Fo	99	0		OMB No 1545 0047
₽	v January	2020)	Return of Organization Exempt From Income Tax	2019
Dep	क्रांग्रहात क	the Treasury	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.	Open to Public
TUM.				Inspection
Â	Control	2019 Calend	sar year, or tax year beginning . 2019, and ending	
		applicable MSS change		identification number
			REGISTER 2 VOTE	67866
	_	e crange al return	1023 SPRINGDALE RD 13E AUSTIN, TX 78721	
	-	COLON PROPERTY	202 5	52-0221
	\mathbf{H}^{-}	anded setum		
		ecation pending	F Name and address of principal officer: TCDCMV CMYTEII (Ng) is this a group return to	AT -7
	(L) V			
ī	Texten	empt status:	SAME AS C ABOVE M(b) Are all subordinates und M(c) Are all	e instructions)
1	Web	site: > HT	IPS://REGISTER2VOTE.ORG/	b
K		d organization		of legal doments TX
Pi	ut!	Summan		THE WART IN
	1 6	riefly descrit	be the organization's mission or most significant activities: TO PROMOTE SOCIAL WELFA	RE AND DEFEND
9		HUMAN ANI	CIVIL RIGHTS SECURED BY LAW.	
letivities & Governance	i -			
Ē	ء ا			
3	2 C	aneck this boo		assets.
-6	4 1	lumber of ind	ling members of the governing body (Part VI, line 13)?	<u>_</u>
3	5 Y	otal number	of individuals employed in calendar year 2019 (Part V. lihe 2a)	
ş	6 T	otal number	of volunteers (estimate if necessary)	
3			d business revenue from Part VIII, column (C), line 2	
	5.	let unvelated	dusiness taxable aroune from Form 550-1, tille 57	<u> </u>
	۱		Prior Year	Current Year
3	•		and grants (Part VIII, line 1h)	186, 194.
Remanue		•	come (Part VIII, column (A), lines 3, 4, and 7d).	258,615.
Æ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- 250,015.
	12 T	otal revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	444,809.
			nilar amounts paid (Part IX, column (A), lines 1-3)	
			to or for members (Parl IX, column (A), line 4)	
_			compensation, employee benefits (Part IX, column (A), lines 5-10)	
3	16a P	rofessional fi	Indraising fees (Part IX, column (A), line 11e)	
Populace	ЬТ	olai fundraisi	ng expenses (Part IX, column (D), line 25) ► 320.	,
a	17 0	ther expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)	210,800.
- 1	18 Te	otal expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	210,800.
- 1	19 R	evenue less (expenses. Subtract line 18 from line 12	234,009.
8			Beginning of Current Yea	
ii	20 To	ital assets (P	Part X, line 16)	
			(Fall A, tine 20).	<u> </u>
\$ 5			und balances. Subtract line 21 from line 20	. 282, 291.
,a	t#S	Signature	RIOCK	
Under	penalties	of perjury, I declaration of preparet	DIOUN re that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and ti (other (han officer) is based on all information of which preparer has any knowledge	ETC., H IS DUE, CONTROL MIN
		Th. _	16 NOV 20	20
C 1	_	\$97380		
Sig: Hen	7	TEDEN	Y SMITH PRESIDENT	
ner	5		na name and affe	
		Print/Type prep		FTIN
ne*-			NE CASSELL KATHERINE CASSELL W// 1/2020 self employed	P02375316
Paid	i Daret	Fum's name	MBA CONSULTING GROUP	· · · · · · · · · · · · · · · · · · ·
	Only	Fem's address	► 611 PENNSYLVANIA AVE SE, NUM 143	7-1028527
	_	!	WASHINGTON, DC 20003 Prone no 20	2-552-0221
Jav 1	ne IRS	discuss this i	eturn with the preparer shown above? (see instructions)	X Yes No
y (For Par	perwork Red	uction Act Notice, see the separate instructions. TEEAGIOIL 01/21/20	Form 990 (2019)

