

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012Open to Public
Inspection**A** For the 2012 calendar year, or tax year beginning

07/01, 2012, and ending

06/30, 2013

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

AMERICA VOTES

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1155 CONNECTICUT AVE NW

Room/suite

600

City, town or post office, state, and ZIP code

WASHINGTON, DC 20036

F Name and address of principal officer

GREG SPEED

SAME AS ABOVE

D Employer identification number

26-4568349

E Telephone number

(202) 962-7270

G Gross receipts \$ 12,675,955.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status

501(c)(3)

☒

501(c) (4)

☐

(insert no)

4947(a)(1) or

527

J Website: ▶ AMERICAVOTES.ORG**H(c)** Group exemption number ▶**K** Form of organization☒

Corporation

☐

Trust

☐

Association

☐

Other ▶

L Year of formation 2009**M** State of legal domicile

DC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THE ORGANIZATION WAS ESTABLISHED TO COORDINATE AND PROMOTE PROGRESSIVE ISSUES, POLICIES, INITIATIVES AND REFERENDA, AND TO PURSUE ELECTORAL REFORM THAT EXPANDS ACCESS TO THE BALLOT.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	115.
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	850	11,160,415.
	9	Program service revenue (Part VIII, line 2g)	0	12,341,164.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	815.	-2,577.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4.	319,435.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,161,234.	12,658,022.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,302,960.	5,130,068.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,206,636.	4,367,357.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	178,504.	127,750.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	684,588.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,947,063.	4,233,278.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,635,163.	13,858,453.
	19	Revenue less expenses Subtract line 18 from line 12	1,526,071.	-1,200,431.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	End of Year	970,822.
22		Net assets or fund balances Subtract line 21 from line 20	12,849.	15,964.
			2,155,289.	954,858.

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

Sign Here	▶ <i>Susan Finkle Sourlis</i>	Signature of officer
	▶ Susan Finkle Sourlis	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	▶ Amy C. Gilbert	▶ <i>Amy C. Gilbert</i>
	Firm's name ▶ GILBERT & WOLFAND, P.C.	
	Firm's address ▶ 2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON	

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

For Paperwork Reduction Act Notice, see the separate instructions.

JSA
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4QQ00J 7165

V 12-

SCANNED JUN 06 2014

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

THE ORGANIZATION WAS ESTABLISHED TO COORDINATE AND PROMOTE
 PROGRESSIVE ISSUES, POLICIES, INITIATIVES AND REFERENDA, AND TO
 PURSUE ELECTORAL REFORM THAT EXPANDS ACCESS TO THE BALLOT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 ☒ 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 \$ 7,937,551. including grants of \$ 3,334,318.) (Revenue \$)

AMERICA VOTES WORKED TO ADVANCE PROGRESSIVE POLICIES, EXPAND
 ACCESS TO THE BALLOT, COORDINATE ISSUE ADVOCACY AND PROTECT EVERY
 AMERICAN'S RIGHT TO VOTE.

4b (Code) (Expenses \$ 4,007,612. including grants of \$ 1,795,750.) (Revenue \$)

AMERICA VOTES WORKED TO COORDINATE ELECTION CAMPAIGNS.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 11,945,163.

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	46																																		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		0																																	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X																																
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		115																																	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X																																
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).																																			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?																																			
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O																																			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?																																			
b If "Yes," enter the name of the foreign country ▶																																			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts																																			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?																																			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?																																			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																			
7 Organizations that may receive deductible contributions under section 170(c).																																			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																																			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?																																			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																			
d If "Yes," indicate the number of Forms 8282 filed during the year																																			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?																																			
9 Sponsoring organizations maintaining donor advised funds.																																			
a Did the organization make any taxable distributions under section 4966?																																			
b Did the organization make a distribution to a donor, donor advisor, or related person?																																			
10 Section 501(c)(7) organizations. Enter																																			
a Initiation fees and capital contributions included on Part VIII, line 12																																			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																			
11 Section 501(c)(12) organizations. Enter																																			
a Gross income from members or shareholders																																			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)																																			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.																																			
a Is the organization licensed to issue qualified health plans in more than one state?																																			
Note. See the instructions for additional information the organization must report on Schedule O																																			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																			
c Enter the amount of reserves on hand																																			
14a Did the organization receive any payments for indoor tanning services during the tax year?																																			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																			

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 to any question in this Part VI. ☐**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 19		
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 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c		
13 Did the organization have a written whistleblower policy? 13		X
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a		X
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 1**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THE ORGANIZATION PAGE 1 ADDRESS , 20036 202-962-7270

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE BARTLEY DIRECTOR/TREASURER	1.00	X		X				0	0	0
(2) JOAN FITZ-GERALD DIRECTOR/PRESIDENT	40.00	X		X				221,646.	0	22,210.
(3) FRANK SMITH DIRECTOR	1.00	X						0	0	0
(4) ROB MCKAY DIRECTOR RESIGNED 4/1/2013	1.00	X						0	0	0
(5) CHRISTY BAILEY DIRECTOR	1.00	X						0	0	0
(6) JEFF BLUM DIRECTOR RESIGNED 4/24/2013	1.00	X						0	0	0
(7) CATHY DUVAL DIRECTOR	1.00	X						0	0	0
(8) NIKKI BUDZINSKI DIRECTOR	1.00	X						0	0	0
(9) PAGE GARDNER DIRECTOR	1.00	X						0	0	0
(10) CRAIG KAPLAN DIRECTOR	1.00	X						0	0	0
(11) BRAD MARTIN DIRECTOR RESIGNED 2/12/2013	1.00	X						0	0	0
(12) BRANDON DAVIS DIRECTOR	1.00	X						0	0	0
(13) DEIRDRE SCHIFELING DIRECTOR	1.00	X						0	0	0
(14) DENISE FERIOZZI DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) GASPAR PERRICONE DIRECTOR	1.00	X						0	0	0
16) HEATHER TUREEN DIRECTOR	1.00	X						0	0	0
17) MATT MORRISON DIRECTOR	1.00	X						0	0	0
18) MIKE PODHORZER DIRECTOR	1.00	X						0	0	0
19) NAVIN NAYAK DIRECTOR	1.00	X						0	0	0
20) RICK FARFAGLIA DIRECTOR	1.00	X						0	0	0
21) SETH JOHNSON DIRECTOR	1.00	X						0	0	0
22) WENDY WENDLANT DIRECTOR BEGAN 2/12/2013	1.00	X						0	0	0
23) GREG SPEED EXECUTIVE DIRECTOR	40.00			X				216,818.	0	8,978.
24) SUSAN FINKLE-SOURLIS CFO	40.00			X				114,274.	0	7,301.
25) BUBBA SCOTT NUNNERY NATIONAL FIELD DIRECTOR	40.00				X			144,625.	0	7,432.
1b Sub-total								221,646.	0	22,210.
c Total from continuation sheets to Part VII, Section A								816,263.	0	63,673.
d Total (add lines 1b and 1c)								1,037,909.	0	85,883.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4	X	
----------	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5		X
----------	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

