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Form **990** 

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change THE VOTER PARTICIPATION CENTER Name change 55-0889748 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 202-659-9570 1707 L STREET, NW l950 termin-ated 26,319,659. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended WASHINGTON, DC 20036 H(a) Is this a group return Applica-F Name and address of principal officer: PAGE GARDNER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.VOTERPARTICIPATION.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Association Other > L Year of formation: 2005 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 8,354. b Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year** Current Year 4,548,105. 26,319,071. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 385. 588. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,548,490. 26,319,659 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,090,783. 1,168,917. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 193,130. 569,988. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25)  $\qquad \blacktriangleright \qquad 1$  , 030 , 788 . 20,721,081. 5,039,079 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,322,992. 22,459,986. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,774,502. 3,859,673. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4,979,533. 1,203,167. 20 Total assets (Part X, line 16) 901,798. 818,491. 21 Total liabilities (Part X, line 26) 4,161,042.301,369. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/14/2019 Sign PAGE GARDNER, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature RICHARD J. LOCASTRO, CPA P00288314 Paid Firm's name SELMAN, ROSENBERG & FREEDMAN 52-1392008 Preparer Firm's EIN Firm's address  $\sqrt{4550}$  MONTGOMERY AVE SUITE 800N Use Only BETHESDA, MD 20814-2930 Phone no. (301) 951-9090

X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

Page 2

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO INCREASE CIVIC ENGAGEMENT AMONG THE RISING AMERICAN ELECTORATE:
	UNMARRIED WOMEN, PEOPLE OF COLOR, AND MILENNIALS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$20 , 215 , 397 • including grants of \$) (Revenue \$)
	CONDUCTED VOTER REGISTRATION AND VOTER MOBILIZATION PROGRAMS USING
	PRIMARILY MASS MARKETING TECHNOLOGIES LIKE DIRECT MAIL AND PHONE
	CONTACT, AS WELL AS INTERNET COMMUNICATIONS. CONDUCTED NON-PARTISAN
	RESEARCH ABOUT UNMARRIED WOMEN AND PATTERNS OF VOTER ENGAGEMENT.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	· · · · · · · · · · · · · · · · · · ·
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 20,215,397.
	Form <b>990</b> (2018)

# Part IV 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 Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<b>.</b>
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Х	
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	Λ	
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		174		<del></del>
~	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

832003 12-31-18

# Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 <del>4</del> u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del>
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Tt 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			
	Oncon il Conedule O Containo a response di note to any ilile ili tilis Fatt v			N-
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	

832004 12-31-18

# Form 990 (2018) THE VOTER PARTICIPATION CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
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	2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line Fermi 2000 TO		5b		Λ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa		1
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		00		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
b	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				
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ Did \ a \ donor \ advised \ fund \ maintained$				
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	NT / 7			
а	Did the sponsoring organization make any taxable distributions under section 4966?	37 / 3	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
a 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:	100			
 a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı			
	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c			v
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		X
	excess parachute payment(s) during the year?  If "Yos " soo instructions and file Form 4720. Schodule N.		15		
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	If "Yes," complete Form 4720, Schedule O.		10		
	11 103, Complete Form 4720, Confedule C.		Eorm	990	(2010)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	Į l		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
	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		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· · · ·		
		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	х	
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3		
	tion Dividios (mis decision Broqueste information about policies not required by the internal revenue deads.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 14		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	х	
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a 15b	X	
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	-2	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		х
<b>L</b>	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Iba		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
<u>Sac</u>	exempt status with respect to such arrangements?tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►CA , FL , MA , NY , VA , NM			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	)s only	) availe	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	, o or ny	availe	שוטג
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
19	statements available to the public during the tax year.	u iiilali	ual	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JACQUES PAGE - 202-659-9570			
	1707 L STREET, NW, SUITE 300, WASHINGTON, DC 20036			

832006 12-31-18

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

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

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

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

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

<b>(A)</b> Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot or/trus	h an	compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAGE GARDNER PRESIDENT	35.00	X		Х				211,771.	0.	0
(2) GIBBY WAITZKIN	0.50	122						211,111	0.	
TREASURER	0.30	$\mathbf{x}$		х				0.	0.	0
(3) JILL ALPER	0.50	<del> </del>								
BOARD MEMBER		x						0.	0.	0
(4) AVIS JONES-DEWEEVER	0.50									
BOARD MEMBER		X						0.	0.	0
(5) WILLIAM MCNARY	0.50									
BOARD MEMBER		Х						0.	0.	0
(6) SCOTT THOMAS	0.50									
ASSISTANT SECRETARY				Х				0.	0.	0
(7) JACQUES PAGE	35.00							44-004		
DIRECTOR OF FINANCE	25.00			Х				117,336.	0.	6,950
(8) MARISSA MCBRIDE	35.00	1		,,				125 000	0	F F07
EXECUTIVE DIRECTOR				Х				135,000.	0.	5,587
		-								
		-								
		1								

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A)	(B)			(0				(D)	(E)		(F)	
	Name and title	Average	(do		Posi		than	one	Reportable	Reportable	Es	stimate	ed
		hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	an	nount	of
		week	_	cer an	a a a	irecto	or/trus	tee)	from	from related		other	
		(list any hours for	recto						the	organizations		pensa	
		related	or di	ee ee			ated		organization	(W-2/1099-MISC)		rom th	
		organizations	ustee	trust		e e	nbens		(W-2/1099-MISC)		_	janizat d relat	
		below	ual tr	tional		ploye	st con	_				u reiai anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orge	ai iizati	10113
			_	_	)								
	Sub-total								464,107.	0.	1	2,5	
С	Total from continuation sheets to Part VI	I, Section A							0.	0.			0
d	Total (add lines 1b and 1c)								464,107.	0.	1	2,5	37
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	OOV	e) wł	no re	eceived more than \$100	0,000 of reportable			
	compensation from the organization											Yes	No
3	Did the examination list any former officer	director or tr	ıctor	a ka	v on	nnla		ork	nighost componented o	mplayee en		162	INO
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s										3		x
4	For any individual listed on line 1a, is the su												
•	and related organizations greater than \$150	•							•	•	4	х	
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes," com					-			-		5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	racto	ors th	hat received more than	\$100,000 of compens	ation <sup>1</sup>	from	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithin	the organization's tax	year.			

