DLN: 93493316065739

OMB No 1545-0047

Form **990**

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

| A Fo | or the | e 2017 ca | alendar year, or tax year begin | ning 01-01-2017 , and endi | na 12-31 | -2017 | | | |
|--------------------------------|--------------------|------------------------|---|--|----------|--------------------|-------------------------------------|----------------------|-------------------|
| | | pplicable | C Name of organization FAIRVOTE | <u>g </u> | <u>.</u> | | D Employe | r identi | fication number |
| | | change | PAIRVOTE | | | | 54-1635 | 649 | |
| | me cha tial ret | - | Doing business as | | | | | | |
| | | n/terminated | | | | | E Telephon | e numbei | r |
| | | d return on pending | 6030 CARROLL AVE SHITE 240 | all is not delivered to street address) | Room/sur | te | | | |
| | ' | , , | City or town, state or province, coun | try, and ZIP or foreign postal code | | | | | |
| | | | Takoma Park, MD 20912 | | | | G Gross red | eipts \$ 3 | 3,248,170 |
| | | | F Name and address of principal ROBERT RICHIE | officer | | H(a) Is | this a group ret | urn for | |
| | | | NOBERT NICHIE | | | | ibordinates? re all subordinate | 25 | □Yes ☑No |
| [Tax | k-exen | npt status | | | 7 | ` í ın | cluded? | | ∐ Yes ∐No |
| 1 W | ehsit | e: > \/\/\ | ✓ 501(c)(3) | Insert no) 4947(a)(1) or L | J 527 | | "No," attach a li roup exemption | | • |
| | | | | | | | | | |
| K Forn | n of or | ganızatıon | ✓ Corporation ☐ Trust ☐ Associ | ciation 🔲 Other ► | | L Year of f | ormation 1992 | M State MD | of legal domicile |
| Pa | rt I | Sum | mary | | | | | | |
| | 1 E | = Briefly des | scribe the organization's mission or | | | | | | |
| e) | | | /ZE ELECTIONS AND BUILD SUPPO H, COMMUNICATIONS AND COLLAE | | L, STATE | , AND NA | TIONAL LEVEL T | HROUGI | H STRATEGIC |
| ACTIVITIES & GOVERNANCE | - | | | | | | | | |
| em | _ | | | | | | | | |
| A 05 | | | is box \blacktriangleright \square if the organization dis | | | | 25% of its net as | | 1 |
| ×ď | l | | of voting members of the governing | - , , , , | | | • | 3 | 14 |
| nes | l | | of independent voting members of nber of individuals employed in cal | | • | | | 5 | 35 |
| M C | l | | nber of volunteers (estimate if nec | , , , | • | | | 6 | 14 |
| ĕ | l | | related business revenue from Part | * * | | | | 7a | C |
| | b | Net unrel | lated business taxable income from | Form 990-T, line 34 | | | | 7b | 0 |
| | | | | | | | Prior Year | | Current Year |
| ġ. | l | | tions and grants (Part VIII, line 1h) | | • | | 3,194,9 | _ | 3,204,958 |
| Ravenua | l | - | service revenue (Part VIII, line 2g ent income (Part VIII, column (A), | | • | | 9,1 | 76 | 1,500 |
| æ | l | | venue (Part VIII, column (A), lines | • | • | | 9,0 | | 41,482 |
| | l | | enue—add lines 8 through 11 (mus | | ne 12) | | 3,213,9 | | 3,248,170 |
| | 13 | Grants ar | nd sımılar amounts paıd (Part IX, c | olumn (A), lines 1–3) | • | | 73,0 | 00 | 33,000 |
| | l | • | paid to or for members (Part IX, co | | • | | | | |
| S 63 | l | | other compensation, employee be | | • | | 1,892,5 | 90 | 1,543,510 |
| Expenses | l | | onal fundraising fees (Part IX, colur raising expenses (Part IX, column (D), lir | | • | | | | |
| Ä | l | | penses (Part IX, column (A), lines | ' - ' | _ | | 1,132,9 | 66 | 1,195,44 |
| | l | · | penses Add lines 13–17 (must equ | • | | | 3,098,5 | _ | 2,771,951 |
| | 19 | Revenue | less expenses Subtract line 18 fro | om line 12 | • | | 115,4 | 22 | 476,219 |
| s or | | | | | | Beginn | ning of Current Ye | ear | End of Year |
| Net Assets or Fund Balances | 20 | Total ass | ets (Part X, line 16) | | | | 413,0 | 53 | 857,325 |
| id B | 21 | Total liab | ollities (Part X, line 26) | | | | 57,0 | 69 | 25,122 |
| žī | 22 | Net asset | ts or fund balances Subtract line 2 | 1 from line 20 | • | | 355,9 | 84 | 832,203 |
| | t III | | ature Block erjury, I declare that I have exami | and this return including accom | nanyina | cchoduloc | and statements | 20d to | the heat of my |
| knowl | edge | and belie | ef, it is true, correct, and complete | | | | | | |
| any ki | nowle | edge | | | | | | | |
| | | ****** | * ure of officer | | | | 2019-11-10 Date | | |
| Sign Here | | , - | | | | | Date | | |
| iere | • | | T RICHIE CEO r print name and title | | | | | | |
| | | | rint/Type preparer's name | Preparer's signature | | ate | Charle 7 c P | TIN | |
| Paic | ł | I | SMENIA PENA-ROMERO | ISMENIA PENA-ROMERO | 20 |)19-11-12 | Check If p | 0203980 | <i>i</i> 8 |
| Prep | | ₹¹ ├ _ट | irm's name ► PR CPA SOLUTIONS irm's address ► 9829 DARCY FOREST D | D | | | Firm's EIN > | E0 1262 | |
| Use | On | ly | FIRM'S address ► 9829 DARCY FOREST D Silver Spring, MD 2091 | | | | Phone no (202) 7 | 29-1769 | |
| May + | ha IP | S discuss | this return with the preparer show | | | | <u> </u> | П, | Ves V No |

| Form | 990 (2017) | | | | | Page 2 | | | | | | |
|------|--|------------------------|-------------------|---------------------------|---|-------------------|--|--|--|--|--|--|
| Par | t IIII Statement | of Program Service | e Accomplis | hments | | | | | | | | |
| | Check if Sche | dule O contains a resp | onse or note to a | any line in this Part III | | 🗆 | | | | | | |
| 1 | | organization's mission | | • | | | | | | | | |
| | ANALYZE ELECTIONS A MUNICATIONS AND CO | | OR REFORMS AT | THE LOCAL, STATE, A | ND NATIONAL LEVEL THROUGH ST | RATEGIC RESEARCH, | | | | | | |
| 2 | - | , - | | <u>-</u> , | hich were not listed on | □Yes ☑No | | | | | | |
| | ' | r 990-EZ? | | | | ∟ Yes ⊻ No | | | | | | |
| _ | If "Yes," describe the | | | | | | | | | | | |
| 3 | Did the organization services? | ☐ Yes ☑ No | | | | | | | | | | |
| | If "Yes," describe these changes on Schedule O | | | | | | | | | | | |
| 4 | Section 501(c)(3) an | | ons are required | to report the amount | largest program services, as meas of grants and allocations to others, | | | | | | | |
| | (Code |) (Expenses \$ | 2,319,667 | including grants of \$ | 33,000) (Revenue \$ |) | | | | | | |
| | See Additional Data | , (= | | | | , | | | | | | |
| 4b | (Code |) (Expenses \$ | 116,331 | including grants of \$ | 1,500) (Revenue \$ |) | | | | | | |
| | See Additional Data | | | | | | | | | | | |
| 4c | (Code |) (Expenses \$ | 88,609 | including grants of \$ |) (Revenue \$ |) | | | | | | |
| | See Additional Data | | | | | | | | | | | |
| 4d | Other program servi | ces (Describe in Sched | ule O) | | | | | | | | | |
| | (Expenses \$ | ınc | luding grants of | \$ |) (Revenue \$ |) | | | | | | |
| 4e | Total program serv | vice expenses ▶ | 2,524,6 | 07 | | | | | | | | |

Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2

Page 3

No

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

No

No

No

Nο

Form **990** (2017)

Yes

Yes

Yes

19

Yes

Yes

3

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Section 501(c)(3) organizations.