[illegible]

	Yes	No
3		X
4	X	
5		X

(A) Name and business address	(B) Description of services	(C) Compensation

JSA
2E1055 3 000

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	12,341,164.			
	g	Noncash contributions included in lines 1a-1f \$		15,111.			
	h	Total. Add lines 1a-1f		12,341,164.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		311.			311.
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	15,045.				
	b	Less cost or other basis and sales expenses	15,111.	2,822.			
	c	Gain or (loss)	-66.	-2,822.			
	d	Net gain or (loss)		-2,888.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue				Business Code			
11a	ADMINISTRATIVE FEES		415.	415.			
b	REIMB PERSONNEL/OVHD FROM RELATED ORGS		319,020.	319,020.			
c						
d	All other revenue						
e	Total. Add lines 11a-11d		319,435.				
12	Total revenue. See instructions		12,658,022.	319,435.		311.	

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 response to any question in this Part IX. ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	5,130,068.	5,130,068.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	560,244.	236,732.	115,228.	208,284.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	3,173,340.	2,611,278.	397,948.	164,114.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9 Other employee benefits.	340,254.	259,549.	46,767.	33,938.
10 Payroll taxes.	293,519.	227,324.	44,161.	22,034.
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	75,047.	13,962.	60,535.	550.
c Accounting.	148,025.	13,285.	134,740.	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	127,750.			127,750.
f Investment management fees.	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion.	0			
13 Office expenses.	239,310.	88,764.	127,748.	22,798.
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	447,684.	341,499.	61,532.	44,653.
17 Travel.	151,702.	102,548.	13,132.	36,022.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	167,389.	152,894.	7,011.	7,484.
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	29,048.		29,048.	
23 Insurance.	0			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING FEES	1,992,481.	1,944,582.	38,346.	9,553.
b POSTAGE	147,598.	139,529.	5,086.	2,983.
c PRINTING	686,993.	682,015.	1,985.	2,993.
d TELEPHONE/INTERNET	148,001.	1,134.	145,435.	1,432.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	13,858,453.	11,945,163.	1,228,702.	684,588.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,774,278.	1	757,762.
	2 Savings and temporary cash investments	176,647.	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 336,807.		
	b Less accumulated depreciation	10b 258,702.	82,820.	10c 78,105.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	134,393.	15	134,955.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,168,138.	16	970,822.	
Liabilities	17 Accounts payable and accrued expenses	0	17	683.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	12,849.	25	15,281.
	26 Total liabilities. Add lines 17 through 25	12,849.	26	15,964.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,155,289.	27	954,858.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,155,289.	33	954,858.
	34 Total liabilities and net assets/fund balances.	2,168,138.	34	970,822.

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,658,022.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,858,453.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,200,431.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,155,289.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	954,858.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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 Schedule O	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2012)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**
▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization AMERICA VOTES	Employer identification number 26-4568349
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ **4,007,612.**
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ **2,211,862.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ **1,795,750.**
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ **4,007,612.**
- 4 Did the filing organization file Form 1120-POL for this year? ☒ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
ATTACHMENT 1				
(1) VOICE OF THE NEW MAJORITY	8330 BISCAYNE BLVD MIAMI, FL 33138	27-3665133	10,000.	0
(2) COALITION FOR COLORADO'S FUTURE	3165 S. WAXBERRY WAY DENVER, CO 80231	27-3971602	102,500.	0
(3) COLORADO ACCOUNTABLE GOVERNMENT ALLIANCE	3165 S. WAXBERRY WAY DENVER, CO 80231	27-4110024	172,500.	0
(4) CMTE TO REBUILD ME'S MIDDLE CLASS	35 COMMUNITY DRIVE AUGUSTA, ME 04330	46-0785771	15,000.	0
(5) COMMON SENSE MATTERS	PO BOX 1722 RALEIGH, NC 27602	45-3125961	20,000.	0
(6) COMMUNITY INFORMATN PROJECT	3165 S. WAXBERRY WAY DENVER, CO 80231	27-4336987	60,000.	0

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

Schedule C (Form 990 or 990-EZ) 2012

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

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)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	12,341,164.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	4,901,449.
b Carryover from last year	2b	
c Total	2c	4,901,449.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	12,341,164.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-7,439,715.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

PART 1-A LINE 1

POLITICAL EXPENDITURES

AMERICA VOTES' POLITICAL CAMPAIGN ACTIVITIES INVOLVED THE COORDINATING OF

ELECTION CAMPAIGNS AND GRANTS TO OTHER ORGANIZATIONS FOR 527 EXEMPT

FUNCTION (ELECTORAL) ACTIVITIES.

Part IV Supplemental Information *(continued)*

Part IV Supplemental Information (continued)ATTACHMENT 1

(A) NAME	(B) ADDRESS	(C) EIN	(D) AMOUNT PAID FROM FILING ORG.	(E) AMOUNT OF POLITICAL CONTRIB. RECEIVED
DEFEND JUSTICE FROM POLITICS	ONE SOTHEAST 3RD AVE MIAMI, FL 33131	46-0933226	300,000.	
FRIENDS OF AMERICA VOTES	1155 CONNECTICUT AVE WASHINGTON, DC 20036	20-4359961	5,000.	
GREATER WISCONSIN COMMITTEE	PO BOX 861 MADISON, WI 53701	20-0938084	10,000.	
WI LCV INDEPENDENT EXPENDITURE CMTE	133 S. BUTLER ST. MADISON, WI 53703	39-2018854	25,000.	
WISCONSIN LEAGUE OF CONSERVATION VOTERS	133 S. BUTLER ST MADISON, WI 53703	39-2018854	20,000.	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

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				
c Leasehold improvements				
d Equipment		300,426.	227,179.	73,247.
e Other		36,381.	31,523.	4,858.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				78,105.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	134,955.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	134,955.