(A) Name and business address	(B) Description of services	(C) Compensation
THE PIVOT GROUP, INC., 1101 30TH STREET,		10 101 -11
	PRINTING/PRODUCTION	10,464,741.
MISSION CONTROL, INC., 624 HEBRON AVE.,		
	PRINTING/PRODUCTION	3,879,526.
UNITED STATES POSTAL SERVICE, 475 L'ENFANT		
	POSTAGE & SHIPPING	2,494,583.
BONNER GROUP, INC., 455 MASSACHUSETTS AVE		
NW, WASHINGTON, DC 20001	FUNDRAISING	569,988.
CATALIST, 1090 VERMONT AVE NW SUITE 300,		
WASHINGTON, DC 20005	MAILING LIST	531,077.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 18		

Form	990	(2018) THE V	OTER PAR	TICIPATION	ON CENTER		55-0889	748 Page 9
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, G		Fundraising events						
ar /		Related organizations						
s, Eli		Government grants (contribut						
Sign		All other contributions, gifts, gran	· -					
but	-	similar amounts not included abo		26,319,071.				
Ē	a	Noncash contributions included in lines		, , ,				
ag	_	Total. Add lines 1a-1f			26,319,071.			
		Total Add in co 14 11		Business Code				
ø	2 a	•		Duomedo Couc				
ķ	2 b							
Ser	c		-					
E §	d							
Program Service Revenue	e							
Pro		All other program service reve						
		Total. Add lines 2a-2f						
-	3	Investment income (including						
	3				588.			588.
	4	other similar amounts)			300.			300.
	5							
	3	Royalties	(i) Real					
	6 -	Cross vents		(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraisin						
Revenue		including \$						
Re		contributions reported on line	•					
Other		Part IV, line 18						
₽		Less: direct expenses						
		Net income or (loss) from fund		<b>&gt;</b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	······ <b>&gt;</b>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С							
	d							
		Total. Add lines 11a-11d		▶				
	12	Total revenue See instructions		<b>▶</b>	26 319 659.	0.1	0.	588.

### Part IX | 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 respor		ner organizations must co this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	Benefits paid to or for members				
5	Compensation of current officers, directors,	176 611	160 116	215 757	00 771
	trustees, and key employees	476,644.	168,116.	215,757.	92,771
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E 6 2 1 2 0	212 007	220 520	0 704
7	Other salaries and wages	562,120.	312,807.	239,529.	9,784
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	56,813.	30,710.	20,365.	5,738
9	Other employee benefits	73,340.	34,104.	31,727.	7,509
10	Payroll taxes	13,340.	J4, 1U4•	J1, 141 •	1,509
11	Fees for services (non-employees):				
a	Management	317,744.	125,444.	60,416.	131,884
b	Legal	20,377.	123,444.	20,377.	131,004
C	Accounting	20,511.		20,377.	
d	Lobbying Professional fundraising services. See Part IV, line 17	569,988.			569,988
e f	Investment management fees	303,300.			303,300
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	1,202,602.	758,741.	321,171.	122,690
12	Advertising and promotion	331,651.	331,651.	V==,=:=	
13	Office expenses	116,387.	19,248.	95,868.	1,271
14	Information technology	9,130.	1,903.	7,227.	
15	Royalties	695,328.	695,328.	,,==::	
16	Occupancy	124,201.	,	124,201.	
17	Travel	160,321.	14,903.	63,495.	81,923
18	Payments of travel or entertainment expenses				·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,275.	490.	2,089.	2,696
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,159.		9,159.	
23	Insurance	10,638.		10,638.	
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 0.)				
а	DIRECT MAILING FEES	11,684,815.	11,684,815.		
b	PRODUCTION AND PRINTING	5,562,973.	5,562,973.		
С	RESEARCH STUDIES	162,073.	162,073.		
d	PHONE CALLS	132,067.	132,067.		
е	All other expenses	176,340.	180,024.	-8,218.	4,534
25	Total functional expenses. Add lines 1 through 24e	22,459,986.	20,215,397.	1,213,801.	1,030,788
26	<b>Joint costs.</b> 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)				Form <b>990</b> (2018

# Form 990 (2018) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	176,958.	1	4,314,767
2	Savings and temporary cash investments	189,141.	2	174,214
3	Pledges and grants receivable, net		3	50,921
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8   3	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	31,979.	9	32,15
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 80,480			
b		20,836.	10c	11,67
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	11,999.	15	395,79
16	Total assets. Add lines 1 through 15 (must equal line 34)	1 1 000 1 6 7	16	4,979,53
17	Accounts payable and accrued expenses	784,979.	17	818,49
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	116,819.	25	
26	Total liabilities. Add lines 17 through 25	901,798.	26	818,49
	Organizations that follow SFAS 117 (ASC 958), check here X and			
27 28 29	complete lines 27 through 29, and lines 33 and 34.	404 064		
27	Unrestricted net assets	-494,964.	27	4,161,04
28	Temporarily restricted net assets	796,333.	28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	301,369.	33	4,161,04
34	Total liabilities and net assets/fund balances	1,203,167.	34	4,979,53

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		26,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,45		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,85		73. 69.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4				
5	5 Net unrealized gains (losses) on investments5				
6	6 Donated services and use of facilities 6				
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) 4				42.
Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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 in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization THE VOTER PARTICIPATION CENTER **Employer identification number** 55-0889748