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?

6 7 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 9

8 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

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a

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 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a

12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 13 14a b 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*

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14b foreign organization? If "Yes," complete Schedule F, Parts II and IV

15 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

18

No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

29

| 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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Nο

Yes

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2017)

Page 4

Nο

No

Nο

Nο

No

Nο

No

No

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

| orm | 990 (2017) | | | Page 5 |
|-----|--|------------|-----|---------------|
| Par | t 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 | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 20 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by | | | |
| | this return | 2b | Yes | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 | 163 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| ь | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6а | | No |
| _ | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| Ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| | | 7e | | No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | 79 | | |
| • | 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 0- | Did the energering organization make any tayable distributions under section 49662 | 8 9a | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | 90 | | |
| | 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| Ь | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | 0 (2017) |

| 01111 | 330 (2017) | | | rage |
|-------|--|----------------|-----------|----------|
| Par | TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | o" respo | nse to li | nes |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ~ |
| Se | ection A. Governing Body and Management | | • • | |
| | <u> </u> | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1 | 4 | | |
| | 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 1b | 3 | | |
| 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 | Yes | |
| 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? | ⁿ 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 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 | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| 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? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Code | ⊋.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Yes | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| Ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No |
| b | Other officers or key employees of the organization | 15b | | No |
| | 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 | | No |
| 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 | | |
| | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed► MD | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply | ı | | |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | ▶THE ORGANIZATION 6930 CARROLL AVE SUITE 240 Takoma Park, MD 20912 (301) 270-4616 | | | |

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

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- 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, or 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 hox if neither the organization nor any related organization compensated any current officer, director, or trustee

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | | | |
|---|--|--|---------------------|---------|--------------|------------------------------|--------|---|--|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the | | |
| | organizations below dotted line) | Individual trustee or director | e⇔tsn4_jeuotrnµtsuj | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | | |
| (1) KRIST NOVOSELIC CHAIR | 1 50 0 00 | Х | | x | | | | 0 | 0 | 0 | | |
| (2) PAUL JACOB VICE CHAIR | 1 00 | | | х | | | | 0 | 0 | 0 | | |
| (3) WILLIAM REDPATH TREASURER | 0 00 | х | | Х | | | | 0 | 0 | 0 | | |
| (4) CYNTHIA TERRELL SECRETARY | 40 00 | Х | | Х | | | | 57,500 | 0 | 0 | | |
| (5) ALICIA UNDERWOOD BOARD MEMBER | 1 00 0 00 | Х | | | | | | 0 | 0 | 0 | | |
| (6) BRENDA CHORESI CARTER BOARD MEMBER | 1 00 0 00 | Х | | | | | | 0 | 0 | 0 | | |
| (7) DAVID WILNER BOARD MEMBER | 1 00 0 00 | Х | | | | | | 0 | 0 | 0 | | |
| (8) DONALD MARRON BOARD MEMBER | 1 00 0 00 | х | | | | | | 0 | 0 | 0 | | |
| (9) HENDRIK HERTZBERG BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | 0 | | |
| (10) JOE SWIMMER BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | 0 | | |
| (11) MARK DE LA IGLESIA BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | 0 | | |
| (12) PAUL JACOB BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | 0 | | |
| (13) SUSANNAH WELLFORD BOARD MEMBER | 1 00 0 00 | Х | | | | | | 0 | 0 | 0 | | |
| (14) TIMOTHY HAYES BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | 0 | | |
| (15) ROBERT RICHIE CEO | 40 00 | | | Х | | | | 101,000 | 0 | 0 | | |
| | | | | | | | | | | | | |

(A)

Name and Title

compensation from the organization \blacktriangleright

Part VII

(F) Estimated

(E)

Reportable

Page 8

| | | hours per week (list any hours for related | (list is both an officer and a from the ours director/trustee) organization (W- organizations | | | | | | ed compens s (W- from t | | sation the | | |
|---|---|---|---|--|-----------|--------------|------------------------------|------------|----------------------------|-------------------------------|---------------|--------------------|----|
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee Individual trustee or director | Officer | key employee | Highest compensated employee | Former | 2/1099-11130/ | 2,1099-1130 | -, | relati organiza | ed |
| | | | | | | | | | | | _ | | |
| | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | \perp | | |
| | | | | | | | | - | | | + | | |
| C | Sub-Total | | nΑ. | · · | | | * | | 158,500 | | 0 | | 0 |
| 2 | Total number of individuals (including of reportable compensation from the | | | e list | ed a | bove | e) who | rec | eived more than | \$100,000 | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> . | | | ee, k | ey e • | mplo • | oyee, | or hı • | ghest compensat | ed employee on | 3 | | No |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | 4 | | No |
| 5 | Did any person listed on line 1a receivervices rendered to the organization | | | | | | | | | | 5 | | No |
| | ection B. Independent Contract | | | | | | | | | | | | |
| 1 | Complete this table for your five high from the organization Report compe | | | | | | | | | | mpens | sation | |
| | Name | (A) and business addre | ess | | | | | | De | (B) escription of services | | (C Compen | |
| | | | | | | | | | | | | | |
| | | | | | | | | | I | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

(C)

Position (do not check more

(D)

Reportable

(B)

Average

| | VIII Statement of Revenue | | | | | |
|---|---|---------------------|-----------------------|--|---|--|
| | Check if Schedule O contains a respon | se or note to any l | ine 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 |
| | 1a Federated campaigns 1a | | I | revenue | | 312 314 |
| nts Ints | b Membership dues 1b | _ | | | | |
| 3ra not | c Fundraising events . 1c | | | | | |
| S. (| d Related organizations | | | | | |
| 19. 19. | e Government grants (contributions) | | | | | |
| S. E | f All other contributions, gifts, grants, | | | | | |
| tior sr S | and similar amounts not included above 1f | 3,204,958 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g Noncash contributions included | | | | | |
| | ın lines 1a-1f \$ | | | | | |
| <u>ت</u> ه | h Total.Add lines 1a-1f | <u> ▶</u> _ | 3,204,958 | | | |
| a <u>.</u> | | Business (| Code | | | |
| ۲۶ | 2a ELECTION SERVICES | | 900099 | 1,500 1, | 500 | |
| Service Revenue | ь | | | | | |
| ΑCE | c — | | | | | |
| 3 | d ——— | | | | | |
| 'an | e | | | | | |
| Program | f All other program service revenue | | 1,500 | · | | · |
| <u> </u> | gTotal.Add lines 2a−2f ▶ | | | T | | |
| | 3 Investment income (including dividends, int similar amounts) | terest, and other | 230 | | | 230 |
| | 4 Income from investment of tax-exempt bor | nd proceeds | | | | |
| | 5 Royalties | ▶ | | | | |
| | (ı) Real | (II) Personal | | | | |
| | 6a Gross rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or | | | | | |
| | (loss) | | | | | |
| | d Net rental income or (loss) | · · • | | | | |
| | (ı) Securities | (II) Other | | | | |
| | 7a Gross amount from sales of | | | | | |
| | assets other than inventory | | | | | |
| | b Less cost or | | | | | |
| | other basis and sales expenses | | | | | |
| | C Gain or (loss) | | | | | |
| | d Net gain or (loss) | > | | | | |
| ø. | 8a Gross income from fundraising events (not including \$ of | | | | | |
| 둤 | contributions reported on line 1c) | | | | | |
| Other Revenue | See Part IV, line 18 a b Less direct expenses b | | | | | |
| ار 5 | c Net income or (loss) from fundraising ever | nts 🕨 | | | | |
| ţ, | 9a Gross income from gaming activities | | | | | |
| 0 | See Part IV, line 19 | | | | | |
| | b Less direct expenses b | | | | | |
| | c Net income or (loss) from gaming activitie | s | | | | |
| | 10aGross sales of inventory, less | | | | | |
| | returns and allowances | | | | | |
| | b Less cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventor | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a _{HONORARIA} | 900099 | 19,000 | 19,000 | | |
| | | | | | | |
| | b OTHER INCOME | 900099 | 22,482 | 22,482 | | |
| | | | | | | |
| | С | | | | | |
| | | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | • | 41,482 | | | |
| | 12 Total revenue. See Instructions | 🗩 | , | | | 0 222 |
| | | • | 3,248,170 | 42,982 | | 0 230 Form 990 (2017) |