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RETIREMENT DEFERRAL PAYABLE	11,459.
(3) EMPLOYEE BENEFITS PAYABLE	-1,036.
(4) SUBLEASE DEPOSITS	4,858.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	15,281.

2. FIN 48 (ASC 740) Footnote 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. ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

[illegible]

Part XIII Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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.

- | | |
|--|--|
| a <input type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GROSS CONTRIBUTIONS 1155 CONNECTICUT, WASH, DC			X	12,341,164.		12,341,164.
2 STRAUS BAKER, LLC 928 BROADWAY, NY, NY	FUNDRAISING		X		50,000.	-50,000.
3 FUTURE STRATEGIES INC. 26 HINGHAM ST, CAMBRIDGE, MA	FUNDRAISING		X		20,250.	-20,250.
4 KIRSTEN SNOW 2301 OAKWD, HARRISBURG PA	FUNDRAISING		X		20,000.	-20,000.
5 SHELLIE LEVIN SOLUTIONS 22800 SW 157 AVE MIAMI, FL	FUNDRAISING		X		37,500.	-37,500.
6						
7						
8						
9						
10						
Total ▶				12,341,164.	127,750.	12,213,414.

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2).				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				()
	11 Net income summary Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BULL MOOSE SPORTSMEN 747 SHERIDEN BLVD LAKEWOOD, CO 80214	27-3038521	501(C)(4)	235,000.				GENERAL
(2)	CAMPAIGN FOR COMMUNITY CHANGE 1536 U STREET, NW WASHINGTON, DC 20009	27-0061100	501(C)(4)	110,000.				GENERAL
(3)	CENTER FOR AMERICAN PROGRESS ACTION FUND 1333 H STREET, NW WASHINGTON, DC 20005	30-0192708	501(C)(4)	7,500.				GENERAL
(4)	CLEAN WATER ACTION MICHIGAN 1200 MICHIGAN AVENUE EAST LANSING, MI 48823	23-7128611	501(C)(4)	50,000.				GENERAL
(5)	EDUCATION VOTERS OF AMERICA 1315 WALNUT ST. PHILADELPHIA, PA 19107	20-3944907	501(C)(4)	50,000.				GENERAL
(6)	FAIR SHARE ALLIANCE 218 D STREET SE WASHINGTON, DC 20003	26-1525298	501(C)(4)	360,000.				GENERAL
(7)	FLORIDA NEW MAJORITY 8330 BISCAYNE BLVD, STE 1 MIAMI, FL 33138	27-0167620	501(C)(4)	68,750.				GENERAL
(8)	HUMANE SOCIETY LEGISLATIVE FUND 2100 L STREET, NW WASHINGTON, DC 20037	59-3786428	501(C)(4)	100,000.				GENERAL
(9)	LEAGUE OF CONSERVATION VOTERS 1920 L STREET, NW WASHINGTON, DC 20036	52-1733698	501(C)(4)	85,000.				GENERAL
(10)	MI FAMILIA VOTA CIVIC PARTICIPATION CAMP 4299 SAN FELIPE, STE 200 HOUSTON, TX 77027	81-0668995	501(C)(4)	143,000.				GENERAL
(11)	MI LEAGUE OF CONSERVATION VOTERS 213 WEST LIBERTY STREET ANN ARBOR, MI 48104	38-3481677	501(C)(4)	10,000.				GENERAL
(12)	NARAL PRO-CHOICE NORTH CAROLINA 2912 HIGHWOODS BLVD RALEIGH, NC 27604	80-0108331	501(C)(4)	5,500.				GENERAL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NARAL PRO-CHOICE OHIO 12000 SHAKER BLVD CLEVELAND, OH 44120	31-0963461	501(C)(4)	178,800.				GENERAL
(2)	NEW HAMPSHIRE CITIZENS ALLIANCE FOR ACTION 4 PARKE STREET, STE 304 CONCORD, NH 03301	02-0505456	501(C)(4)	44,560.				GENERAL
(3)	NO ON THREE 406 E. AMELIA ORLANDO, FL 32803	45-5317493	501(C)(4)	50,000.				GENERAL
(4)	OHIO ORGANIZING CAMPAIGN 6738 DANTE AVENUE CINCINNATI, OH 45231	26-3064170	501(C)(4)	65,000.				GENERAL
(5)	OHIO UNITY COALITION 395 EAST BROAD STREET COLUMBUS, OH 43215	52-1253112	501(C)(3)	10,000.				GENERAL
(6)	OUR VOTE OUR FUTURE 2314 UNIVERSITY AVE W SAINT PAUL, MN 55114	45-5440776	501(C)(4)	250,000.				GENERAL
(7)	PATRIOT MAJORITY USA 1717 RHODE ISLAND AVE NW WASH., DC 20036	45-0710294	501(C)(4)	240,000.				GENERAL
(8)	PENNVIRONMENT 1420 WALNUT ST PHILADELPHIA, PA 19102	02-0611111	501(C)(4)	50,000.				GENERAL
(9)	PENNSYLVANIANS FOR ACCOUNTABILITY 801 N. NEGLEY AVE PITTSBURGH, PA 15206	45-1037233	501(C)(4)	100,000.				GENERAL
(10)	PLANNED PARENTHOOD ACTION FUND, INC 1110 VERMONT AVE NW WASHINGTON, DC 20005	13-3539048	501(C)(4)	230,000.				GENERAL
(11)	PLANNED PARENTHOOD ADVOCATES OF MICHIGAN PO BOX 15041 LANSING, MI 48901	38-2765858	501(C)(4)	27,500.				GENERAL
