802468 Name, address, and EIN (if applicable) 1725 DESALES STREET, NW, SUITE 650 1725 DESALES STREET, NW, SUITE 650 Name, address, and EIN of related organization of disregarded entity REGISTER AMERICA - 81-2163801 WASHINGTON, DC 20036 WASHINGTON, DC 20036 Part II

Schedule R (Form 990) 2016

EDUCATION FUND

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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

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(a) Name, address, and EIN Primary activity	(b) Primary activity	(C) Legal domicife	(d) Direct controlling	Predomina	1	(f) Share of total	(9) Share of	-		(j) Bl Genera	i or Perc	(k) sentage
טן ופומנסט טוקמו ובמנוסו		(state or foreign country)	(m)	excluded fro sections	excluded from tax under sections 512-514)		assets	Yes No	20 of Schedule (o K-1 (Form 1065)	dule partner? 065) Yes No	୍ଷ ଚ	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable	as a Corp	oration or Trust. Co	omplete if th	e organization	answered "Ye	s" on Form 990	, Part IV, line	34 because it h	ad one or	more re	lated
(a)		:	(q)	(c)	(q)	(e)		€	(6)	Ξ		(3)
Name, address, and EIN of related organization		Prim	Primary activity	Legal domicile (state or	Direct controlling entity	lling Type of entity (C corp, S corp,		Share of total income	Share of end-of-year	Percentage ownership		512(b)(13) controlled
,				foreign country)					assets		Yes	٤
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632162 09-06-18				36					Sch	Schedule R (Form 990) 2016	orm 990	3) 2016

VOTEK KEGISTKATION F Schedule R (Form 990) 2016 EDUCATION FUND Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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Schedule R (Form 990) 2016 × × × × × Yes × × 무 Ē ᅙ <u>e</u> ₽ ပ္ 5 ¥ ₽ 2 욘 ₽ ÷ 18 Method of determining amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 197,097.COST BASIS 56,652,COST BASIS 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? Amount involved (b) Transaction type (a-s) 37 1 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) Z 0 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. i Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) s Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) (1) VOTER REGISTRATION PROJECT (2) VOTER REGISTRATION PROJECT Exchange of assets with related organization(s) Purchase of assets from related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 332163 09-06-16 _ ପ୍ର **3** <u>.</u> 9

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

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

(a) (b)	2	(3)	(p)	€	(b)	ε	ε	9	(8)
Name, address, and EIN of entity	Primary activity	을 등	Predominant income pathers ser (related, unrelated, 5016)(3) excluded from tax under 0193?	•,	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General of Percentage bonale amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	o	assets	Yes No	(Form 1065)	Yes No	
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