Par	t I	Reason for Public (	Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.	
he o	rgani	zation is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1 [	J	A church, convention of ch						
2		A school described in <b>secti</b>	•				-NN-1-	
3		A hospital or a cooperative		·			ii)	
4		A medical research organiz					•	the hospital's name
7 .		-	ation operated in col	njunotion with a nospita	described	in Scotio	ii iroloj(i)(A)(iii). Enter	the hospital s hame,
<b>-</b> [		city, and state:		Un man ann comheannaithe ann man				i
5 L		An organization operated for		nege or university owner	or opera	ted by a g	overnmental unit descrit	bea in
_ [	$\neg$	section 170(b)(1)(A)(iv). (C	· · · · · · · · · · · · · · · · · · ·					
6 L		A federal, state, or local gov	-					
<b>7</b> L	Δ	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
	_	section 170(b)(1)(A)(vi). (Co						
8 L		A community trust describe						
9 L		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
-		university:						
10 L		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
-		See section 509(a)(2). (Cor	mplete Part III.)					
11	_	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).	
12 L		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
	_	its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ng organiz	zation.		
f	Ente	r the number of supported o	organizations					
g		ide the following information		` ' '	(i.) I. H			
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13,106,359.	2,288,650.	14,330,559.	4,548,105.	26,319,071.	60,592,744.
2	Tax revenues levied for the organ-						_
	ization'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	13,106,359.	2,288,650.	14,330,559.	4,548,105.	26,319,071.	60,592,744.
	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)						5,936,853.
6	Public support. Subtract line 5 from line 4.						54,655,891.
	ction B. Total Support						, , , ,
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	13,106,359.	2,288,650.	14,330,559.	4,548,105.	26,319,071.	60,592,744.
	Gross income from interest,	, ,		, ,			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,124.	1,844.	16,568.	385.	588.	20,509.
9	Net income from unrelated business	,	•				<u> </u>
_	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.)	128.	10.	28.			166.
11							60,613,419.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,087,253.
13	First five years. If the Form 990 is for	•	,				·
	organization, check this box and <b>stop</b>	•			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·
	Public support percentage for 2018 (I			olumn (f))		14	90.17 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	86.03 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2017. If the o						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(u) 2014	(5) 2010	(6) 2010	(4) 2017	(6) 2010	(i) rotai
	Gross income from interest,						<del> </del>
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						<del> </del>
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						<del> </del>
	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						
12	assets (Explain in Part VI.)						+
	First five years. If the Form 990 is for	the ergenization's	first seemd this	d fourth or fifth t	av voor op a poetie	F01(a)(2) arga	nization
'-		-			•		
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2018 (li			column (f))		15	%
						16	
	Public support percentage from 2017 ction D. Computation of Inves					101	<del></del>
	•			no 12 polymp (fl)		17	04
	Investment income percentage for 20					<del> </del>	<u>%</u>
	Investment income percentage from 2					18	% 0.17 is not
198	33 1/3% support tests - 2018. If the						e i / is not
	more than 33 1/3%, check this box ar						PL
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nıs box and see ins	structions	

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
3	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Pai	t IV   Supporting Organizations (continued)			
	(Selfallace)		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)			
		11a		
b	A family member of a person described in (a) above?	11b		
		11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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 <b>Part VI</b> the role played by the organization in this regard	3h	- 1	

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations			
1						
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
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				
Sect	ion 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-functional	ly integrat	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2018

Par	rt v   Type III Non-Functionally Integrated 50	)9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	n the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	cion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Dort VI	The state of the s
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.)
	(Soo manachore)
•	
_	
•	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization Employer identification number

THE VOTER PARTICIPATION CENTER 55-0889748

Organization type (check one):

J. J	<b></b>	·- <del></del> /			
Filers of	:	Section:			
Form 990	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 990	)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

### THE VOTER PARTICIPATION CENTER

55-0889748

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>1,161,830</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,732,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	\$\frac{1,000,000.}{}	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 2,294,821.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 779,130.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### THE VOTER PARTICIPATION CENTER

55-0889748

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7			Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b)	(c) Total contributions	(d)
NO.	Name, address, and ZIP + 4		Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### THE VOTER PARTICIPATION CENTER

55-0889748

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-08		\$	990 990-F7 or 990-PF) (2

Name of organization **Employer identification number** 55-0889748 THE VOTER PARTICIPATION CENTER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	) (see separate instructions), then	tions: Complete Dort III			
	Section 501(c)(4), (5), or (6) organiza	tions. Complete Part III.		Em	ployer identification number
	•	ER PARTICIPATION	CENTER		55-0889748
Pa		janization is exempt und		or is a section 527	
2	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campaign	ures		<b>&gt;</b>	* \$
Pa	rt I-B Complete if the ord	ganization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax				. \$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	<b></b>	\$
	If the organization incurred a section				
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	ganization is exempt und	er section 501(c),	except section 50	1(c)(3).
3	Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were prepolitical action committee (PAC). If	a. Add lines 1 and 2. Enter here as  1120-POL for this year?  Inployer identification number (Ell tion listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL,  N) of all section 527 po I from the filing organiz a separate political orga	litical organizations to what it is a separation, such as a separation such as a	Yes No nich the filing organization the amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2018

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Sche	edule C (Form 990 or 990-EZ) 2018					889748 Page 2
Par	rt II-A Complete if the org	ganization is exe	mpt under sectio	n 501(c)(3) and fil	led Form 5768 (el	ection under
A Cr	heck 🕨 🔲 if the filing organiza	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and sha	re of excess lobbying	expenditures).			
B Ch	heck 🕨 🔲 if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		
		its on Lobbying Expe ditures" means amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to infl	uence public opinion (	grass roots lobbying)		0.	
b	Total lobbying expenditures to infl	uence a legislative boo	dy (direct lobbying)		0.	
С	Total lobbying expenditures (add l	lines 1a and 1b)			0.	
	Other exempt purpose expenditur				22,459,987.	
е	Total exempt purpose expenditure	es (add lines 1c and 1c	d)(t		22,459,987.	
f	Lobbying nontaxable amount. Ent	er the amount from the	e following table in bot	h columns.	1,000,000.	
	If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,	000.			
g	Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
h	Subtract line 1g from line 1a. If zer	ro or less, enter -0			0.	
i	Subtract line 1f from line 1c. If zer	o or less, enter -0			0.	
j	If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720		
	reporting section 4911 tax for this	year?				Yes No
		4-Year Ave	eraging 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 Exper	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total		
2a Lobbying nontaxable amount	382,133.	826,477.	466,150.	1,000,000.	2,674,760.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,012,140.		
c Total lobbying expenditures		41.			41.		
d Grassroots nontaxable amount	95,533.	206,619.	116,538.	250,000.	668,690.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,003,035.		
f Grassroots lobbying expenditures		41.			41.		