(12)	PLANNED PARENTHOOD ADVOCATES OF WI 302 N. JACKSON ST MILWAUKEE, WI 53202	39-1678012	501(C)(4)	25,000.				GENERAL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PROGRESS FLORIDA 1010 CENTRAL AVE ST. PETERSBURG, FL 33705	30-0599086	501(C)(4)	6,250.				GENERAL
(2)	SAVE DADE 4500 BISCAYNE BLVD STE 340 MIAMI, FL 33137	65-0430497	501(C)(4)	10,000.				GENERAL
(3)	SIERRA CLUB 408 C STREET, NE WASHINGTON, DC 20002	94-1153307	501(C)(4)	51,250.				GENERAL
(4)	VOTE NO ON 6 736 CENTRAL AVENUE SARASOTA, FL 34236	59-3142119	501(C)(4)	250,000.				GENERAL
(5)	VOTE VETS ACTION FUND PO BOX 10031 PORTLAND, OR 97296	51-0596352	501(C)(4)	420,000.				GENERAL
(6)	VOTERS FIRST OHIO 545 EAST TOWN STREET COLUMBUS, OH 43215	45-4404901	501(C)(4)	35,000.				GENERAL
(7)	WIN MINNESOTA 1600 UNIVERISTY AVE W ST. PAUL, MN 55104	74-3238362	501(C)(4)	238,000.				GENERAL
(8)	WORKING AMERICA 815 16TH STREET, NW WASHINGTON, DC 20006	20-0263611	501(C)(5)	150,000.				GENERAL
(9)	AMERICANS UNITED FOR CHANGE 1250 EYE ST, NW WASHINGTON, DC 20005	03-0556312	501(C)(4)	35,000.				GENERAL
(10)	CITIZEN ACTION OF WISCONSIN ACTION FUND 221 S. 2ND ST. MILWAUKEE, WI 53204	39-1424314	501(C)(4)	25,000.				GENERAL
(11)	COALITION FOR COLORADO'S FUTURE 3165 S. WAXBERRY WAY DENVER, CO 80231	27-3971602	527	102,500.				GENERAL
(12)	COLORADO ACCOUNTABLE GOVERNMENT ALLIANCE 3165 S. WAXBERRY WAY DENVER, CO 80231	27-4110024	527	172,500.				GENERAL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COMMITTEE TO REBUILD MAINE'S MIDDLE CLASS 35 COMMUNITY DRIVE AUGUSTA, ME 04330	46-0785771	527	15,000.				GENERAL
(2)	COMMON SENSE MATTERS PO BOX 1722 RALEIGH, NC 27602	45-312561	527	20,000.				GENERAL
(3)	COMMUNITY INFORMATION PROJECT 3165 S. WAXBERRY WAY DENVER, CO 80231	27-4336987	527	60,000.				GENERAL
(4)	DEFEND JUSTICE FROM POLITICS ONE SOUTHEAST 3RD AVENUE MIAMI, FL 33131	46-0933226	527	300,000.				GENERAL
(5)	FAIR WISCONSIN 203 S. PATTERSON ST. MADISON, WI 53703	39-1785179	501(C)(4)	10,000.				GENERAL
(6)	FLORIDA FREEDOM PAC 8330 BISCAYNE BLVD STE 1 MIAMI, FL 33138	37-1694789	527	88,378.				GENERAL
(7)	GREATER WISCONSIN COMMITTEE PO BOX 861 MADISON, WI 53701	20-0938084	527	10,000.				GENERAL
(8)	MICHIGAN ASSOCIATION FOR JUSTICE 6639 CENTURION DRIVE LANSING, MI 48917	38-1989639	501(C)(6)	35,000.				GENERAL
(9)	NAACP 1200 G STREET, NW WASHINGTON, DC 20005	52-2242476	501(C)(4)	20,000.				GENERAL
(10)	NC FUTURES ACTION FUND PO BOX 40010 RALEIGH, NC 27629	45-0609320	501(C)(4)	198,500.				GENERAL
(11)	NEVADA ADVOCATE FOR PLANNED PARENTHOOD 550 W PLUM LANE #B104 RENO, NV 89509	27-1055791	501(C)(4)	9,000.				GENERAL
(12)	NEVADA CONSERVATION LEAGUE 817 SOUTH MAIN STREET LAS VEGAS, NV 89101	88-0497866	501(C)(4)	17,500.				GENERAL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NORTH CAROLINA LEAGUE OF CONSERVATION VOTERS PO BOX 12671 RALEIGH, NC 27605	56-0991894	501(C)(4)	30,000.				GENERAL
(2)	PLANNED PARENTHOOD ADVOCATES OF MICHIGAN PO BOX 15041 LANSING, MI 48901	38-2765858	501(C)(4)	25,000.				GENERAL
(3)	PLANNED PARENTHOOD ADVOCATES OF OHIO 206 EAST STATE STREET COLUMBUS, OH 43215	31-0937837	501(C)(4)	18,000.				GENERAL
(4)	STATE EMPLOYEES ASSOCIATION OF NH, INC 207 NORTH MAIN STREET CONCORD, NH 03301	02-0240039	501(C)(5)	7,830.				GENERAL
(5)	US ACTION 1825 K STREET, NW WASHINGTON, DC 20006	52-2214305	501(C)(4)	15,000.				GENERAL
(6)	VOICE OF THE NEW MAJORITY 8330 BISCAYNE BLVD MIAMI, FL 33138	27-3665133	527	10,000.				GENERAL
(7)	WESTERN ORGANIZATION OF RESOURCE COUNCIL 220 SOUTH 27TH STREET BILLINGS, MT 59101	45-0356819	501(C)(4)	90,000.				GENERAL
(8)	WI LCV INDEPENDENT EXPENDITURE COMMITTEE 133 S. BUTLER STREET MADISON, WI 53703	39-2018854	527	25,000.				GENERAL
(9)	WISCONSIN LEAGUE OF CONSERVATION VOTERS 133 S. BUTLER STREET MADISON, WI 53703	39-2018854	527	20,000.				GENERAL
(10)	WOMEN'S VOICES, WOMEN VOTE ACTION FUND 1640 RHODE ISLAND AVE NW WASH., DC 200036	03-0554750	501(C)(4)	75,000.				GENERAL
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 57.