| Form 990 (2017) | | | | Page 10 |
|---|-------------------------|------------------------------------|---|-----------------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all | columns All other orga | anızatıons must comp | olete column (A) | |
| Check if Schedule O contains a response or note to a | ny line in this Part IX | | | 🗹 |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 33,000 | 33,000 | | |
| 2 Grants and other assistance to domestic individuals See Par IV, line 22 | rt | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | ١ | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 158,500 | 124,438 | 17,799 | 16,263 |
| 6 Compensation not included above, to disqualified persons (a defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,115,007 | 980,839 | 99,109 | 35,059 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 9,905 | 8,597 | 909 | 399 |
| 9 Other employee benefits | 160,798 | 139,551 | 14,795 | 6,452 |
| 10 Payroll taxes | 99,300 | 86,184 | 9,115 | 4,001 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 10,300 | 10,275 | 17 | 8 |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | 784,946 | 783,051 | 1,318 | 577 |
| 12 Advertising and promotion | 4,638 | 4,598 | 28 | 12 |
| 13 Office expenses | 62,125 | 55,058 | 3,967 | 3,100 |
| 14 Information technology | 34,235 | 31,691 | 1,316 | 1,228 |
| 15 Royalties | | | | |
| 16 Occupancy | 104,258 | 94,812 | 5,453 | 3,993 |
| 17 Travel | 101,018 | 97,963 | 1,032 | 2,023 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 Conferences, conventions, and meetings | 61,004 | 45,312 | 1,406 | 14,286 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,402 | 2,218 | 128 | 56 |
| 23 Insurance | 13,960 | 12,313 | 951 | 696 |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a OTHER EXPENSES | 16,555 | 14,707 | 1,213 | 635 |
| <u>b</u> | | | | |
| | | | | |

2,771,951

2,524,607

158,556

88,788

Form **990** (2017)

C d

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

1

2

20

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

29

30

31

32

33

34

5.824

10.017

413.053

40.084

16.985

57.069

12,208

343,776

355,984

413.053

Page **11**

839,664

4.222

3,422

10.017

857,325

19,681

5.441

25,122

443,933

388.270

832,203

857.325

Form **990** (2017)

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

| | Beginning of year | | End of |
|--|-------------------|---|--------|
| Cash-non-interest-bearing | 379,012 | 1 | |
| Savings and temporary cash investments | | 2 | |
| Pledges and grants recovable not | | J | |

22,867

19.445

3 Pledges and grants receivable, net . 18.200 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . .

Notes and loans receivable, net . Inventories for sale or use .

Assets Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b

Investments—publicly traded securities . Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11

11 12 13 14 Intangible assets

15 Other assets See Part IV, line 11 . . .

16

17 Accounts payable and accrued expenses 18

Total assets.Add lines 1 through 15 (must equal line 34) . . . Grants payable . . . 19 Deferred revenue . . .

Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

21 22 persons Complete Part II of Schedule L .

Liabilities 23 Secured mortgages and notes payable to unrelated third parties . . .

24 25

Unsecured notes and loans payable to unrelated third parties and other liabilities not included on lines 17-24)

Complete Part X of Schedule D 26

Total liabilities. Add lines 17 through 25 .

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

27 28

☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

2b

2c

3a

3b

Yes

Yes

No

Form 990 (2017)

Additional Data

Software ID:

Software Version:

EIN: 54-1635649

Name: FAIRVOTE

Form 990 (2017)

Form 990, Part III, Line 4a:

(CONTINUED ON SCHEDULE O)

RANKED CHOICE VOTING EDUCATION FAIRVOTE HAD A SUCCESSFUL YEAR IN 2017 OUR PROGRAM WORK INCREASED PUBLIC UNDERSTANDING OF HOW ELECTORAL RULES AFFECT PARTICIPATION AND OUR REPRESENTATIVE DEMOCRACY WE ENGAGED IN RESEARCH, ANALYSIS, COMMUNICATIONS, EDUCATION, AND ADVOCACY WITHIN EACH OF OUR THREE MAJOR PROGRAM AREAS EDUCATION ABOUT RANKED CHOICE VOTING, EDUCATION ABOUT REPRESENTATION OF WOMEN IN ELECTED OFFICE, AND GENERAL DEMOCRACY WORK INVOLVING ISSUES SUCH AS PRIMARIES, REDISTRICTING, PRESIDENTIAL ELECTIONS AND THE RIGHT TO VOTE INTERNALLY, WE TOOK IMPORTANT STEPS TO STRENGTHEN OUR ORGANIZATION AS WELL WITH NEW STAFF AND SOURCES OF FUNDING OUR MAJOR PROGRAM FOCUS WAS RESEARCH AND PUBLIC EDUCATION ABOUT RANKED CHOICE VOTING (RCV) RCV HAS IMPORTANT APPLICATIONS IN NEARLY ANY CONTEXT WHERE VOTING OCCURS

Form 990, Part III, Line 4b: GENERAL DEMOCRACY FAIRVOTE IS A NATIONALLY RECOGNIZED AUTHORITY ON A RANGE OF ELECTION TOPICS, INCLUDING BEING AT OR NEAR THE TOP OF INTERNET SEARCHES ON TOPICS SUCH AS VOTER TURNOUT, PRIMARIES AND REDISTRICTING WE PROVIDE ELECTIONS SERVICES ASSISTANCE TO PRIVATE ORGANIZATIONS AND BUSINESSES ON A MODEST SCALE OUR WEBSITE IS UPDATED REGULARLY ON THESE RESOURCES. AND WE RECEIVED PARTICULARLY NOTABLE ATTENTION DURING THE

YEAR FOR SUCH PROJECTS AS - RELEASING A DETAILED REPORT ON STATEWIDE RECOUNTS AND RECOUNT POLICY THAT IS REGULARLY CITED BY MAJOR MEDIA

OUTLETS (CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4c: REPRESENTATION 2020 OUR REPRESENTATION 2020 PROJECT RESEARCHES AND PROMOTES INSTITUTIONAL REFORMS TO LEVEL THE PLAYING FIELD FOR WOMEN CANDIDATES. ENABLING THEM TO RUN. WIN, AND LEAD EFFECTIVELY IT EXPERIENCED SIGNIFICANT GROWTH AND IMPACT AS IT MOVED TOWARD BECOMING AN