Schedule C (Form 990 or 990-EZ) 2018

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the I	s," response on lines 1a through 1i below, provide in Part IV a detailed description (a)		(a)		(b)	
	lobbying activity.	Yes	No		Amo	unt
1 [	During the year, did the filing organization attempt to influence foreign, national, state, or					
	ocal legislation, including any attempt to influence public opinion on a legislative matter					
c	or referendum, through the use of:					
a∖	Volunteers?					
b F	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c N	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?					
įΤ	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	f "Yes," enter the amount of any tax incurred under section 4912					
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or	section	<u> </u>	
art	501(c)(6).	,	. ,,			
art	30 1(c)(d).			Ye	.	N
art	30 1(0)(0).			re	•	14
	Were substantially all (90% or more) dues received nondeductible by members?		<u></u>	ı re		- 14
<b>1</b> V				_	3	14
1 V 2 [	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year	2 r? (5), or	2 3 section		
1 V 2 [ 3 [ Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization is exempt under section 501(c)(4), section 501(c)(c)(4), section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(	ne prior year on 501(c) "No," Of	r? ; (5), or R (b) P	2 3 section		
1 V 2 [ 3 [ Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year on 501(c) "No," Of	r? ; (5), or R (b) P	section		
1 V 2 [ 3 [ 2 art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization agree if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	ne prior year on 501(c) "No," Of	r? ; (5), or R (b) P	section		
1 W 2 C 3 C 2 art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization agree if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ne prior year on 501(c) "No," Of	(5), or R (b) P	section		
1 W 2 C 3 C art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization agree if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior year on 501(c) "No," Of	(5), or R (b) P	section art III-A		
1 V 2 [ art 1 [ 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization agree if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	ne prior year on 501(c) "No," Of	(5), or R (b) P	section art III-		
11 V 22 [ 33 [ 2art  11 [ 22	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization agree to carry over lobbying and political campaign activity expenditures from to the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	ne prior year on 501(c) "No," Of	(5), or R (b) P	section art III-A		
11 V 22 [ 33 [ 24 art  11 [ 22 [ 34 ( 35 a) 4 a)	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization agree to carry over lobbying and political campaign activity expenditures from to the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	ne prior year on 501(c) "No," OF	(5), or R (b) P	section art III-A		
1 V 2 [ 3 ] 3 [ 2 ] 4   1	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization agree to carry over lobbying and political campaign activity expenditures from to the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ne prior year on 501(c) "No," Of	(5), or R (b) P	section art III-A		
11 V 22 [ 33 [ 33 [ 44   54   55   55   55   55   55   55	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception is a substantial political expenditures.	ne prior year on 501(c) "No," Of	(5), or R (b) P	section art III-A		
11 V 22 [ 33 [ 33 [ 44   54   55   65   65   65   65   65   65   65	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are finitely agreed to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	ne prior year on 501(c) "No," Of cal	(5), or R (b) P	section art III-A		

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

THE VOTER PARTICIPATION CENTER

**Employer identification number** 55-0889748

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the	_
	organization answered "Yes" on Form 990, Part IV, lin		2211,42121213	
	, ,	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	-		No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			·	No
Pai				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area	
	Protection of natural habitat	Preservation of a certif	fied historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Y	ear
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements if	t holds?	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year	
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year	
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?		Yes L	No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for	
_	conservation easements.			
Pai			ther Similar Assets.	
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	nce of public service, provide, in Part X	III,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	blic service, provide the following amou	ınts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	·	gain, provide	
	the following amounts required to be reported under SFAS 1		<b>.</b> .	
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		> \$	

832051 10-29-18

Schedule D (Form 990) 2018

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

Sche	dule D (Form 990) 2018 THE VOTE	R PARTICIPATI	ON CENTER		55-(	0889748	} p:	<b>2</b> ane
	t III Organizations Maintaining C			s, or Othe				<u> </u>
3	Using the organization's acquisition, accession							s
	(check all that apply):							
а	Public exhibition	d 🗌	Loan or exchange pro	ograms				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	lections and explain how t	hey further the organi	zation's exer	mpt purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations of art, h	istorical treasures, or	other similar	assets			
	to be sold to raise funds rather than to be ma	ntained as part of the orga	nization's collection?			Yes		No
Pai	t IV Escrow and Custodial Arrang	ements. Complete if the	e organization answer	ed "Yes" on	Form 990, Part	IV, line 9, or		
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	n or other intermediary for	contributions or othe	r assets not	included			_
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the following	table:					
						Amount		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21, for	escrow or custodial a	ccount liabili	ity?	Yes		No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete if							
	-	(a) Current year (b) F	Prior year (c) Two	years back (	(d) Three years ba	ack (e) Four	years	back
1a								
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	•	g, column (a)) held as	:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Temporarily restricted endowment	<u>%</u>						
_	The percentages on lines 2a, 2b, and 2c should be a sh	•						
За	Are there endowment funds not in the posses	sion of the organization th	at are held and admin	istered for tr	ne organization	Г	. 1	
	by:						Yes	No
	(i) unrelated organizations							
	(ii) related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate					3b		
4 Pai	T VI Land, Buildings, and Equipm		tunas.					
ı al	Complete if the organization answered		V line 11a See Form	000 Part V	line 10			
	Description of property	(a) Cost or other	(b) Cost or other		cumulated	(d) Book	valu	
	besorption of property	basis (investment)	basis (other)	1 ' '	preciation	(u) DOOR	value	C
	Land	· · · · · ·	2 (2)					

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
	Other		80,480.	68,803.	11,677.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2018

Schedule D (	Form 9	990) 2	2018

Schedule D (Form 990) 2018 INE VOIER PA	AKIICIPAIIO	N CENTER	33-0003/40 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of  (a) Description of security or category (including name of security)			
(A) F:	(b) Book value	(c) Method of valuation: Cos	t or end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, I	line 11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" (		line 11d. See Form 990, Part X, line 1	
DEDOGEE	Description		(b) Book value
(1) DEPOSIT			11,999.
(2) DUE FROM CVI			383,796.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15\		395,795.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X   Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV I	line 11e or 11f See Form 990 Part X	line 25
(a) Description of liability	5/11 6/11/ 936, 1 art 10, 1	(b) Book value	, iiile 23.
		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
<u>(6)</u>			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
2 Lightlity for upportain tay positions. In Part XIII, provide		to to the organization's financial state	ments that reports the