Form	990 (2019) REGISTER 2 VOTE		83-0	56786	6	F	age 2
Par							
		esponse or note to any line in this Part III					
` 1	Briefly describe the organization's mission						
	TO PROMOTE SOCIAL WELFARE	AND DEFEND HUMAN AND CIVIL RIGHTS SE	CURED BY	LAW.			
							. .
2		ant program services during the year which were not listed on the	e prior			-	
	Form 990 or 990-EZ?				Yes	X	No
	If "Yes," describe these new services on Sc		_				
3	If "Yes," describe these changes on Schedu			Ш	Yes	X	No
4	Describe the organization's program sers Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program sers	vice accomplishments for each of its three largest program sations are required to report the amount of grants and allocativice reported	services, as rations to othe	measure rs, the t	d by e otal e	xpens	ses ses,
4 a	(Code) (Expenses \$	177, 912. including grants of \$) (Revenue	\$)
	DURING 2019 R2V REGISTERE A MAJOR FREE PRODUCT THAT	D MORE THAN 50K AMERICANS TO VOTE AND CAN BE USED TO REGISTER VOTERS IN EV					
	THE UNITED STATES.						
					·		
		• • • • • • • • • • • • • • • • • • • •					
4 b	(Code) (Expenses \$	including grants of \$) (Revenue	\$)
						- - -	
		·					
					<u></u> .		
					·		
						-	
				<u>.</u>			
,4 c	(Code) (Expenses \$	including grants of \$) (Revenue	۶			— ⁾
Δ A	Other program services (Describe on Sch	nedule O)					
→u		including grants of \$) (Revenue	\$)	
4 e	Total program service expenses ▶	177,912.					
BAA		TEEA0102L 07/31/19			Form	990	(2019)

Yes No

Panely Checklist of Required Schedules	Park W	ist of Required Schedules
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AΑ	TEEA0103L 07/31/19	Form:	990 (2019)
	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 12 if 'Yes,' complete Schedule I, Parts I and II	21		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
20a	Did the organization operate one or more hospital facilities? If Yes i complete Schedule H	20a i		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A). lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
	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		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes' complete Schedule D, Part X	11 e		Х
ď	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part !X	11 d		X
C	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
ŧ	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	116	Х	
á	or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI	11a		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX,			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
6	to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
• 1	Schedule A	1		Х

Fa	Checklist of Required Schedules (continuea)		Yes	No				
٠ 22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	163	Х				
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х				
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х				
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?							
(d Did the organization act as an 'on behalf of' issuei for bonds outstanding at any time during the year?	24d		<u> </u>				
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х				
t	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	_	х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L Part II	26		Х				
27	7 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes.' complete Schedule L, Part III							
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)							
	a A current or former officer, director, trustee, key employee, creator or founder or substantial contributor? If 'Yes,' complete Schedule L, Part IV							
i	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х				
(: A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes' complete Schedule M	29		Х				
30	Did the organization receive contributions of art, historical treasures or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31						
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х				
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33_		Х				
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R. Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R Part V line 2	36						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		_X_				
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note: All Form 990 filers are required to complete Schedule O	38	Х					
Par	Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	l	Yes	No				
-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0							
	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	7 c	X 000 (
BAA	TEEA01G4L 07/31/19	rorm	990 (2019)				