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

Schedule I (Form 990) (2012)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I LINE 2

MONITORING GRANT FUNDS

AMERICA VOTES MAINTAINS ONGOING CONTACT WITH THESE ORGANIZATIONS AND THUS

IS ABLE TO MONITOR THE USE OF THEIR GRANTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
AMERICA VOTES

Employer identification number
26-4568349

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in 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.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page 2

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 in 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 are not 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOAN FITZ-GERALD	(i)	221,646.	0	0	9,000.	13,210.	243,856.	0
1 DIRECTOR/PRESIDENT	(ii)	0	0	0	0	0	0	0
GREG SPEED	(i)	216,818.	0	0	8,678.	300.	225,796.	0
2 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
BUBBA SCOTT NUNNERY	(i)	144,625.	0	0	5,799.	1,633.	152,057.	0
3 NATIONAL FIELD DIRECTOR	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

POLICIES

PART VI, SECTION B, LINE 11

THE TAX RETURN IS PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED BY THE
CFO, EXECUTIVE DIRECTOR, AND OUTSIDE LEGAL COUNSEL.

DISCLOSURE

PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES THE FORM 990 FILING UPON REQUEST.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

CA, CO,

FL, ID, ME, MA, MI,

MN, MT, NV, NH, NM, NY, NC, OH, OR, PA,

UT, WI,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INFORMATION STAFFING SERVICES PO BOX 26054 ALEXANDRIA, VA 22313	DATA/STAFFING	539,808.
TERRIS, BARNES & WALTERS 400 MONTGOMERY STREET, STE 700 SAN FRANCISCO, CA 94104	PRINTING/COPYING	189,947.
NGP VAN INC. 1101 15TH STREET, NW, SUITE 500 WASHINGTON, DC 20005	DATA SERVICES	926,790.

Name of the organization
AMERICA VOTES

Employer identification number
26-4568349

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CATALIST LLC 1090 VERMONT AVENUE, NW SUITE 300 WASHINGTON, DC 20005	DATA SERVICES	325,350.
THE ATLAS PROJECT 888 16TH STREET, NW, STE 333 WASHINGTON, DC 20006	STRATEGY SERVICES	184,476.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	311.			311.
TOTALS	<u>311.</u>			<u>311.</u>

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

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

▶ Attach to Form 990.

▶ See separate instructions.

Name of the organization

AMERICA VOTES

Employer identification number

26-4568349

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FRIENDS OF AMERICA VOTES 20-4359961 1155 CONN AVE NW #600 WASHINGTON, DC 20036	POLITICAL	DC	527		AMER. VOTES	X	
(2) AMERICA VOTES ACTION FUND 27-4522665 1155 CONN AVE NW #600 WASHINGTON, DC 20036	POLITICAL	DC	527		AMER. VOTES	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRIENDS OF AMERICA VOTES	1B		LESS THAN \$50K
(2) FRIENDS OF AMERICA VOTES	1C		LESS THAN \$50K
(3) FRIENDS OF AMERICA VOTES	1O		LESS THAN \$50K
(4) FRIENDS OF AMERICA VOTES	1Q		LESS THAN \$50K
(5) AMERICA VOTES ACTION FUND	1C	150,000.	ACTUAL
(6) AMERICA VOTES ACTION FUND	1N	93,072.	ACTUAL

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICA VOTES ACTION FUND	1O	217,304.	ACTUAL
(2) AMERICA VOTES ACTION FUND	1Q	310,376.	ACTUAL
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

Schedule R (Form 990) 2012

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.
► Information about Schedule D (Form 1041) and its separate instructions is at
www.irs.gov/form1041.

OMB No 1545-0092

2012

Name of estate or trust

AMERICA VOTES

Employer identification number

26-4568349

Note: Form 5227 filers need to complete *only* Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					
b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b					1b -66.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet					4 ()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back					5 -66.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b					6b
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9 Capital gain distributions					9
10 Gain from Form 4797, Part I					10
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet					11 ()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back					12

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2012

Part III Summary of Parts I and II**Caution: Read the instructions before completing this part.**

		(1) Beneficiaries' (see instr)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		-66.
14	Net long-term gain or (loss):			
a	Total for year	14a		
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		-66.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000	16	(66)
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Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,400	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23.	25		
26	Subtract line 25 from line 24.	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (15)	30		
31	Figure the tax on the amount on line 23. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

Schedule D (Form 1041) 2012

PAGE 71

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2012Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **179**

Name(s) shown on return

Identifying number

AMERICA VOTES**26-4568349**

Business or activity to which this form relates

GENERAL DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,194.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	19,563.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE					
b 5-year property	DETAIL	8,554.	5.000	HY	200DB	1,712.
c 7-year property		15,930.	7.000	HY	200DB	2,276.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	24,745.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
SEE AMORTIZATION DETAIL		2,675.			478.
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44
					3,825.
					4,303.