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE VOTER PARTICIPATION CENTER

Employer identification number

55-0889748 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants \_\_\_ Mail solicitations X Internet and email solicitations Solicitation of government grants X Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) THE BONNER GROUP - 455 Yes No MASSACHUSETTS AVE., NW, SUITE Х Λ CONSULTING 0 569,988. 569 988. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CA, CO, DC, FL, MA, NY, NM, VA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2018

Pa	irt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
		or iditarialsing event contributions and give	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	COI. (C))
Revenue						
Re	1	Gross receipts				
	2	Loop: Contributions				
	~	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	l _					
Š	5	Noncash prizes				
ense	6	Rent/facility costs				
χΞ		Tient lability code				
Direct Expenses	7	Food and beverages				
Ë						
	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Pa	irt l					
		\$15,000 on Form 990-EZ, line 6a.		, ,	•	
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 511195	bingo/progressive bingo	(e) carer garming	col. (a) through col. (c))
Re	١.					
	1	Gross revenue				
"	2	Cash prizes				
JSes	_	5.15.1 p. 25.5				
xbel	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	_ ا	Other divert evenues				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
	_	· · ·				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	•	Yes No
b	) If "	Yes," explain:				
	_					
8320	82 10	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

Schedul	e G (Form 990 or 990-EZ) 2018 THE VOTER PARTICIPATION CENTER 55-C	18891	48 Page 3
<b>11</b> Doe	es the organization conduct gaming activities with nonmembers?	L Ye	s L No
<b>12</b> Is the	he organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to a	administer charitable gaming?	Ye	s No
	icate the percentage of gaming activity conducted in:		
<b>a</b> The	e organization's facility	13a	%
	outside facility	13b	%
	er the name and address of the person who prepares the organization's gaming/special events books and records:		
Nar	me 🕨		
Add	dress >		
<b>15a</b> Doe	es the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
	Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	gaming revenue retained by the third party > \$		
c If "\	Yes," enter name and address of the third party:		
Nar	me <b>&gt;</b>		
Add	dress ▶		
<b>16</b> Gar	ming manager information:		
Nar	me <b>&gt;</b>		
Gar	ming manager compensation  \$		
Des	scription of services provided		
_			
_			
	Director/officer Employee Independent contractor		
47 14-			
	ndatory distributions:		
	he organization required under state law to make charitable distributions from the gaming proceeds to		- DN-
	ain the state gaming license?		s L No
	er the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Part IV	anization's own exempt activities during the tax year   \$ \forall  \text{Supplemental Information.}  \text{Provide the applemental Information.}   \text{Provide the applemental Information.}  \text{Provide the applemental Information.}    \text{Provide the applemental Information.}                                                                                                                                                                                                              \qquad	محمدا اللياس	0.05.105
Faiti	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ırt III, IInes	8 9, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHE	DULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	g.	
<u>DCIIII</u>	DODE G, IAKI I, DINE 2D, DIGI OI IBN HIGHDI IAID I ONDHAIDE		
(I) I	NAME OF FUNDRAISER: THE BONNER GROUP		
(I)	ADDRESS OF FUNDRAISER:		
433	MASSACHUSETTS AVE., NW, SUITE 640, WASHINGTON, DC 20001		

Schedule G	(Form 990 or 990-EZ)	THE VOTER	PARTICIPATION	CENTER	55-0889748 Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Info	rmation (continued	d)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·	•		
-					
-					
-					
-					
			<u> </u>		

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE VOTER PARTICIPATION CENTER

**Employer identification number** 55-0889748

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,  Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
77			
X First-class or charter travel Housing allowance or residence for personal use			
Travel for companions Payments for business use of personal residence			
Tax indemnification and gross-up payments Health or social club dues or initiation fees			
Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1</b> b	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
establish compensation of the CEO/Executive Director, but explain in Part III.			
Compensation committee Written employment contract			
Independent compensation consultant  X Compensation survey or study			
Form 990 of other organizations  X Approval by the board or compensation committee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the revenues of:			Х
a The organization?	5a 5h		X
b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b		77
·			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	60		х
	6a 6b		X
b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	OD		-2
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) PAGE GARDNER	(i)	211,771.	0.	0.	0.	0.	211,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1B:
HISTORICALLY THE ORGANIZATION WAS CHARGED AN EXCESSIVE AMOUNT OF CHANGE AND
CANCELLATION FEES FOR THE PRESIDENT'S AIR TRAVEL. THE BOARD CONCLUDED THAT
FIRST CLASS/REFUNDABLE TICKETS WOULD BE PURCHASED TO REDUCE THE OVERALL
COST OF AIR TRAVEL.

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE VOTER PARTICIPATION CENTER

Employer identification number 55-0889748

FORM 990, PART VI, SECTION A, LINE 4:

DURING 2018, THE GOVERNING DOCUMENTS WERE UPDATED TO INCREASE THE LENGTH OF DIRECTOR AND OFFICER TERMS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS WITH THE ASSISTANCE OF THE CFO. THE FORM WAS REVIEWED BY THE CFO AND THE PRESIDENT/CEO. THE FINAL FORM 990 WAS DISTRIBUTED ELECTRONICALLY TO THE BOARD FOR REVIEW BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER, SENIOR STAFF, AND MEMBER OF A COMMITTEE
WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH
AFFIRMS SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND, IN ORDER TO MAINTAIN ITS
  FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
  ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE

GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT

OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE

MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** THE VOTER PARTICIPATION CENTER 55-0889748