Forn	n 990 (2019) REGISTER 2 VOTE	83-056786	6	F	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (co	ontinued)			
				Yes	No
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		t t		· ***
	ments, filed for the calendar year ending with or within the year covered by this return	2a 0	2 h	,	3,1
	b If at least one is reported on line 2a, did the organization file all required federal employment		2 b		
ο.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in a Did the organization have unrelated business gross income of \$1,000 or more during the year.	·	3 a		x
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	ai ·	3 b		
		ar authority aver a			1
	At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other to the foreign country to the foreign country.	financial account)?	4 a		Х
	o If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	LAccounts (FRAR)			
Ε.	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	, ,	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell		5 b		X
	bld any taxable party noting the organization that it was or is a party to a prombited tax shell if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	ter transaction.	5 c		
	· · · · · · · · · · · · · · · · · · ·		- 50		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a	Х	
ŀ	o If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	tions or gifts were	6 b	Х	
	Organizations that may receive deductible contributions under section 170(c).		,	-	
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and particles provided to the payor?	partly for goods and	7 a		
ŀ	of the value of the payor. If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it				
`	Form 8282?		7 c		
C	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		,	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	1	7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal ber	nefit contract?	7 f		
ç	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8899			
	as required?		7 g		
ł	1 If the organization received a contribution of cars, boats, aiiplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the sponsoring	,		1
	organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.	j	1		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
t	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	rson?	9 b		
10	Section 501(c)(7) organizations. Enter	İ		,	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter		ĭ		
а	Gross income from members or shareholders	11a	١		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	i 1 :		-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	j	13a		
	Note: See the instructions for additional information the organization must report on Schedu	le O	1		
b	Enter the amount of reserves the organization is required to maintain by the states in		7		
	which the organization is licensed to issue qualified health plans	13b	• ;		
	Enter the amount of reserves on hand	13c	<u></u> ;		
	Did the organization receive any payments for indoor tanning services during the tax year?	ļ	14 a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on	÷	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 ii	n remuneration or		ļ	v
	excess parachute payment(s) during the year?	1	15		<u> </u>
	If 'Yes,' see instructions and file Form 4720, Schedule N	ļ	'		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net in	vestment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O		<u> </u>		
BAA	TEEAC105L 07/31/19		Form	990 (2019)

Form 990 (2019) REGISTER 2 VOTE 83-0567866 Page 6 Par W. Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 3 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 on Schedule O b Enter the number of voting members included on line 1a, above, who are independent 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 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer director, trustee, or key employee listed in Part VII Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its coverning body before filling the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Schedule O how this was done Х 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization X 15 b 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? $\overline{\mathsf{X}}$ 16a **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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 1

8	Section 6104 requires an	organization to make its For	ms 1023 (1024 or 1024-A, if	applicabl	e), 990, and 990-T (Sec	tion 501(c)(3)s only)
	available for public inspection	on Indicate how you made the	ese available. Check all that app	ply		
	Own website	Another's website	X Upon request		her (explain on Schedule	<i>O</i>)

Describe on Schedule O whether (and if so, how) the organization made its noverning documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records >

MBA CONSULTING GROUP 611 PENNSYLVANIA AVE SE NUM 143 WASHINGTON DC 20003 202 552-0221

Form 990 (2019) REGISTER 2 VOTE	83-0567866	Page 7
Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
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 Compensation	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organization enter -0- in columns (D), (E), and (F) if no compensation was paid.		f
 List all of the organization's current key employees, if any See instructions for definition of 'key List the organization's five current highest compensated employees (other than an officer, direct who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more organization and any related organizations 	tor, trustee, or key employee)	
 List all of the organization's former officers, key employees, and highest compensated employees of reportable compensation from the organization and any related organizations 	es who received more than \$10	00,000
• List all of the organization's former directors or trustees that received, in the capacity as a former director organization, more than \$10,000 of reportable compensation from the organization and any related or		
See instructions for the order in which to list the persons above		

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and title (F) (B) (D) (E) Average hours per week Reportable compensation from the organization (W 2/1099 MISC) Reportable compensation from related organizations (W 2/1099 MISC) Estimated amount of other compensation from the organization and related organizations Former
Highest compensated omployee Institutional trustee Key employee Individual trustec week (list any hours for related organiza tions below dotted 'ine)

(1) JEREMY SMITH 20 0. 0. 0. PRESIDENT 0 (2) MADI EDEN 2 X 0. 0. 0. SECRETARY Χ (3) CHARLES CHRISTIE TREASURER 0 X^{-1} 0. 0. 0.