2012

AMERICA VOTES

26-4568349

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
SONICWALL TZ17025	08/12/2005	1,033.	100.000			1,033.	1,011.	1,011.	200DB	MQ			5		
POWEREDGE 1850SERV	08/16/2005	5,210.	100.000			5,210.	5,099.	5,099.	200DB	MQ			5		
NETVANTA ROUTER	08/24/2005	715.	100.000			715.	700.	700.	200DB	MQ			5		
HP LASERJET 1300N	12/05/2005	400.	100.000			400.	398.	398.	200DB	MQ			5		
HP LASERJET 4100	12/05/2005	473.	100.000			473.	471.		200DB	MQ			5		*
DELL D600 LAPTOP	12/05/2005	873.	100.000			873.	869.	869.	200DB	MQ			5		
2 DELL X300 LAPTOP	12/05/2005	1,542.	100.000			1,542.	1,535.		200DB	MQ			5		*
ELITE PHONE SYSTEM	12/16/2005	4,579.	100.000			4,579.	4,442.	4,579.	200DB	MQ			7		137.
DELL 3400MP PROJE	01/06/2006	1,386.	100.000			1,386.	1,260.	1,337.	200DB	MQ			7		77.
DELL X300 LAPTOP	03/27/2006	3,086.	100.000			3,086.	2,950.		200DB	MQ			5		*
POWERSVLT 1245 BU	06/21/2006	5,750.	100.000			5,750.	5,638.	5,638.	200DB	MQ			5		
DUAL CORE XEON 505	06/21/2006	3,328.	100.000			3,328.	3,264.	3,264.	200DB	MQ			5		
DELL D510 LAPTOP	07/31/2006	1,387.	100.000			1,387.	1,387.		200DB	HY			5		*
DELL POWERSVLT 745N	08/04/2006	233.	100.000			233.	233.		200DB	HY			5		*
2 HARDDRIVES 146GB	08/15/2006	649.	100.000			649.	649.	649.	200DB	HY			5		
4 DELL 210L	08/21/2006	2,720.	100.000			2,720.	2,720.	2,720.	200DB	HY			5		
2 SONIC WIRELESS	08/29/2006	725.	100.000			725.	725.	725.	200DB	HY			5		
2 DELL X300 LAPTOP	01/05/2006	1,543.	100.000			1,543.	1,475.		200DB	MQ			5		*
DELL SOUNDSTATION2	01/09/2006	476.	100.000			476.	455.	455.	200DB	MQ			5		
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
SONICWAL SOFTWARE	05/16/2006	591.	591.	591.	A		
WHATS UP PROF 2006	06/21/2006	2,251.	2,251.	2,251.	A		
UPGC BU SOFTWARE	06/23/2006	7,335.	7,335.	7,335.	A		
ADOBE ACROBAT 7.0	10/13/2006	316.	316.	316.	A		
SONICWALL SOFTWARE	08/12/2005	701.	701.	701.	A		
TOTALS							

*Assets Retired

JSA
2X9024 1 000

2012

AMERICA VOTES

26-4568349

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
6 DELL GX270	01/18/2006	2,684.	100.000			2,684.	2,564.	2,564.	200DB	MQ			5		
2 DELL X300 LAPTOP	01/30/2006	1,543.	100.000			1,543.	1,475.		200DB	MQ			5		
HP LASERJET 2300	02/23/2006	400.	100.000			400.	382.	382.	200DB	MQ			5		
2 POWEREDGE SERVER	03/29/2006	9,129.	100.000			9,129.	8,723.	8,723.	200DB	MQ			5		
25NODE GATEWAY SEC	04/12/2006	642.	100.000			642.	629.	629.	200DB	MQ			5		
HP LASERJET 2300	05/05/2006	400.	100.000			400.	392.	392.	200DB	MQ			5		
2 POWEREDGE 830	05/05/2006	8,949.	100.000			8,949.	8,776.	8,776.	200DB	MQ			5		
DELL LASER M5200N	05/18/2006	653.	100.000			653.	641.	641.	200DB	MQ			5		
10 DELL GX270	05/26/2006	4,473.	100.000			4,473.	4,387.		200DB	MQ			5		
DELL LASER 5200N	06/06/2006	847.	100.000			847.	831.	831.	200DB	MQ			5		
HP LASERJET 2420D	07/13/2006	582.	100.000			582.	582.	582.	200DB	HY			5		
2 DELL LASER 1710N	07/28/2006	633.	100.000			633.	633.	633.	200DB	HY			5		
HP LASERJET 2420D	08/08/2006	699.	100.000			699.	699.	699.	200DB	HY			5		
8 DELL 1505FP MONI	08/14/2006	1,880.	100.000			1,880.	1,880.	1,880.	200DB	HY			5		
7 DELL 210L	08/15/2006	6,159.	100.000			6,159.	6,159.	6,159.	200DB	HY			5		
2 DELL LASER 1710N	08/23/2006	741.	100.000			741.	741.	741.	200DB	HY			5		
DELL D410 LAPTOP	08/25/2006	1,564.	100.000			1,564.	1,564.	1,564.	200DB	HY			5		
DELL 1505FP MON	08/30/2006	232.	100.000			232.	232.	232.	200DB	HY			5		
DELL LASER 1710N	09/06/2006	376.	100.000			376.	376.	376.	200DB	HY			5		
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
2 GATEWAY TZ170 SE	05/10/2006	970.	970.	970.	A		
SONICOS TZ SEC UPG	09/14/2006	814.	814.	814.	A		
SGMS FIREWALL	06/06/2007	1,489.	1,386.	1,386.	A	3.000	
QUICKBOOKS 2008	04/01/2008	683.	683.	683.	A	3.000	
SONIC ANTIVIRUS	07/01/2008	2,442.	2,442.	2,442.	A	3.000	
TOTALS							

*Assets Retired

JSA

2X9024 1 000

2012

AMERICA VOTES

26-4568349

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
X342N ALL IN ONE	09/27/2006	364.	100.000			364.	364.	364.	200DB	HY			5		
TELEPHONE SYS [CO]	07/14/2006	12,529.	100.000			12,529.	11,410.	12,529.	200DB	HY			7		1,119.
TELEPHONE SYS [MI]	06/23/2006	11,843.	100.000			11,843.	10,738.	11,643.	200DB	MQ			7		905.
TELEPHONE SYS [MN]	04/28/2006	4,992.	100.000			4,992.	4,528.	4,909.	200DB	MQ			7		381.
DELL 1200MP PROJ	07/12/2006	763.	100.000			763.	694.	762.	200DB	HY			7		68.
TELEPHONE SYS [OH]	01/31/2006	6,559.	100.000			6,559.	5,963.	6,326.	200DB	MQ			7		363.
DELL 1100MP PROJ	04/23/2006	887.	100.000			887.	804.	872.	200DB	MQ			7		68.
TELEPHONE SYS [PA]	06/01/2006	12,868.	100.000			12,868.	11,668.	12,651.	200DB	MQ			7		983.
4 HP LASERJET 2300	12/05/2005	1,598.	100.000			1,598.	1,590.	1,590.	200DB	MQ			5		
5 DELL GX270 P4	12/05/2005	2,237.	100.000			2,237.	2,224.	2,224.	200DB	MQ			5		
3 DELL D510 LAPTOP	05/28/2006	4,380.	100.000			4,380.	4,297.		200DB	MQ			5		
DELL D510 LAPTOP	06/12/2006	1,393.	100.000			1,393.	1,365.		200DB	MQ			5		
2 DELL OPTIPLEX	10/25/2007	2,162.	100.000			2,162.	2,069.	2,162.	200DB	HY			5		93.
3 SONIC WIRELESS	10/25/2007	812.	100.000			812.	779.	812.	200DB	HY			5		33.
DELL GX270	03/27/2006	448.	100.000			448.	429.	429.	200DB	MQ			5		
21 DELL GX270	07/28/2006	9,393.	100.000			9,393.	9,393.	9,393.	200DB	HY			5		
2 BROS LASER 7820N	05/22/2008	488.	100.000			488.	308.	336.	200DB	HY			5		28.
BROS LASER 7820N	06/20/2008	235.	100.000			235.	149.	163.	200DB	HY			5		14.
BROS LASER 7820N	06/12/2008	238.	100.000			238.	150.	164.	200DB	HY			5		14.
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
MS MBL WIN SRV2008	12/03/2009	682.	587.	682.	A	3.000	95.
SONICWALL ENF CLNT	08/18/2009	2,316.	2,187.	2,316.	A	3.000	129.
MOB OFFICE PRO+07	04/09/2009	2,309.	2,309.	2,309.	A	3.000	
SONICWALL VIRUS SW	06/01/2011	4,449.	1,483.	2,966.	A	3.000	1,483.
MS MBL SQL STD	07/01/2010	848.	566.	848.	A	3.000	282.
TOTALS							