INDEPENDENT ORGANIZATION CALLED REPRESENTWOMEN PROGRESS INCLUDED - RELEASING AND RECEIVING ONGOING MEDIA ATTENTION FOR THE 2017 GENDER PARITY INDEX AND ASSOCIATED REPORT THAT RATES EACH STATE ON REPRESENTATION OF WOMEN IN ELECTED FEDERAL, STATE AND LOCAL OFFICES AND EXPLORES THE RULE-BASED REASONS THAT MAY HELP EXPLAIN DIFFERENCES, - UPGRADING ITS REPRESENTATION2020 COM WEBSITE WITH SIGNIFICANT NEW RESOURCES ON STRUCTURAL RULES CHANGES TO HELP CREATE A LEVEL PLAYING FIELD FOR WOMEN WHEN SEEKING TO RUN FOR OFFICE AND SERVE, (CONTINUED ON SCHEDULE O)

| efile GRAPHIC print - DO NOT PROCESS As Filed Da | | | | As Filed Data - | | | DLN: 93493316065739 | | | | | |
|--|----------|------------------------------|---|---|--|--|-------------------------------------|---|---|--|--|--|
| (For | m 99 | OULE A | Com | | Charity Statu | ion 501(c)(3) d | organization o | ort | 2017 | | | |
| 990I | EZ) | | | | 4947(a)(1) nonexe ▶ Attach to Form | | | | 2017 | | | |
| • | | f the Treasury | ▶ Infe | ormation abou | ıt Schedule A (Form | | | ictions is at | Open to Public Inspection | | | |
| Nam FAIRV | | he organiza | tion | | | | | Employer identific | ation number | | | |
| | | _ | | | | | | 54-1635649 | | | | |
| | rt I | | | | us (All organization : it is (For lines 1 thro | | | see instructions. | | | | |
| 1 | // gam2 | | • | | sociation of churches | 5 , | , | (A)(i) | | | | |
| 2 | | • | | | | | | | | | | |
| | | | school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 3 | | · | · | • | - | | | • | | | | |
| 4 | | name, city, | 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 | | | | | | | | | |
| 5 | | (b)(1)(A) | (iv). (Comple | ete Part II) | t of a college or unive | | | | ped in section 170 | | | |
| 6 | | A federal, s | tate, or local | government or | governmental unit de | scribed in sectio | on 170(b)(1)(A | ()(v). | | | | |
| 7 | | | | mally receives [vi). (Complete | a substantial part of it Part II) | s support from a | governmental u | init or from the genera | al public described in | | | |
| 8 | | A communi | ty trust descr | ibed in section | 170(b)(1)(A)(vi) | (Complete Part I | I) | | | | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | ege or university or a | | | |
| 10 | ✓ | from activit | ies related to income and | ıts exempt fun unrelated busın | (1) more than 331/39 ctions—subject to cer ess taxable income (le implete Part III) | taın exceptions, a | and (2) no more | than 331/3% of its su | | | | |
| 11 | | An organiza | ation organize | ed and operated | d exclusively to test fo | r public safety S | ee section 509 | (a)(4). | | | | |
| 12 | | more public | ly supported | organizations of | l exclusively for the be described in section 5 the type of supporting | i09(a)(1) or se d | ction 509(a)(2 |). See section 509(a | | | | |
| a | | organizatio | n(s) the powe | | ated, supervised, or compoint or elect a majo | | | | | | | |
| b | | Type II. A manageme | supporting o nt of the sup | rganızatıon sup | ervised or controlled i ation vested in the sar | | | | | | | |
| С | | Type III f | unctionally i | ntegrated. A s | supporting organizatio ons) You must com | | | | ted with, its | | | |
| d | | Type III n | on-function integrated | ally integrated The organization | d. A supporting organ n generally must satis t IV, Sections A and | ization operated fy a distribution i | ın connection wi requirement and | th its supported orgar | ` ' | | | |
| e | | Check this | , box if the org | anization receiv | ved a written determing integrated supporting | nation from the II | | pe I, Type II, Type II | functionally | | | |
| f | Enter | | | on-runctionally organizations | micegrateu supporting | organization | | | | | | |
| g | | | | - | ipported organization(| s) | | _ | | | | |
| | | Name of supp organization | orted | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organic property (in your govern | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | | | | Yes | No | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Tota | I | | | | | | | Schedule A (Form 9 | | | | |

Schedule A (Form 990 or 990-EZ) 2017

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (c) 2015 (d) 2016 (e) 2017 (a) 2013 **(b)** 2014 (f) Total (or fiscal year beginning in)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
|----|---|---------|-----------------|---------|---------|-----------------|----------|
| 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 | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from | | | | | | |
| • | line 4 | | | | | | |
| 9 | Section B. Total Support | ' | | | • | • | • |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2013 | (b) 2014 | (c)2015 | (d)2016 | (e) 2017 | (f)Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| 9 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |

| 40= . |
|-------------|
| |
| (f)Tota |
| |
| |
| |
| |
| |
| |
| ganization, |
| |
| |

14 15 ightharpoonupand stop here. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. 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—2017. 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

h 10%-facts-and-circumstances test—2016. 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 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

| | the organization fails to | qualify under t | the tests listed b | elow, please co | mplete Part II.) | | |
|-----|--|---------------------|----------------------|-----------------------|---------------------|-------------------|-------------|
| Se | ection A. Public Support | | | | <u> </u> | | |
| | Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | (or fiscal year beginning in) ► Gifts, grants, contributions, and | | + | · · · | · · · | . , | |
| _ | membership fees received (Do not | 838,642 | 1,160,520 | 1,705,705 | 3,194,902 | 3,204,958 | 10,104,727 |
| | include any "unusual grants") | | , , | , , | , , | | . , |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services | | 15 240 | 24 275 | 0.100 | 1 500 | E0 24E |
| | performed, or facilities furnished in any activity that is related to the | | 15,340 | 24,275 | 9,100 | 1,500 | 50,215 |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| • | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| • | organization'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 | 838,642 | 1,175,860 | 1,729,980 | 3,204,002 | 3,206,458 | 10,154,942 |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | |
| | 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | 10,154,942 |
| Se | ection B. Total Support | L | L | 1 | | | |
| | Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | (or fiscal year beginning in) ► | | · · | · · · | ` ' | ` ' | |
| 9 | Amounts from line 6 | 838,642 | 1,175,860 | 1,729,980 | 3,204,002 | 3,206,458 | 10,154,942 |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties and | 10,986 | 19,097 | 10,040 | 9,000 | 19,000 | 68,123 |
| | income from similar sources | | | | | | |
| ь | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, | | | | | | |
| _ | 1975 Add lines 10a and 10b | 10.006 | 10.007 | 10.040 | 0.000 | 10.000 | 68,123 |
| C | | 10,986 | 19,097 | 10,040 | 9,000 | 19,000 | 08,123 |
| 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) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 849,628 | 1,194,957 | 1,740,020 | 3,213,002 | 3,225,458 | 10,223,065 |
| 14 | First five years. If the Form 990 is fo | r the organization | 's first, second, th | ırd, fourth, or fıftl | n tax year as a sec | tion 501(c)(3) or | ganızatıon, |
| | check this box and stop here | Cunnout Day | ***** | | | | ▶⊔ |
| | ection C. Computation of Public Public Support percentage for 2017 (In | | | column (f\) | | 145 | |
| 15 | Public support percentage for 2017 (iii Public support percentage from 2016 S | | | column (1)) | | 15 | 99 330 % |
| 16 | Fublic Support percentage from 2016 S | ochequie A, PaiT II | ir, ime ro | | | 16 | 99 330 % |

17

18

Schedule A (Form 990 or 990-EZ) 2017

Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17

18

20

1 000 %

| | | • | , | ٠, | |
|-------------------|---------------|----------------|--------------|-----------|---------|
| Investment income | percentage fr | om 2016 | Schedule A, | Part III, | line 17 |
| 331/3% support to | ete=2017 T | f the organ | nization did | not check | the h |

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1 000 % 19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ▶ ☑

ightharpoons

▶□

Page 4

10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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) Section A. All Supporting Organizations Yes No

| L | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, | | |
|----|---|----|--|
| | describe the designation If historic and continuing relationship, explain | 1 | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described | | |
| | ın 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 | 3a | |
| h | Did the examination confirm that each cumparted examination qualified under section E01(c)(4). (E) or (6) and catisfied | | |

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 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 3с

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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (11) 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

6 organization's supported organizations? If "Yes," provide detail in Part VI.