(4) (5) (6) (7)

(12) (13)

(14)

TEEAC 07L 07/31/19

Form 990 (2019)

Part VII Section A. Officers, Directors, Tru	stees,	Key	Em	plq	эує	es,	ane	d Highest Con	pensated Em	ployees (continued)
	(B)			(0	•			i		
` (A)	Average	(do	not ch	heck	sition more	e than o	one	(D)	(E)	(F)
Name and title	hours per	box offic	unles er an	ss pe d a c	erson direct	is both or/trust	n an tee)	compensation from	Reportable compensation from	Estimated amount of other
	week (list any	우 중	굸	오	ত্র	8 €	50	the organization (W 2/1099-MISC)	related organizations (W 2/1099 MISC)	compensation from the organization
	hours for	dividual I	\$	Officer	yon	Highest co	Former			and related organizations
	related organiza tions	흕죑	onal	٠.	Kcy employee	ec con	•			Siguin2stons
	below dotted	ndividual Jrustee or director	nstitutional trustee		8	Highest compensated employee				
	line)	jõ	8			Satice		i		
		1	_		_					
(15)		;						i !		
(16)		<u></u>	-		_	 		İ		
(10)		-						ı		ļ
(17)		 			 					
		1		į	i					
(18)		1	7		1	+ - ;				
		1	- 1			!				
(19)								1		
	<u> </u>	- 				!				
(20)			1			. :				
		i 						! !		
(21)										
(00)			!							
(22)					ı	, ,		ı		
(23)		,	+			 		1	-	-
		1	i							
(24)		,	-			+				1
		, ;	!	1	} 	i i				
(25)		•								
		<u> </u>				, !				
1 b Subtotal							-	0.	0	
c Total from continuation sheets to Part VII, Section	on A							0.	0	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to those I	otod :	abo .		<u></u>	10001	100	0.	0 of raportable con	
2 Total number of individuals (including but not limited from the organization ► 0	to those i	isteu i	auov	e) v	VIIO	ecei.	/eu	more than \$100,00	o of reportable con	препзации
Troff the organization 0				—						Yes No
2. Did the examination list any farmer officer direct	or tueto	o ko	^^	nnic	2400	or i	arak	nest compensated	employee	
on line 1a? If 'Yes,' complete Schedule J for such	h individu	ie, ke ial	y c ii	пріс	Јусс	, OI 1	nyi	lest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of	reportab	le cor	nper	nsa	tion	and	oth	er compensation t	rom	
the organization and related organizations greate	r than \$1	50,00	10,5 1	If 'Y	'es,	' com	ple	te Schedule J for		4 X
such individual										4 A
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen ,' comple	isatici te Sc	n -ro hedu	om : ule	any <i>J fo</i>	r suc	ate h p	ec organization of erson	individuai	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report compensation.	sated inde	epend	lent	cor	ntra	ctors	tha	it received more th	nan \$100,000 of	ar
(A)	Sation for	1110 00	116110			Cridii	ig v			(C)
Name and business addi	ess							(B) Description o	f services	Compensation
CIVITECH, INC 1023 SPRINGDALE RD, SUITE 113	E AUSTIN	· . IX	78	372	 1			PRODUCT DEV/CO	ONSULTING	133,090.
		· · ·								
2 Total number of independent contractors (including b		red to	thos	se li	isted	i abo	/e) '	who received more	than	
\$100,000 of compensation from the organization		TEEAC								Form 990 (2019)