*Assets Retired

JSA

2X9024 1 000

2012

AMERICA VOTES

26-4568349

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
BROS LASER 7820N	07/09/2008	235.	100.000			235.	167.	194.	200DB	HY			5		27.
BROS LASER 7820N	07/31/2008	234.	100.000			234.	166.	193.	200DB	HY			5		27.
BROS LASER 7820N	08/18/2008	234.	100.000			234.	166.	193.	200DB	HY			5		27.
4 HP DC5700 COMPUT	10/06/2008	1,636.	100.000			1,636.	1,157.	1,345.	200DB	HY			5		188.
2 HP DC5800 COMPUT	06/06/2008	1,494.	100.000			1,494.	942.	1,028.	200DB	HY			5		86.
HP DC5800 COMPUTER	10/01/2008	859.	100.000			859.	608.	707.	200DB	HY			5		99.
HP DL360 SERVER	12/01/2008	4,881.	100.000			4,881.	3,451.	4,013.	200DB	HY			5		562.
HP MSA70 DUAL	12/03/2008	6,736.	100.000			6,736.	4,764.	5,540.	200DB	HY			5		776.
HP PROLIANT SERVER	12/03/2008	1,507.	100.000			1,507.	1,066.	1,240.	200DB	HY			5		174.
IBM THINKPAD BAY	07/08/2008	168.	100.000			168.	119.	138.	200DB	HY			5		19.
2 IBM THINKPAD'S	02/21/2008	3,752.	100.000			3,752.	2,364.	2,580.	200DB	HY			5		216.
2 IBM THINKPAD'S	02/26/2008	3,752.	100.000			3,752.	2,364.	2,580.	200DB	HY			5		216.
IBM THINKPAD	05/08/2008	1,876.	100.000			1,876.	1,183.	1,291.	200DB	HY			5		108.
IBM THINKPAD	05/20/2008	1,876.	100.000			1,876.	1,183.	1,291.	200DB	HY			5		108.
2 IBM THINKPAD'S	06/03/2008	3,750.	100.000			3,750.	2,364.	2,580.	200DB	HY			5		216.
IBM THINKPAD	06/06/2008	1,875.	100.000			1,875.	1,183.	1,291.	200DB	HY			5		108.
IBM THINKPAD	06/09/2008	1,875.	100.000			1,875.	995.	1,103.	200DB	HY			5		108.
IBM THINKPAD BAY	07/08/2008	183.	100.000			183.	130.	151.	200DB	HY			5		21.
IBM THINKPAD	07/16/2008	1,524.	100.000			1,524.	1,079.	1,255.	200DB	HY			5		176.
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
SONICWALL ENF	08/26/2010	1,483.	906.	1,400.	A	3.000	494.
BLACKBERRY SERVER	11/23/2010	1,425.	752.	1,227.	A	3.000	475.
BLACKBERRY S/W	01/24/2011	535.	252.	430.	A	3.000	178.
QB ENTERPRISE 11	04/27/2011	2,067.	689.	1,378.	A	3.000	689.
SONICWALL SRV AV	01/09/2013	1,522.		254.	A	3.000	254.
TOTALS							

*Assets Retired

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2012

AMERICA VOTES

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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
IBM THINKPAD	07/22/2008	1,498.	100.000			1,498.	1,061.		200DB	HY			5		173.
IBM THINKPAD	07/30/2008	1,498.	100.000			1,498.	1,061.	1,234.	200DB	HY			5		173.
IBM THINKPAD	08/07/2008	1,498.	100.000			1,498.	1,061.		200DB	HY			5		173.
IBM THINKPAD	08/18/2008	1,598.	100.000			1,598.	1,131.	1,315.	200DB	HY			5		184.
IBM THINKPAD	10/21/2008	1,265.	100.000			1,265.	896.		200DB	HY			5		146.
MODULAR CUBICLES	07/01/2008	7,800.	100.000			7,800.	4,567.	5,264.	200DB	HY			7		697.
POLYCOM SOUND	06/20/2008	439.	100.000			439.	278.	303.	200DB	HY			5		25.
POWERPOINT PROJECT	04/03/2008	634.	100.000			634.	400.	437.	200DB	HY			5		37.
SMART ARRAY P800	12/12/2008	944.	100.000			944.	668.	777.	200DB	HY			5		109.
TELEPHONE ELITE	01/01/2008	16,213.	100.000			16,213.	8,106.	9,552.	200DB	HY			7		1,446.
VIEWSONIC PROJECT	05/08/2008	665.	100.000			665.	421.	459.	200DB	HY			5		38.
VODAVI STAR PHONE	07/01/2008	4,200.	100.000			4,200.	2,460.	2,835.	200DB	HY			7		375.
WIRELESS FIREWALL	05/20/2008	559.	100.000			559.	352.	384.	200DB	HY			5		32.
3 15 MONITORS**	07/10/2008	450.	100.000			450.	318.	370.	200DB	HY			5		52.
HP DL380 G6	12/09/2009	4,896.	100.000			4,896.	2,530.	3,509.	SL		5.000				979.
3 DELL D510 LAPTOP	05/10/2006	4,387.	100.000			4,387.	4,302.		200DB	MQ			5		
13 DELL GX270	05/05/2006	5,815.	100.000			5,815.	5,702.	5,702.	200DB	MQ			5		
DELL D610 LPTP	04/14/2006	1,430.	100.000			1,430.	1,430.		200DB	MQ			5		
TAMCO PHONE SYSTEM	05/18/2009	1,507.	100.000			1,507.	664.	879.	SL		7.000				215.
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
SONICWALL NSA 2400	11/28/2012	1,153.		224.	A	3.000	224.
TOTALS							