6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with 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 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

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

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.

9с

the organization had excess business holdings)

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

| Pā | Supporting Organizations (continued) | | <u>'</u> | |
|----|---|-------------|----------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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 | | <u> </u> |
| | 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 | 11 c | | |
| S | Section B. Type I Supporting Organizations | | Vac | 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 Par 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 | t | Yes | No |
| 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 | | |
| _ | Castion C. Timo II Compositing Ouganizations | | | |
| | Section 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 or trustees or each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | of | | |
| _ | Section D. All Type III Supporting Organizations | | | |
| | ection b. An 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 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 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 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 | | | |
| S | Section 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 year (see instruc | tions) | | |
| | a | | | |
| | b | | | |
| | c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | e instru | ctions) | |
| 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 Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each o the supported organizations? <i>Provide details in Part VI.</i> | f 3a | | |
| | 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 | 3h | | |

| | dule A (Form 990 or 990-EZ) 2017 | | _ | Page |
|---|--|------------|---------------------------|--------------------------------|
| | Type III Non-Functionally Integrated 509(a)(3) Supporting O | _ | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization. | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1 c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-in | ntegrate | ed Type III supporting or | ganization (see |

| v | Other distributions (describe in Fait VI) See instructions | |
|---|--|--|
| 7 | Total annual distributions. Add lines 1 through 6 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| | | |

q Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

| | Total annual distributions. Add lines 1 through 6 | | | |
|----|--|---|--|--|
| 8 | Distributions to attentive supported organizations to who details in Part VI) See instructions | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (iii) Distributable Amount for 2017 | | |
| 1 | Distributable amount for 2017 from Section C, line | | | |

| details in Part VI) See instructions | | | |
|---|-----------------------------|--|---|
| 9 Distributable amount for 2017 from Section C, line 6 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| _ | | · · | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|---|-----------------------------|--|---|
| Distributable amount for 2017 from Section C, line 6 | | | |
| Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: **Software Version:**

EIN: 54-1635649

Name: FAIRVOTE

| Schedule A (| (Form 990 or 990-EZ) 2017 Page 8 |
|--------------|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) |
| | |

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public

DLN: 93493316065739

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

| f the | Section 501(c)(3) organizations that Section 501(c)(3) organizations that | n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under 9 t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Ta s), then | section 501(h)) Co nder section 501(h | omplete Part II-A Do not c i)) Complete Part II-B Do | omplete Part II-B not complete Part II-A |
|-------|--|--|--|---|--|
| Nar | ne of the organization | | | Employer ide | ntification number |
| FAI | RVOTE | | | 54-1635649 | |
| Par | t I-A Complete if the orga | nization is exempt under section | on 501(c) or is | | ization. |
| 1 | | nization's direct and indirect political car | | | |
| 2 | Political campaign activity expend | litures (see instructions) | | > | \$ |
| 3 | Volunteer hours for political camp | paign activities (see instructions) | | | |
| Par | t I-B Complete if the orga | nization is exempt under sectio | on 501(c)(3). | | |
| 1 | Enter the amount of any excise ta | ax incurred by the organization under s | ection 4955 | > | \$ |
| 2 | Enter the amount of any excise ta | ax incurred by organization managers u | inder section 4955 | > | \$ |
| 3 | If the organization incurred a sect | tion 4955 tax, did it file Form 4720 for | this year? | | ☐ Yes ☐ No |
| 4a | Was a correction made? | | | | ☐ Yes ☐ No |
| | If "Yes," describe in Part IV | | | | |
| Par | t I-C Complete if the orga | nization is exempt under section | on 501(c), exc | ept section 501(c)(3 |). |
| 1 | · | ed by the filing organization for section | · | | \$ |
| 2 | Enter the amount of the filing org function activities | anızatıon's funds contributed to other o | organizations for s | ection 527 exempt ► | \$ |
| 3 | Total exempt function expenditure | es Add lines 1 and 2 Enter here and o | n Form 1120-POL, | line 17b ► | \$ |
| 4 | Did the filing organization file For | m 1120-POL for this year? | | | Yes No |
| 5 | organization made payments For of political contributions received | employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver ee (PAC) If additional space is needed, | ount paid from the ed to a separate p | e filing organization's funds political organization, such | Also enter the amount |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 1 | | | | | |
| 5 | | | | | |
| 5 | | | | | |
| | 151 | <u> </u> | | 1 | |

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2014

182,417

2,948

45,604

(b) 2015

239,477

10,000

59,869

(c) 2016

304,928

342,619

76,232

(d) 2017

289,618

94,830

72,405

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

1,016,440

1,524,660

450,397

254,110

381,165

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Revenue included on Form 990, Part VIII, line 1

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

Assets included in Form 990, Part X

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.

DLN: 93493316065739 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

▶ Attach to Form 990.

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number FAIRVOTE** 54-1635649 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Cat No 52283D