rai	Check if Schedule O contains a res	ponse or note to any	/ line in this Part VI	HI		
	555 53588.5 5 56a5 4 105		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1 b			,		_
s, G	c Fundraising events 1 c		! {			
Grift	d Related organizations 1 c		. !			
JS, (e Government grants (contributions) 1 e		i	i		
tor S	f All other contributions, gifts, grants, and similar amounts not included above 1 f	186,194.	i			
혈	a Noncash contributions included in	1				,
d et	lines 1a-1f		1			
	h Total Add lines 1a-1f	Business Code	186,194.	<u> </u>		
Program Service Revenue	22	Business Code				
eke	2a 					
e H	0	ļ	<u>.</u>			
ž						
Š	u					
<u>Ian</u>	f All other program service revenue	-				-
ě	q Total Add lines 2a-2f	P				
	3 Investment income (including dividends,	interest and				
	other similar amounts)	► Interest, and	258,615.	258,615.		
	4 Income from investment of tax-exemp	ot bond proceeds 🖎				
	5 Royatties	► [1			
	(ı) Real	(II) Personal		:		
	6a Gross rents 6a					•
	b Less rental expenses 6b			•		1
	c Rental income or (loss) 6c					
	d Net rental income or (loss)	>				
	7 a Gross amount from (i) Securities	(II) Other		1		•
	sales of assets other than inventory		r - 1			4
	b Less cost or other hasis					1
	c Gain or (loss) 7c 7c Net gain or (loss)	<u> </u>				
				<u>l</u>		
une	8 a Gross income from fundraising events (not including \$			· ·		!
Ver	of contributions reported on line 1c)		1			i
æ	·	Ba	<u> </u>			
er		3 b	i	· }		!
Other Reve	c Net income or (loss) from fundraising	events *				
	9 a Gross income from gaming activities					
	See Part IV, line 19.	a	i	. ;		;
	b Less direct expenses	ь				
	c Net income or (loss) from gaming act	vities •				<u> </u>
	10 a Gross sales of inventory, less returns and allowances		,	:		!
		Da		1		1
		3b				·
	c Net income or (loss) from sales of inv					
ã	11 -	Business Code				
8 s	11a	<u> </u>		İ		
scellaneo Revenue	D					
è će	d All other revenue	ļ				
Miscellaneous Revenue	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		444,809.	258,615.	0.	0.
BAA	Juni reterial ede mondoneris	TEFA	0109L 07/31/19	230,013.1		Form 990 (2019)

Form 990 (2019) REGISTER 2 VOTE 83
PartilX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a re			miprete dolariar (r y	X
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			:	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.i	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages			<u></u>	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
ā	Management				
t	Legal	10,317.		10,317.	
c	: Accounting	16,758.		16,758.	
(i Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0 SCH OAdvertising and promotion	117,230.	117,230.		<u>-</u>
	Office expenses	1,351.		1,031.	320.
14	Information technology	4,273.	3,000.	1,273.	·
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	1,851.		1,851.	
17	Travel	6,327.	6,327.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	649.		649.	
a	SUBSCRIPTIONS	19,250.	19,250.		<u></u>
	DATA ACQUISITION	16,500.	16,500.		
	DIRECT VOTER CONTACT	14,421.	14,382.	39.	
	PRINTING	1,134.	1,134.		_
	All other expenses	739.	89.	650.	
	Total functional expenses Add lines 1 through 24e	210,800.	177,912.	32,568.	320.
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		

P'AG'		Check if Schedule O contains a response or note to any line in this Part X			П
			(A) Beginning of year		(B) End of year
\Box	1	Cash – non-interest-bearing	48,282.	1	23,676.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		,	
-		controlled entity or family member of any of these persons	1	5	
İ	6	Loans and other receivables from other disqualified persons (as defined under	<u> </u>	6	
Ì		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	····
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		:	
	b	Less accumulated depreciation 10b		1Jc	
	11	Investments — publicly traded securities		11	
	12	investments – other securities See Part IV, line 11		12	258,615.
	13	Investments program-related See Part IV, line 11		13	
ļ	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	48,282.	16	282,291.
-+	17	Accounts payable and accrued expenses	<u></u>	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
န္	21	Escrow or custodial account liability Complete Part IV of Schedule D	!	21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		100	
∣ڌ	••	controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. T. M. L. Miller, Add Leas 17 through 05.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
nces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		,	<u>t</u>
<u>=</u>	27	Net assets without donor restrictions	48,282.	27	282,291.
8	28	Net assets with donor restrictions	,	28	· · · · · · · · · · · · · · · · · · ·
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	·····
Net Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
88	31	Retained earnings, endowment, accumulated income, or other funds		31	
₹	32	Total net assets or fund balances	48,282.	32	282,291.
au I		Total habilities and net assets/fund balances	48,282.		282,291.