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

IN DETERMINING COMPENSATION, THE BOARD RELIED ON AN INDEPENDENT SURVEY OF COMPENSATION DATA COMPILED OF CHIEF EXECUTIVE OFFICERS FOR ORGANIZATIONS OF COMPARABLE SIZE IN THE DC AREA. THE PROCESS AND THE DECISION OF THE BOARD IS DOCUMENTED IN THE MINUTES OF THE BOARD. A COPY OF THE BOARD'S DECISION IS ALSO INCLUDED IN THE PERSONNEL FILE. A SIMILAR PROCESS IS ALSO USED FOR OTHER OFFICERS OF THE ORGANIZATION, WHERE THE BOARD USES COMPARABLE DATA TO DETERMINE COMPENSATION. THE LAST COMPENSATION REVIEW TOOK PLACE IN JULY 2018.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

## **2019 ESTIMATED TAX FILING INSTRUCTIONS**

FORM 990-W

#### FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for										
Prepared for	THE VOTER PARTICIPATION CEN	NTER								
	1707 L STREET, NW NO. 950									
	WASHINGTON, DC 20036									
Prepared by										
	GELMAN, ROSENBERG & FREEDMA									
	4550 MONTGOMERY AVE SUITE 8 BETHESDA, MD 20814-2930	BOON								
	BEITHEBIT, IIB 20011 2500									
Amount of tax		\$	1,760							
	Less credit from prior year  Less amount already paid on 2019 estimate	\$	0 0							
	Balance due	\$	1,760							
	3	Ť								
	Payable in full or in installments as follows:									
	Installment Amount	Due Date								
	No.1 \$ NONE REQUIRED									
	No. 2 \$ NONE REQUIRED									
	No. 3 \$ NONE REQUIRED									
	No. 4 \$ 1,760	DECEMBER	2 16, 2019							
Make check payable to	PAYMENTS SHOULD BE MADE USI PAYMENT SYSTEM (EFTPS).	ING THE E	ELECTRONIC FEDERAL TAX							
Mail voucher and check (if applicable) to	NOT APPLICABLE									
Special										
Instructions										

## TAX RETURN FILING INSTRUCTIONS

FORM 990-T

#### FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	THE VOTER PARTICIPATION CENTER 1707 L STREET, NW NO. 950 WASHINGTON, DC 20036
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	BALANCE DUE OF \$1,754
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2019
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

#### \*\* NOTICE 2018-100 \*\*

Form <b>990-T</b>	E	Exempt Orga	nization Bus	sine	ss Income T	ax Returr	ı	OMB No. 1545-0687		
		(and proxy tax under section 6033(e))								
	For ca	lendar year 2018 or other tax ye	ar beginning		, and ending			2018		
Department of the Treasury Internal Revenue Service		► Go to www • Do not enter SSN numbe	_	Open to Public Inspection for 501(c)(3) Organizations Only						
A X Check box if address changed	Name of organization (							loyer identification number sloyees' trust, see uctions.)		
<b>B</b> Exempt under section	Print	THE VOTER P.	ARTICIPATIO	N C	ENTER		5	5-0889748		
X 501(c)(3)	or	Number, street, and room					<b>E</b> Unre	lated business activity code		
408(e) 220(e)	Туре	1707 L STRE					(See	instructions.)		
408A 530(a)		City or town, state or prov					1			
529(a)		WASHINGTON,		libreig	ii postai code		900	099		
		F Group exemption number		<b>-</b>			000			
C Book value of all assets at end of year	33.	G Check organization type		_	501(c) trust	401(a)	truet	Other trust		
		ation's unrelated trades or b		1		the only (or first) un				
		SALLOWED BEN				complete Parts I-V.				
		ace at the end of the previou		rte I an		•				
business, then complete		•	is sentence, complete i a	ii to i aii	u II, complete a ochedule	IN IOI CACII AUUILIOII	ai ii au	G OI		
		ooration a subsidiary in an a	affiliated aroun or a narer	nt-cube	idiany controlled group?	<b>•</b>	Y	es X No		
		tifying number of the paren		แ-อนมอ	idially controlled group:		''	US LZZ IVO		
		JACQUES PAGE	t corporation.		Telenho	one number <b>&gt;</b> 2	02-	659-9570		
		de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sale		uo or Buomicoo mi			(1.)	(= ) = // = // = // = // = // = // = //		(5)		
<b>b</b> Less returns and allo			<b>c</b> Balance	1c						
		e A, line 7)		2						
3 Gross profit. Subtrac				3						
		ch Schedule D)		4a						
		Part II, line 17) (attach Form		4b						
		sts		4c						
		ship or an S corporation (at		5						
			· ·	6						
		me (Schedule E)		7						
		and rents from a controlled		8						
·	•	and rents from a controlled on 501(c)(7), (9), or (17) o	ŭ							
		ome (Schedule I)		10						
		e J)		11						
12 Other income (See in	etruction	ns; attach schedule)		12						
13 Total. Combine lines	3 throu	igh 12			0.					
		ot Taken Elsewhei						<u> </u>		
		utions, deductions must								
14 Compensation of of	ficers, di	rectors, and trustees (Sche	dule K)				14			
							15			
							16			
							17			
18 Interest (attach scho	edule) (s	ee instructions)					18			
							19	751.		
20 Charitable contribut	ions (Se	e instructions for limitation	rules)				20			
		562)								
		n Schedule A and elsewher					22b			
							23			
		mpensation plans					24			
							25			
		chedule I)					26			
27 Excess readership of	osts (Sc	hedule J)					27			
28 Other deductions (a	ttach scl	nedule)			SEE STAT	EMENT 1	28	500.		
29 Total deductions.	dd lines	14 through 28					29	1,251.		
		ncome before net operating					30	-1,251.		
		loss arising in tax years be					31			
		ncome. Subtract line 31 fro				<u></u>	32	-1,251.		