Schedule D (Form 990) 2017

| Par | t IIII | Organizations Maintaining Col | lections of Art, I | Histori | cal Tre | asures, or | · Other | Similar Ass | sets (con | tınued) | |
|--------|---------------|--|--|-----------------------|-----------|---------------|------------|----------------|-------------|---------------|-------------|
| 3 | | g the organization's acquisition, accession s (check all that apply) | n, and other records | , check a | ny of th | e following t | hat are a | sıgnıfıcant us | e of its co | llection | |
| а | | Public exhibition | | d | | oan or excha | ange prog | rams | | | |
| b | | Scholarly research | | e | | Other | | | | | |
| c | | Preservation for future generations | | | | | | | | | |
| 4 | Provi Part | de a description of the organization's col XIII | lections and explain | how the | y furthe | r the organız | ation's ex | empt purpos | e in | | |
| 5 | | ng the year, did the organization solicit o ts to be sold to raise funds rather than to | | | | | | ılar | ☐ Yes | □ No | |
| Pa | rt IV | Escrow and Custodial Arrange Complete if the organization answ X, line 21. | | rm 990, | , Part I\ | V, line 9, or | reporte | d an amour | nt on For | m 990, Pa | ırt |
| 1a | | e organization an agent, trustee, custodi ded on Form 990, Part X? | an or other intermed | diary for | contribu | tions or othe | er assets | | Yes | □ No | |
| ь | If "Ye | es," explain the arrangement in Part XIII | and complete the f | ollowing | table | | | Am | ount | | |
| c | Begir | nning balance | | | | | 1c | | | | |
| d | Addıt | tions during the year | | | | | 1d | | | | |
| е | Distr | butions during the year | | | | | 1e | | | | |
| f | Endır | ng balance | | | | | 1f | | | | |
| 2a | Dıd t | he organization include an amount on Fo | rm 990, Part X, line | 21, for 6 | escrow o | r custodial a | ccount lia | ıbılıty? | ☐ Yes | □ No | |
| b | | es," explain the arrangement in Part XIII | | | | | | (III | | | |
| Pa | rt V | Endowment Funds. Complete If | the organization | answer | ed "Yes | | | | | | |
| | D | | (a)Current year | (b) Pr | ior year | (c)Two ye | ears back | (d)Three years | s back (e |)Four years b | <u>iack</u> |
| | - | ning of year balance | | | | | | | | | |
| | | butions | | | | | | | | | |
| | | vestment earnings, gains, and losses | | | | | | | | | |
| | | s or scholarships | | | | | | | | | |
| | and pr | expenditures for facilities rograms | | | | | | | | | |
| | | istrative expenses | | | | | | | | | |
| g | End of | year balance | | | | | | | | | |
| 2 a | | de the estimated percentage of the curre d designated or quasi-endowment ► | ent year end balance | e (line 1g | ı, columı | n (a)) held a | s | | | | |
| ь | | nanent endowment ► | | | | | | | | | |
| • | Temr | porarily restricted endowment ► | | | | | | | | | |
| · | | percentages on lines 2a, 2b, and 2c shou | ld equal 100% | | | | | | | | |
| 3а | Are t | here endowment funds not in the posses | • | tion that | are held | d and admını | stered fo | r the | | Yes N | lo |
| | - | nrelated organizations | | | | | | | 3a(i) | | |
| | | related organizations | | | | | | | 3a(ii | | |
| b | | es" on 3a(II), are the related organization | | | | | | | 3b | | |
| 4 | Desc | ribe in Part XIII the intended uses of the | | wment f | unds | | | | | | |
| Pa | rt VI | | | | D- 1 T | | C | 000 D- I | . V. I | 1.0 | |
| | Descr | Complete if the organization answ ription of property (a) Cost or oth (investme | er basis (b) Cos | rm 990, t or other | | | | epreciation | • | Book value | |
| 1a | Land | | | | | | | | | | |
| | | ngs | | | | | | | | | |
| | | hold improvements | | | | | | | | | |
| | | ment | | | | | | | | | |
| | Other | | | | 22 | .867 | | 19,445 | | | 3,422 |
| | | lines 1a through 1e (Column (d) must ed | ual Form 990, Part | X, colun | | | | > | | | 3,422 |

| Part VII Investments—Other Securities. Complete if the orga | nization answer | od "Voc" on Form | Page 3 |
|---|----------------------|----------------------------------|---|
| See Form 990, Part X, line 12. | | | |
| (a) Description of security or category (including name of security) | (b) Book | | thod of valuation d-of-year market value |
| (1) Financial derivatives | value | | |
| (2) Closely-held equity interests | | | |
| (3)Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | | |
| Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 99 | 90, Part IV, line | 11c. See Form 99 | 90, Part X, line 13. |
| | b) Book value | (c) Me | thod of valuation d-of-year market value |
| (1) | | | or your manner raise |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| 7.1.1 (2) (1) (2) (2) (2) (2) (2) (3) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' or | n Form 990, Part I | V, line 11d See For | m 990, Part X, line 15 |
| (a) Description (1) SECURITY DEPOSIT | | | (b) Book value 10,017 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | | ▶ 10,017 |
| Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25. | ed 'Yes' on Form | 990, Part IV, line | e 11e or 11f. |
| 1. (a) Description of liability | (b) Book | value | |
| (1) Federal income taxes RETIREMENT CONTRIBUTION PAYABLE | | F 441 | |
| (2) | | 5,441 | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the foo | tnote to the organ | 5,441 nization's financial st | atements that reports the |
| organization's liability for uncertain tax positions under FIN 48 (ASC 740) Ch | | | |

Schedule D (Form 990) 2017

Part XI

2

h

3

4

b

3,248,170

3,248,170

2,771,951

2,771,951

Page 4

| 3 | Subtract line 2e from line 1 | | | | | 3 | |
|---|--|--|--|--|--|---|--|
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | | | | | |
| | | | | | | | |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 а

Amounts included on line 1 but not on Form 990. Part VIII. line 12 Net unrealized gains (losses) on investments

2b 2d

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

2a

2c

2a

2h

2c

2d

3

2e

2e

1

2,771,951

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

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

Explanation

4c 5

Return Reference

Add lines 2a through 2d . .

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

| Schedule D (Fo | orm 990) 2017 | Page 5 | |
|----------------|-------------------|---------------------|----------------------------|
| Part XIII | Supplemental Info | rmation (continued) | |
| Ret | urn Reference | Explanation | |
| | | | Schedule D (Form 990) 2017 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493316065739 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** FAIRVOTE 54-1635649 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes **☑** No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

(7)

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

Additional Data

FAIRVOTE ACTION FUND

6930 CARROL AVENUE Takoma Park, MD 20912 FIX DEMOCRACY FIRST

1402 3RD AVE 201 SEATTLE, WA 98101

Software ID: **Software Version: EIN:** 54-1635649 Name: FAIRVOTE

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation |
|---|---------|-----------------|--------------------|--------------------|-------------------------|
| organization | | ıf applıcable | grant | cash | (book, FMV, appraisal, |

| organization | ıf applıcable | grant | cash | (book, FMV, appraisa |
|---------------|---------------|-------|------------|----------------------|
| or government | | | assistance | other) |
| | | | | |

| organization | ıf applıcable | grant | cash | (book, FMV, appraisal, |
|---------------|---------------|-------|------------|------------------------|
| or government | | | assistance | other) |
| | | | | |

12,000

7,500

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

LOBBYING

LOBBYING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

38-3650370

26-1499049

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE LEADERSHIP 23-7026895 1.000 MEMBERSHIP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 18187 PORTLAND, ME 04112

| CONFERENCE 1620 L STREET NW SUITE 1100 WASHINGTON, DC 20036 | | _,,,, | | |
|--|------------|-------|--|-------------------------------|
| MAINE CITIZENS FOR CLEAN ELECTIONS | 27-2646667 | 2,500 | | STRONGER DEMOCRACY CONVENTION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-4563577 10.000 VOTER CHOICE FAIRVOTE MATCHING MASSACHUSETTS IGRANT 14 BEACON STREET 604

Boston, MA 02108

| efile GRAPH | IIC print - DO NOT PROCESS | DLN | : 93493316065739 |
|---|---|---|---|
| SCHEDUL (Form 990 or EZ) | Complete to provide information for responses to spec Form 990 or 990-EZ or to provide any additional in ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990. | ific questions on nformation. | 2017 Open to Public Inspection |
| Internal Revenue for Name of the org FAIRVOTE | anization | Employer ident 54-1635649 | ification number |
| 990 Schedule Return | e O, Supplemental Information Explanation | | 1 |
| Reference Amended return information | THE RETURN HAS BEEN AMENDED DUE TO ADJUSTMENTS RECORDED WHICH WERE NOT FINALIZED PRIOR TO THE DUE DATE OF THE RETURI DONATIONS IN THE AMOUNT OF \$62,236 WERE NOT REPORTED, SINCE SUBSEQUENT FISCAL YEAR ALSO, PREPAID EXPENSES WERE UNDERS OVERSTATED BY \$17,487 ALSO, CHANGES WERE MADE TO THE CASH FOR OFF OLD UNCLEARED TRANSACTIONS IN THE AMOUNT OF \$20,160 AND GROSSED UP BY \$12,107 ADDITIONALLY, THE MISSION STATEMENT, NU WERE UPDATED | N ON THE ORIGINAL FILIN THEY WERE ORIGINALLY STATED BY \$4,222 AND AC BALANCE AND OTHER LIA THE FIXED ASSETS SCHE | IG, UNRESTRICTED RECORDED IN THE COUNTS PAYABLE BILITIES TO WRITE EDULE WAS |