Form 990 (2019) REGISTER 2 VOTE Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 12) 3 Revenue less expenses Subtract line 2 from line 1 3 234, 009. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O 2 a Vere the organization's financial statements compiled or reviewed by an independent accountant? If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Cell Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Separate basis Consolidated basis Both consolidated and separate basis Cell Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Separate basis Consolidated basis Both consolidated and separate basis Cell Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis		•				
Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 A44,809. 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 5 Revenue less expenses Subtract line 2 from line 1 5 Net unrealized genis (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2 Total expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 Yes No 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 Yes No 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 Yes No 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 Yes No 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 Yes No 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 Yes No 1 Yes No 1 Yes No 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes	Forr	n 990 (2019) REGISTER 2 VOTE	3-0567	866	P	age 12
. 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 234,009. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized geins (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O 2 a Weie the organization's financial statements compiled or reviewed by an independent accountant? 1 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both Separate basis Consolidated basis or both Separate basis Consolidated basis Both consolidated and separate basis c If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Sepa	Рa	Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 234,009. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unriealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 7 Financial Statements and Reporting 8 Check if Schedule O contains a response or note to any line in this Part XII 9 Other changes in het assets or fund balances are response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked Other, explain in Schedule O 2 a West the organization's financial statements compiled or reviewed by an independent accountant? 1 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 5 Were the organization's financial statements audited by an independent accountant? 2		Check if Schedule O contains a response or note to any line in this Part XI			_	
Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 O. 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Yes,' check a pox below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2 X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c if 'Yes,' check, a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c if 'Yes,' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3 a As a result o	. 1	Total revenue (must equal Part VIII, column (A), line 12)	1		444,	<u>809.</u>
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 48, 282. 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (3)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (3)) 10 Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990 X Cash Accrual Other 12 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 12 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 15 b Were the organization's financial statements audited by an independent accountant? 16 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis on both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Consolidated basis of both Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Se	2	Total expenses (must equal Part IX, column (A), line 25)	2	***	210,	<u>800.</u>
Solution in ealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Pother changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Thinancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis Consolidated basis 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, or both Separate basis Consolidated basis 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's financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as	3	Revenue less expenses Subtract line 2 from line 1	3		234,	<u>009.</u>
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990 X Cash Accrual Other 12 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O 12 a Were the organization's financial statements compiled or reviewed by an independent accountant? 13 Eyeparate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis Both consolidated and separate basis 15 Were the organization's financial statements audited by an independent accountant? 16 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis, Consolidated basis Both consolidated and separate basis 16 Were the organization's financial statements audited by an independent accountant? 16 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 16 Yes' to line 2 aor 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? 2 the organization changed either its oversight process or selection process during the tax year, explain on 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 Audit Act and OMB Circular A-133? 5 bil Yes, 'ind' the organization undergo the required audit or audits? If the organizat	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		48,	282.
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Financial Statements and Reporting	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) The properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of t	7	Investment expenses	7			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Thin Accounting Method used to prepare the Form 990 X Cash Accrual Other	8	Prior period adjustments	3			
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O 2a Weite the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 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 Audit Act and OME Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 X Cash Accrual Other	10		10		282,	291.
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Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3 b					;	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	3 8		le	3	a	Х
	i		audit	3	ь	
	BAA			For	m 990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545 0047

Employer identification number

	REGISTER 2 VOTE	C: Y F I A	83-0567866			
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.						
	Tompleto if the organization and	(a) Donor advised fur		Funds and other accounts		
1	Total number at end of year	(a) Bollor advised itil	(0)1	unds and other accounts		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year		····			
Ċ						
5	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 property, subject to the organization's property.					
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing tof the donor or donor advisor, u	that grant funds can be us ir for any other purpose co	sed only nferring Yes No		
Pa	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990, '	Part IV, line 7.			
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (for example)	ple, recreation or education)	Preservation of a histo	orically important land area		
	Protection of natural habitat		Preservation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contrib	oution in the form of a conser	vation easement on the		
	last day of the tax year			Hald at the Fad of the Tax Vers		
	Total aurobox of concentration concentration			Held at the End of the Tax Year		
	Total number of conservation easements	maats	2a			
	Total acreage restricted by conservation ease		(a) 2b 2c			
	Number of conservation easements on a certification		` '			
(Number of conservation easements included in structure listed in the National Register		2 d			
3	Number of conservation easements modified, transtax year ►	nsferred, released, extinguished or	terminated by the organization	on during the		
4	Number of states where property subject to conse	rvation easement is located 🖻				
5	Does the organization have a written policy re and enforcement of the conservation easemer		inspection, handling of viol	lations, Yes No		
6	Staff and volunteer hours devoted to monitoring, i	inspecting, handling of Violations, a	nd enforcing conservation ea	esements during the year		
7	Amount of expenses incurred in monitoring, inspenses		ning no riservation easem	ents during the year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requ	rements of section 170(h)	(4)(B)(i) Yes No		
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in i to the organization's financial sta	ts revenue and expense st tements that describes the	tatement and balance sheet, and organization's accounting for		
Pen		ctions of Art, Historical Tr wered 'Yes' on Form 990, F	easures, or Other Sin Part IV, line 8	nilar Assets.		
1 a	n If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education	i, or research in furtheranc			
t	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items					
	(ı) 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, hamounts required to be reported under FASB.	ASC 958 relating to these items	assets for financial gain, pro			
a	Revenue included on Form 990, Part VIII, line	1		⊳ \$		
Ł	Assets included in Form 990, Part X			▶\$		