Part I	II T	Total Unrelated Business Taxal	ble Income								
33	Total	of unrelated business taxable income compute	ed from all unrelated tra	des or businesses (	(see instru	ıctions) .		33		1,2	
34	Amou	ınts paid for disallowed fringes						34	1	0,6	05.
35	Dedu	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)									
36		of unrelated business taxable income before s									
	lines	33 and 34						36		9,3	54.
37	Speci	fic deduction (Generally \$1,000, but see line 3							1	1,0	
38		lated business taxable income. Subtract line							1	-	
		the encelles of some on line OC		-				38		8,3	54.
Part I	V	Tax Computation									
39		nizations Taxable as Corporations. Multiply li	ne 38 by 21% (0.21)				<b></b>	39		1,7	<del>54.</del>
40		s Taxable at Trust Rates. See instructions for								<u> </u>	
		Tax rate schedule or Schedule D (For					<b>•</b>	40	1		
41		/ tax. See instructions							1		
42		native minimum tax (trusts only)							+		
43	Taxo	n Noncompliant Facility Income. See instruc	tions					43	+		
44		Add lines 41, 42, and 43 to line 39 or 40, whi							+	1,7	54.
Part \		Fax and Payments								<del>- , .</del>	
		gn tax credit (corporations attach Form 1118;	trusts attach Form 1116	3)	45a						
								_			
c		ral business credit. Attach Form 3800									
_		t for prior year minimum tax (attach Form 880									
		credits. Add lines 45a through 45d						45e	1		
46	Subtr	act line 45e from line 44						46		1,7	54.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form	8697 Form 8	8866	Other (a	ttach schedule)	47	+		
48		tax. Add lines 46 and 47 (see instructions)							+	1,7	54.
49		net 965 tax liability paid from Form 965-A or F							+		0.
		ents: A 2017 overpayment credited to 2018						10			
		estimated tax payments						-			
0	Tav d	eposited with Form 8868			50c			_			
4	Forei	gn organizations: Tax paid or withheld at source	ea (eaa instructions)		50d			-			
		up withholding (see instructions)						_			
		t for small employer health insurance premium						_			
		credits, adjustments, and payments:			.   301			_			
y			her	 Total <b>&gt;</b>	► 50g						
51		payments. Add lines 50a through 50g						51	1		
52	Fetim	ated tax penalty (see instructions). Check if Fo	orm 2220 is attached					52	+		
53		lue. If line 51 is less than the total of lines 48,						53	+	1,7	54
54		payment. If line 51 is larger than the total of lines					······	54	+	<del>- , ,</del>	<u> </u>
55		the amount of line 54 you want: <b>Credited to 2</b>		•		Pofi	ınded >	55	+		
Part \		Statements Regarding Certain			tion (se			1 00			
56		y time during the 2018 calendar year, did the c					•			Yes	No
30		a financial account (bank, securities, or other)	•	•						103	NO
		:N Form 114, Report of Foreign Bank and Final			-						
	here		iiciai Accounts. II 165,	enter the name of the	ile luleigii	Country					Х
<b>57</b>		g the tax year, did the organization receive a d	iotribution from or was	it the granter of or	tranafarai	r to a fore	ian truot?				X
57				it the grantor of, or	lialisielui	i io, a iore	ayıı uusır				
58		s," see instructions for other forms the organiz the amount of tax-exempt interest received or	•	voor <b>•</b> ¢							
		nder penalties of perjury, I declare that I have examined			nd statement	te and to th	e hest of my kr	nowledge	and belief it is	s true	
Sign	co	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all in	formation of which pre	parer has ar	ny knowledg	je.	lowicage	and belief, it is	s auc,	
Here			1	▶ DDECTE	יביאיםי				RS discuss thi		with
		Signature of officer	Date	PRESID	LETA I				rer shown belons)? XY		¬ No
		· · · · · · · · · · · · · · · · · · ·	1		Data	1.		instructio		es	No
		Print/Type preparer's name	Preparer's signature		Date		Check	if PT	IIV		
Paid		RICHARD J. LOCASTRO,				s	elf- employe		200200	211	
Prepa		CPA	ותם ט מםם א אם הטע ג	PPDMAN			Finnels Fist N		$\frac{200288}{52-130}$		Q
Use C	nly	Firm's name ► GELMAN, ROSE	OMERY AVE		) NT		Firm's EIN	- :	52-139	<u> </u>	<u>o</u>
		4000 MONTG			, TA		Phone no	(201	) 051	_ a n	g n

Form **990-T** (2018)

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inver	ntory v	valuation ► N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases	2			Cost of goods sold. St				
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section			Yes No	
<b>b</b> Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b								
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				3(a) Deductions directly	000000	atad with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than -	of rent for	persona	sonal property (if the percental I property exceeds 50% or if sed on profit or income)	age			attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er ı (A)	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0.
Schedule E - Unrelated Deb			instru	ıctions)				
			:	2. Gross income from		Deductions directly con to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	e adjusted basis allocable to unced property h schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(1) (2) (3) (4)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals				•		0		0 .
Total dividends-received deductions in	cluded in columi	า 8						0.

Form **990-T** (2018)