Return Explanation

Part VI line 2

Officer
directors etc
family
relationship

Return Explanation

| Form 990 | MANAGEMENT WAS PROVIDED A COPY OF THE RETURN FOR REVIEW PRIOR TO SUBMISSION TO THE TAXING |
|--------------|---|
| governing | AUTHORITIES |
| body review | |
| Part VI line | |

990 Schedule O, Supplemental Information Return Explanation Reference Conflict of ANNUAL REVIEW AND MEETING Interest policy compliance Part VI line 12c

Return Explanation Reference

990 Schedule O, Supplemental Information

Governing documents etc available to public Part VI line 19

Return

Reference List of other CONSULTING PROGRAM SERVICE EXPENSES 776.301 MANAGEMENT AND GENERAL EXPENSES 1.318 FUNDRAISING EXPENSES 577 TOTAL EXPENSES 778.1960PINION RESEARCH PROGRAM SERVICE EXPENSES 6.000 MANAGEMENT fees for

Explanation

AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6.000 BALLOT SERVICES PROGRAM services SERVICE EXPENSES 750 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES expenses

Part IX line 750 TOTAL OTHER FEES ON FORM 990. PART IX. LINE 11G. COL A 784.946 11g

| 990 | Sched | ule O, | , Supp | lementa | l Informat | ion |
|-----|-------|--------|--------|---------|------------|-----|
| | | | | | | |

| Return Reference | Explanation |
|--------------------------------|--|
| General explanation attachment | FORM 990, PART III LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS RANKED CHOICE VOTING EDUCATION THIS INCLUDES CIVIC ORGANIZATIONS AND LOCAL GOVERNMENTS CHOOSING THEIR LEADERS AND STRENGT HENING VOTING RIGHTS FOR OVERSEAS VOTERS IN RUNOFFS THESE USES CAN GROUND SUPPORT FOR EXT ENDING RCV TO PRACTICAL STATEWIDE USES, SUCH AS REPLACING RUNOFF ELECTIONS, AND USING RCV FOR GENERAL ELECTIONS AND IN COMBINATION WITH CHANGES LIKE OPEN PRIMARIES AND MULTI-WINNER DISTRICTS RCV CAN BE APPEALING IN MULTIPLE WAYS AND A SUBJECT OF CONSIDERATION FOR USE IN ELECTING OUR NATIONS HIGHEST OFFICES EXAMPLES OF 2017 PROGRAM WORK IN THIS PROGRAM AREA INCLUDE PARTNERSHIP WITH STATE ALLIES WE ENGAGE WITH REFORM PARTNERS ACROSS THE COUNTRY OUR NOVEMBER 2017 REFORMERS SUMMIT DREW MORE THAN 50 PARTICIPANTS FROM 21 STATES AND CANA DA TO LEARN FROM FAIRVOTE AND EACH OTHER ON MESSAGING AND ADVOCACY TOOLS WE HAVE REGULAR COMMUNICATION WITH FORMALLY ORGANIZED STATE GROUPS IN COLORADO, NEVADA, MISSOURI, FLORIDA, VIRGINIA, UTAH, WASHINGTON, OREGON, ILLINOIS, MASSACHUSETTS, AND OHIO WE ALSO PARTNER WITH GROUPS LIKE REPRESENT US, TAKE BACK THE REPUBLICAN, AND LOCAL ARMS OF THE LEAGUE OF WOM EN VOTERS NEW QRGANIZATIONS HAVE ACCESS TO BEST PRACTICES AND RESOURCES THROUGH OUR ONLIN E TOOLKIT HERE ARE EXAMPLES OF OUR WORK IN STATES NEW MEXICO IN MARCH FAIRVOTE HIRED MARI A PEREZ TO RUN OUR FAIRVOTE NEW MEXICO PROJECT HER FOCUS WAS TO HELP FACILITATE A SMOOTH INTRODUCTION OF RANKED CHOICE VOTINIG IN ITS FIRST USE IN 2018 IN THE CITY OF SANTA FE FOR ELECTIONS FOR MAYOR AND CITY COUNCIL WE ALSO CONTRACTED WITH A FORMER RIO RANCH OLD CIVING IN TO SHARCE CHOICE VOTING SANTA FES ELECTIONS ON ELECTIONS AND TALK WITH A FORMER RIO RANCH OLD CIVING FOR ITS MARCH 2018 ELECTIONS EVEN THOUGH THE CITY SO TING EQUIPMENT HAD RECENT LY BECOME READY TO VOSE THE SYSTEM AND THE SECRETARY OF STATE WAS READY TO POSTPONE USE OF RANKED CHOICE VOTING FOR ITS MARCH 2018 ELECTIONS WERE INVITED TO A COMMUNITY IN DECEMBER. FAIRVOTE NEW SERVED THAT IT IS IMPORTANT FOR ALL THE CANDIDATES |

| 990 | Sched | ule O | , Supp | lementa | l Informa | tion |
|-----|-------|-------|--------|---------|-----------|------|
| | | | | | | |

| Return Reference | Explanation |
|--------------------------------|--|
| General explanation attachment | TIONAL PRESENTATIONS ON HOW TO TALLY RANKED CHOICE VOTING BALLOTS TO THE STATE LEGISLATURE IN HEARINGS IN MARCH (SENATE COMMITTEE HEARING), MAY (GOVERNMENT OPERATIONS INTERIMS SESSI ON) AND NOVEMBER (GOVERNMENT OPERATIONS INTERIMS SESSION) UTAH CIVIC LEADERS SERIOUSLY DEB ATED RCV AND HEADED INTO 2018 WITH STRONG INTEREST IN ENABLING CITIES TO TRY OUT RCV CALIF ORNIA OUR FAIRVOTE CALIFORNIA PROJECT BUILT ON ITS TERRIFIC WORK IN 2016 DOING OUTREACH A BOUT RANKED CHOICE VOTING TO VOTERS IN FOUR CITIES WITH THE SYSTEM IN PREPARATION FOR MAJ OR ELECTIONS IN THESE CITIES IN 2018, IT DEVELOPED DETAILED PLANS FOR COMMUNITY OUTREACH A ND DEVELOPED NEW MATERIALS REMOVING BARRIERS TO IMPLEMENTING RCV OUR RANKED CHOICE VOTING RESOURCE CENTER PROJECT ON REMOVING ELECTION ADMINISTRATION BARRIERS TO RCV OUTRINUES TO HAVE A CLEAR POSITIVE IMPACT PROGRESS IN THESE AREAS INCLUDE PRESENTATIONS AND MEETINGS WITH INFLUENTIAL ELECTION OFFICIALS, EXCELLENT SUCCESS WITH RANKEDCHOICEVOTING ORG AND ASS OCIATED WEBINARS, SUCCESSFUL RELATIONSHIPS WITH ALL THE KEY VENDORS, INFLUENCE IN THE ROCE SS OF DEFENDING NEW FEDERAL STANDARDS, AND DEVELOPMENT OF OUR UNIVERSAL TABULATOR TO HELP RUN RCV ELECTIONS ON LEGACY VOTING EQUIPMENT THAT COULD AFFECT TENS OF MILLIONS OF VOTERS THE CENTERS STAFF HAS ALSO TESTIFIED IN STATE LEGISLATIVE HEARINGS IN KANSAS, MAINE, AND UTAH AND FILED AFFIDAVITS ON RCV IN COURT CASES IN MAINE AND NEW MEXICO. INCREASING EFFECT IVE COMMUNICATION ABOUT RCV INCLUDING IN THE CONTEXT OF EDISTRICTING REFORM FAIRVOTE STAFF ENGAGE IN REGULAR MEDIA, HAVE ACCELERATED SOCIAL MEDIA AND BLOG CONTENT, AND REVAMPED THE LOOK OF OUR BLOG TO ATTRACT MORE USERS OUR SENIOR FELLOW DAVID DALLEY HAD MAJOR MEDIA HI TS, INCLUDING IN CITIED AFFIDAVITS ON THE PROPERS HAD OPEDS ON RANKED CHOICE VOTING IN THE ROW YORK TIMES (EXECUTIVE DIRECTOR ROB RICHIE AND COAUTHOR REIHAN SALAM OF THE NATIONAL REVIEW) AND APPEARED ON CSPAN, WITH A FOCUS ON THE FAIR REPRESENTATION ACT. THE FAIRVOTE STAFFERS HAD OPEDS ON RANKED CHOICE VOTING IN THE NEW YORK TIMES |