Schedule D (Form 990) 2019 REGI		s of Aut Histori	cal Transulvas, or	83-056	
Part M Organizations Mainta					
 Using the organization's acquisition items (check all that apply) 	n, accession, and othe	r records, check any	of the following that ma	ake significant use of its	collection
a Public exhibition		d Loan or	exchange program		
b Scholarly research		e 🗌 Other			
c Preservation for future gene					
4 Provide a description of the organic Part XIII				exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather t	ition solicit or receiv han to be maintaine	e conations of art, d as part of the org	historical treasures, or anization's collection?	other similar assets	Yes No
Part Escrow and Custodia line 9, or reported an	I Arrangements.	. Complete if the	e organization ans		rm 990, Part IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian or ot	her intermediary fo	r contributions or othe	r assets not included	Yes No
b If 'Yes,' explain the arrangement	t in Part XIII and cor	nplete the following	table		
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance		Dad V trac 21 fo		1f	No.
2a Did the organization include an a b If 'Yes,' explain the arrangement				- ,	∐ Yes No
bit les, explain the arrangement	THE BIT AIR CHECK	nere ii the explana	non has been provided	1 OTT BIT XIII	L
Part Endowment Funds. C	complete if the oi	ganization ansv	wered 'Yes' on For	m 990, Part IV, III	ne 10
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities			•	1	
and programs f Administrative expenses		†			
q End of year balance		<u> </u>		1	
2 Provide the estimated percentag	e of the current vear	end balance (line	lg, column (a)) held a	s	
a Board designated or quasi-endowm		%	3,	-	
b Permanent endowment ►					
c Term endowment ►	%				
The percentages on lines 2a, 2b, a	nd 2c should equal 10	C%			
3 a Are there endowment funds not in	he possession of the	organization that are	held and administered	for the	
organization by		- 3			Yes No
(i) Unrelated organizations					3a(i)
(ii) Related organizations			0.1.4.4.00		3a(it)
b If 'Yes' on line 3a(ii), are the rela	•	•			3b
4 Describe in Part XIII the intended	 	ation's endowment	1 10:105	<u></u>	·····
Land, Buildings, and Complete if the organ		'Yes' on Form	990 Part IV line	11a See Form 99	0 Part X line 10
	-				
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other					
Total. Add lines 1a through 1e (Colum	nn (d) must equal Fo	rn 990 Pait X col	umn (B) I're 10c)	<u> </u>	0.
BAA				Sched	ule D (Form 990) 2019

Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	
(1) Financial derivatives	(-,	(2)	
(2) Closely held equity interests			
(3) Other FACEBOOK COMMON STOCK	258,615.	END OF YEAR MARKET VAL	TIE
	230,013.		1011
(A) (B)			
(C)			
(D)			·
(E)			
(F)			
(G)			
(H)			
(I)			
	258,615.		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related.	233, 513.	N/A	
Complete if the organization answered	'Yes' on Form 990	Part IV. line 11c See Form	n 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	
(1)			
(2)			······································
(3)			
(4)			
(5)			
(6)			
(7)			· · · · · · · · · · · · · · · · · · ·
(8)	 		
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			·····
Part IX Other Assets.	N/A		
Complete if the organization answered), Part IV, line 11d See Form	
	scription		(b) Book value
(1)			
(2)			
(3)			
(4)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)	······································		
(10)			
Total. (Colunin (b) must equal Form 990, Part X, column (E	3) line 15)		>
Part x Other Liabilities.			
Part x Other Liabilities. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 13	le or 11f See Form 990, Part X, line	25
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo		le or 11f See Form 990, Part X, line	
Complete if the organization answered 'Yes' on Form (a) Description (b) Federal income taxes	orm 990, Part IV, line 13	le or 11f See Form 990, Part X, line	25
Complete if the organization answered 'Yes' on Form (a) Description (b) Federal income taxes (2)	orm 990, Part IV, line 13	le or 11f See Form 990, Part X, line	25
Complete if the organization answered 'Yes' on Form (1) Federal income taxes (2) (3)	orm 990, Part IV, line 13	le or 11f See Form 990, Part X, line	25
Complete if the organization answered 'Yes' on Formula (a) Descrition (b) Federal income taxes (c) (3) (4)	orm 990, Part IV, line 13	le or 11f See Form 990, Part X, line	25
Complete if the organization answered 'Yes' on Formula (a) Description (b) Federal income taxes (c) (3) (4) (5)	orm 990, Part IV, line 13	le or 11f See Form 990, Part X, line	25
Complete if the organization answered 'Yes' on Formula (a) Description (b) Federal income taxes (c) (3) (4) (5) (6)	orm 990, Part IV, line 13	le or 11f See Form 990, Part X, line	25
Complete if the organization answered 'Yes' on Formula (a) Description (b) Federal income taxes (c) (3) (4) (5) (6) (7)	orm 990, Part IV, line 13	te or 11f See Form 990, Part X, line	25
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Complete if the organization answered 'Yes' on Formula (a) Description (b) Pederal income taxes (c) (c) (d) (d) (e) (e) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	orm 990, Part IV, line 13	le or 11f See Form 990, Part X, line	25
Part X Other Liabilities. Complete if the organization answered 'Yes' on Formal (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Descriptio	orm 990, Part IV, line 13	te or 11f See Form 990, Part X, line	25
Part X Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description (b) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line 13	le or 11f See Form 990, Part X, line	25
Part X Other Liabilities. Complete if the organization answered 'Yes' on Formal (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Descriptio	orm 990, Part IV, line 13		25 (b) Book value

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Schedule D (Form 990) 2019 REGISTER 2 VOTE		83-0567866	Page 4
Partix Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return. N/A	
Complete if the organization answered 'Yes' on Form 990	, Part IV, line 12a	a	
1 Total revenue, gains, and other support per audited financial statements		1	<u>-</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	. 2b		
c Recoveries of prior year grants	2.c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12 but not on line 1			
a Investment expenses not included on Form 990, Part VIII line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b.		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12		5	
Reconciliation of Expenses per Audited Financial Staten	nents With Exper	ises per Return. N/A	
Complete if the organization answered 'Yes' on Form 990	Part IV, line 12a	3	
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX. I.ne 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 1	8)	5	
Part XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

OMB No 1545 0047 2019 Open(to Public Inspection

83-0567866

Department of the Treasury Internal Revenue Service Name of the organization

REGISTER 2 VOTE

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

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PROVIDED TO THE GOVERNING BODY AND LEGAL COUNSEL FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AND SUCH DISCLOSURES ARE NOTED IN THE BOARD MEETING MINUTES. WHEN ANY DECISIONS ARISE IN WHICH THOSE CONFLICTS ARE PRESENT, SAID BOARD MEMBER WILL RECUSE THEMSELF FROM THE DECISION.

FORM 990, PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO OTHER DOCUMENTS ARE MADE AVAILABLE.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OUTREACH CONSULTING PRODUCT DEVELOPMENT	TOTAL §	13,269. 103,961. 117,230.	13,269. 103,961. \$ 117,230.	\$ 0.	<u>\$ 0.</u>