*Assets Retired

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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
5 HP SB LAPTOPS	07/01/2010	2,486.	100.000			2,486.	1,293.	1,770.	200DB	HY			5		477.
5 LENOVO TP LAPTOP	07/01/2010	3,000.	100.000			3,000.	1,560.	2,136.	200DB	HY			5		576.
NETGEAR 24PT GIG	07/16/2010	656.	100.000			656.	341.	467.	200DB	HY			5		126.
4 LENOVO TS LAPTOP	08/18/2010	3,642.	100.000			3,642.	1,893.	2,592.	200DB	HY			5		699.
SONICWALL WIRELESS	09/03/2010	695.	100.000			695.	361.	494.	200DB	HY			5		133.
SONICWALL NSA 2400	10/11/2011	3,165.	100.000			3,165.	317.	950.	SL	HY	5.000		5		633.
6 HP 450GB 6G HD	12/20/2011	4,181.	100.000			4,181.	418.	1,254.	SL	HY	5.000		5		836.
2 HP SB 146GB GD	12/20/2011	690.	100.000			690.	69.	207.	SL	HY	5.000		5		138.
5 LVO TS LAPTOPS	01/06/2012	3,545.	100.000			3,545.	355.	1,064.	SL	HY	5.000		5		709.
HP SB DL380G7 SERV	01/19/2012	7,362.	100.000			7,362.	736.	2,208.	SL	HY	5.000		5		1,472.
5 LVO E520 LAPTOPS	03/28/2012	3,600.	100.000			3,600.	360.	1,080.	SL	HY	5.000		5		720.
HP SB 4000 E6600	05/30/2012	469.	100.000			469.	47.	141.	SL	HY	5.000		5		94.
LVO E530 LAPTOP	06/06/2012	649.	100.000			649.	65.	195.	SL	HY	5.000		5		130.
LVO E530 LAPTOP	03/07/2012	734.	100.000			734.	73.	220.	SL	HY	5.000		5		147.
IBM THINKPAD	02/06/2008	1,876.	100.000			1,876.	1,183.		200DB	HY			5		108.
5 IBM THINKPAD'S	02/06/2008	9,380.	100.000			9,380.	5,914.	6,454.	200DB	HY			5		540.
3 UPS BATTERY BACK	04/23/2008	2,925.	100.000			2,925.	1,845.		200DB	HY			5		168.
2 UPS BATTERY BACK	04/23/2008	1,950.	100.000			1,950.	1,230.	1,342.	200DB	HY			5		112.
HP PROLIANT G3SERV	12/05/2005	2,125.	100.000			2,125.	2,114.		200DB	MQ			5		
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
HP PROLIANT G3SERV	12/05/2005	1,863.	100.000			1,863.	1,853.	1,853.	200DB	MQ			5		
LVO E530 LAPTOP	07/01/2012	650.	100.000			650.		130.	200DB	HY			5		130.
LVO E530 LAPTOP	07/02/2012	628.	100.000			628.		126.	200DB	HY			5		126.
LVO E530 LAPTOP	07/09/2012	603.	100.000			603.		121.	200DB	HY			5		121.
LVO E530 LAPTOP	07/24/2012	605.	100.000			605.		121.	200DB	HY			5		121.
LVO E530 LAPTOP	08/13/2012	605.	100.000			605.		121.	200DB	HY			5		121.
LVO E530 LAPTOP	09/12/2012	605.	100.000			605.		121.	200DB	HY			5		121.
2 LVO X220 LAPTOPS	01/04/2013	1,580.	100.000			1,580.		316.	200DB	HY			5		316.
5 LVO X131E LAPTOP	04/17/2013	2,595.	100.000			2,595.		519.	200DB	HY			5		519.
HP SB 8300 DESKTOP	06/12/2013	683.	100.000			683.		137.	200DB	HY			5		137.
5 IBM THINKPAD'S	03/26/2008	9,380.	100.000			9,380.	5,914.	6,454.	200DB	HY			5		540.
CONF PHONE SYSTEM	02/01/2013	15,930.	100.000			15,930.		2,276.	200DB	HY			7		2,276.
Less Retired Assets		37,057.				37,057.	33,467.								
Subtotals		300,426.				300,426.	203,202.	227,179.							24,745.

Listed Property

Less Retired Assets															
Subtotals															
TOTALS		300,426.				300,426.	203,202.	227,179.							24,745.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS		36,381.	27,220.	31,523.			4,303.

*Assets Retired

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

OMB No 1545-1709

► **File a separate application for each return.**If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits***Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (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, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions

Employer identification number (EIN) or

AMERICA VOTES

26-4568349

Number, street, and room or suite no. If a P.O. box, see instructions

Social security number (SSN)

1155 CONNECTICUT AVE NW #600

City, town or post office, state, and ZIP code. For a foreign address, see instructions

WASHINGTON, DC 20036

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► THE ORGANIZATION

Telephone No ► 202 962-7270

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 box ☐ 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

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☐ calendar year 20 _____ or
 ► ☒ tax year beginning 07/01, 2012, and ending 06/30, 2013

- If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 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 \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	AMERICA VOTES	26-4568349
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	1155 CONNECTICUT AVE NW #600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**
Telephone No **202 962-7270** 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 box ☐ 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

- 4 I request an additional 3-month extension of time until **05/15**, 20 **14**
- 5 For calendar year , or other tax year beginning **07/01**, 20 **12**, and ending **06/30**, 20 **13**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **ACG:1158** Title **CRA** Date **1.14.14**

Form 8868 (Rev. 1-2013)