| Return Reference | Explanation |
|--------------------------------------|---|
| General explanation attachment | IR REPRESENTATION ACT SIMULATION REPORT THAT WAS FIRST PRESENTED BY EXECUTIVE DIRECTOR ROB RICHIE AT THE AMERICAN POLITICAL SCIENCE ASSOCIATION ANNUAL CONVENTION, 3) AND A REPORT O N STATE CONSTITUTIONS AND ELECTORAL REFORM DONE IN PARTNERSHIP WITH THE CAMPAIGN LEGAL CEN TER OTHER CONTRIBUTIONS DURING THE YEAR INCLUDED A CHAPTER ON FAIR REPRESENTATION AND RAN KED CHOICE VOTING IN THE BOOK CHANGING HOW AMERICA VOTES FORM 990, PART III, LINE 4B, PRO GRAM SERVICE ACCOMPLISHMENTS - OUR SENIOR FELLOW DAVID DALEY IS ONE OF THE NATIONS LEADIN G VOICES ON REDISTRICTING AND HOW-TO REFORM GERRYMANDERING, WITH FREQUENT ARTICLES, MEDIA APPEARANCES AND SPEECHES TO UNIVERSITIES AND GROUPS SUCH AS THE SCHWARZENEGGER INSTITUTE A ND STATE BRANCHES OF THE LEAGUE OF WOMEN VOTERS, - PROVIDING INFORMATION ON WHERE PRIMARIE'S ARE CLOSED, SEMI-CLOSED AND OPEN ON A PAGE THAT IS HIGH IN INTERNET SEARCHES ON THIS TOP IC, - REGULARLY UPDATING INFORMATION ON VOTER TURNOUT AND VOTER PARTICIPATION - EXPLAINING G THE ELECTORAL COLLEGE AND REFORM IDEAS LIKE THE NATIONAL POPULAR VOTE PLAN, - MAINTAININ G A POLICY GUIDE WITH AN ARRAY OF PROPOSALS TO PROVIDE FAIR ACCESS TO VOTING FORM 990, PA RT III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS - HELPING TO FORM AND SHAPE THE NEW REFLECT US COALITION OF SEVEN GROUPS BRINGING NONPARTISAN APPROACHES TO EQUITABLE REPRESENTATION OF WOMEN, INCLUDING REPRESENTWOMEN, - COMPLETING A PROJECT FROM THE DEMOCRACY FUND IN P ARTNERSHIP WITH COMMON CAUSE EDUCATION FUND AND THE CENTER FOR RESPONSIVE POLITICS ON TO W HAT DEGREE MAJOR PACS AND INDIVIDUAL DONORS FACTOR CANDIDATE GENDER INTO THEIR DONATIONS, - RELEASING A MAJOR PACS AND INDIVIDUAL DONORS FACTOR CANDIDATE GENDER INTO THEIR DONATIONS, - RELEASING A MAJOR PACS AND INDIVIDUAL DONORS FACTOR CANDIDATE GENDER INTO THEIR DONATIONS, - RELEASING A MAJOR PROFOT ON THE IMPACT OF RANKED CHOICE VOTING ON REPRESENTATION THAT CO MPARES ELECTION OUTCOMES IN THE FOUR BAY AREA CITIES THAT USE RANKED CHOICE VOTING WITH CA LIFORNIA CITIES THAT DO NOT USE RCV, - CONTINUING |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316065739 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** FAIRVOTE 54-1635649 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

| | | | | | | | | | | | | _ |
|--|---|----------------------|----------|-------------------------------------|----------------------------|----------|--|--------------|-------|------------------------------------|---------------------------|----------|
| | | | | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year. | s Comple | l te if the orgai | nization | I answered " | Yes" on Fo | orm 990, | Part IV | , line 34 be | cause | ıt had one or | more | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | | Legal do | (c) micile (state gn country) | (d) Exempt Code section | | (e) Public charity status (if section 501(c)(3)) | | Di | (f) irect controlling entity | Section (13) co ent | |
| (1)FAIRVOTE ACTION FUND 6930 CARROLL AVE SUITE 240 | EDUCATION OF GENERAL POPULACE REGARDING ELECTION REFORM | | | MD | 501C4 | | | | N/A | | Yes | No No |
| Takoma Park, MD 20912 38-3650370 | | | | | | | | | | | 1 | |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 99 | 90. | | | t No 50135 | <u> </u> 5Y | | | | Sch | edule R (Form | 990) 20 | 017 |

| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predomina income(rela unrelate excluded fr tax unde sections 5 514) | ated, total ii d, rom er | e of I | (g) Share of end-of-year assets | (I Disprop alloca | rtionate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana parti | ral or aging ner? | (k) Percent owners |
|--|------------------|-----------------------------------|---|--|---|--|-------------|--|---------------------------------|---------------------------|--|----------------|-------------------------|--------------------------------------|
| | | | | | <u> </u> | | | | Yes | No | | Yes | No | |
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| Identification of Related Organiza | | | | | | | answ | ered "Yes | " on Fo | orm 99 | 90, Part IV | line | 34 | |
| because it had one or more related or (a) | (b) | | (c) | st during tr | (d) | (e) | \top | (f) | | (g) | 1 (1 | 1) | \perp | (1) |
| Name, address, and EIN of related organization | Primary activity | l do (state | Legal omicile or foreign | | t controlling | Type of enta (C corp, S co or trust) | ty S rp, | hare of total income | | of end- year assets | of- Perce | ntage rship | (1 | (ı) ection 5 13) cont entit |
| | | Co | ountry) | | | | | | | | | | | Yes |
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| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or | or 36. | | | |
|---|--------|------------|-----|-----|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | | 1 b | | No |
| c Gift, grant, or capital contribution from related organization(s) | | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | | 1d | | No |
| e Loans or loan guarantees by related organization(s) | | 1e | | No |
| f Dividends from related organization(s) | | 1f | | No |
| g Sale of assets to related organization(s) | | 1 g | | No |
| h Purchase of assets from related organization(s) | | 1h | | No |
| i Exchange of assets with related organization(s) | | 1i | | No |
| \mathbf{j} Lease of facilities, equipment, or other assets to related organization(s) | | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | 1k | | No |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | 11 | | No |
| | | 1 | | NI- |

| g Sale of assets to related organization(s). | - 9 | | ''' |
|--|----------------|-----|------|
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1 i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| o Sharing of paid employees with related organization(s) | 10 | | No |
| p Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| q Reimbursement paid by related organization(s) for expenses | 1 q | | No |
| | 1 | | l Na |

r Other transfer of cash or property to related organization(s) 1s No 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 (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Page 3

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

| - See instructions regarding exclusion | | | | | | | | | | | | | |
|---|--------------------------------|---|--|-----|---|------------------------------------|--|--------------------------------------|----|---|-----------|-------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) re all partners section 501(c)(3) rganizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | | (k) Percentage ownership |
| | | | 514) | Yes | No | <u> </u> | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017