(2) (3) (4)  Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  (5)  Color of income  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions (establish schedule) (establish schedule) (establish schedule) (1) (2) (3) (4)  Finter here and on page 1, Part I, line 8, column (A).  Finter here and on page 1, Part I, line 8, column (A).  Finter here and on page 1, Part I, line 8, column (B).  Column (B)  5. Total deductions (establish schedule) (establish schedule) (establish schedule) (finter here and on page 1, Part I, line 8, column (B).  Column (B)  5. Total deductions (establish schedule) (establish schedule) (establish schedule) (finter here and on page 1, Part I, line 8, column (B).  Column (B)  5. Total deductions (establish schedule) (establi	Schedule F - Interest,		-	-	Controlled O						
(2)   (3)   (4)   (5)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)	1. Name of controlled organization	identi	fication			<b>4.</b> Tot payr	al of specified ments made	included in the controlling		rolling	connected with income
29	(1)										
(4)  Nonexempt Controlled Organizations  7, Tabable Income  8, Net irrefered income fixed (see instructions)  (9) Total of specied payments in the controlled payments in the controlled payments of the controlled of the controlled payments of the controlled payments of the controlled payments of the controlled payments of the controlled of the controlled payments of the											
(4)  Nonexempt Controlled Organizations  7, Tatable Income  8, Net irreflace income fiscol (see risks colored)  9, Total of specified payments in the certifical payments in the											
Nonexemptic Controlled Organizations   Street discrete forces   Street of repetitions   Street of re											
(1) (2) (3) (4)  Add columns 6 and 10. Enter here and on page 1. Part I, inter 8, column (9) (ase instructions)  1. Description of income  2. Amount of income  2. Amount of income (ase instructions)  1. Description of exploited exhibity (ase instructions)  2. Amount of income  3. Enter here and on page 1. Part I, inter 8, column (9). (a) (b) (c) (c) (d) (d) (d) (e) (e) (f) (e) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		zations		•				•		•	
(2) (3) (4)  Add column 8 and 10. Enter here and on page 1, Part I, line 8, column (A) (see instructions)  1. Description of income  1. Description of income  2. Amount of income  3. Description of schedule (grad) (grad	7. Taxable Income			9. Total		ments	in the controll	ing orgar	nization's		
(4)  Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (5)  (5)  (6)  Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (6)  (7)  (8)  (1)  (9)  (1)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (6)  (8)  (4)  Enter here and on page 1, Part 1, line 8, column (7)  (8)  (9)  (1)  (9)  (1)  (1)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 9, column (8)  (8)  (9)  (1)  (9)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  (see instructions)  1. Description of page 1, Part 1, line 9, column (8)  (see instructions)  2. Amount of income  2. Amount of income  3. Deductions  4. Set-salcies (attach schedule)  (attach schedule)  5. Total deductions (attach schedule)  (see instructions)  O  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of page 1, Part 1, line 9, column (8)  O  Schedule J - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of page 1, Part 1, line 9, column (8)  O  Schedule J - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of page 1, Part 1, line 9, column (8)  O  Schedule J - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of page 1, Part 1, line 9, column (8)  O  Schedule J - Advertising Income  (see instructions)  Enter here and on page 1, Part 1, Income 1, Part 1,	(1)										
Add columns 5 and 10.   Enter here and on page 1, Part I, line 8, column (9),   O   O	• •										
Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (8).    Totals	(3)										
Fortals	(4)										
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  3. Deductions directly connected (either schedule) (either sch							Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  3. Deductions directly connected (either schedule) (either sch	Totals					<b>&gt;</b>			0.		0
1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A) (see instructions)  1. Description of explicited activity (see instructions)  2. Gross unrelated business income	Schedule G - Investme	ent Income of a	Sectio	n 501(c)(	7), (9), or	(17) Or	ganization	1			
(2) (3) (4)    Enter here and on page 1, Fart I, line 9, column   6).   Enter here and on page 1, form to or exploited exempt Activity Income, Other Than Advertising Income    1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)    2. Gross unrelated business income income from trade or business income income from trade or business income incom	1. Desc	ription of income			2. Amount of	income	directly conne	ected			and set-asides
(3) (4) Enter here and on page 1, Part 1, line 9, column (A).  Column 1	(1)										
(3) (4)  Enter here and on page 1, Part 1, line 9, column (A).  O  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  2. Gross unrelated business income business income business income business income business (receiv) connected that the page 1. Part 1. Interest (Page 1. Page 1. Pa	(2)										
Contails   Part   Fertiles	(3)										
Enter here and on page 1, Part I, line 9, column (A).   Part I, line 9, column (B).											
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity unrelated business income from trade or business income from trade or business income in trade or business income from trade or business income from trade or business income in					Enter here and Part I, line 9, co	on page 1, lumn (A).					Enter here and on page Part I, line 9, column (B).
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity unrelated business income from trade or business income from trade or business income in trade or business income from trade or business income from trade or business income in	Totals			•		0.					0
1. Description of exploited activity   2. Gross unrelated business income from trade or	Schedule I - Exploited	<b>Exempt Activit</b>	y Incon	ne, Othe	r Than Ac	lvertisi	ng Income	•			
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col. (B).  Totals  O  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs  3. Direct advertising costs (col. 2 minus col. 3), if a gain, compute cols. 5 through 7.  (1) (2) (3) (4)		unrelated business income from	directly with p of ur	connected roduction arelated	from unrelated business (co minus colum gain, comput	trade or olumn 2 n 3). If a e cols. 5	from activity is not unrelated	that ted	attributa	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col. (B).  Totals  O  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs  3. Direct advertising costs (col. 2 minus col. 3), if a gain, compute cols. 5 through 7.  (1) (2) (3) (4)	(1)										
(3) (4)  Enter here and on page 1, Part I, line 10, col. (A).  Schedule J - Advertising Income (see instructions)  Part I Income From Periodical Reported on a Consolidated Basis  1. Name of periodical 2. Gross advertising income (see instructions)  1. Name of periodical 2. Gross advertising income (see instructions)  (1) (2) (3) (4)											
(4)  Enter here and on page 1, Part 1, line 10, col. (A).  Totals   O											
Enter here and on page 1, Part I, line 10, col. (A).  Totals  Do.  Oo.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1)  (2)  (3)  (4)											
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical 2. Gross advertising income service advertising costs (column 5 minus col. 3). If a gain, compute cols. 5 through 7.  (1) (2) (3) (4)		page 1, Part I, line 10, col. (A).	page	1, Part I, 0, col. (B).							on page 1, Part II, line 26.
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1)  (2)  (3)  (4)	Totals										1 0
1. Name of periodical  2. Gross advertising income  3. Direct advertising costs  (1)  (2)  (3)  (4)											
1. Name of periodical  2. Gloss advertising advertising costs  3. Direct advertising costs  or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1)  (2)  (3)  (4)  5. Circulation income  5. Circulation income  6. Readership costs  col. 3). If a gain, compute cols. 5 through 7.	Part I Income From	Periodicals Rep	orted o	on a Con	solidated	Basis					
(2)       (3)       (4)	1. Name of periodical	advertising	adv		or (loss) (c col. 3). If a g	ol. 2 minus ain, comput					costs (column 6 minus column 5, but not more
(2)       (3)       (4)	(1)										
(3)       (4)											
(4)											
Totals (carry to Part II, line (5)) ► 0 • 0 • 0											
	Totals (carry to Part II, line (5))	▶	0.	0							0

823731 01-09-19

# Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
TAX PREP FEES		50	00.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	50	00.

#### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 55-0889748 THE VOTER PARTICIPATION CENTER File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1707 L STREET, NW, NO. 950 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WASHINGTON, DC 20036 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JACQUES PAGE The books are in the care of ► 1707 L STREET, NW, SUITE 300 - WASHINGTON, DC 20036 Telephone No. ► 202-659-9570 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2019)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment